
EXHIBIT N4

DISCHARGE MONITORING REPORTS -
DELCORA WRTP

Original eDMR Submission 92506 Received Confirmation
From: depgreenporthehelpdesk@state.pa.us
Sent: Thursday, February 26, 2015 3:46 PM
To: DiSantis, Michael
Subject: Original eDMR Submission 92506 Received Confirmation

Jan 20/5

eDMR System Message:

This email is sent as confirmation that Submission 92506 has been recieved.
The details of your original submission and report sender are as follows:

Login Name: MDis0001
First Name: Michael
Last Name: DiSantis
Submission ID: 92506
Permit Number: PA0027103
Facility Name: DELCORA STP
Submission Status: received
Report Type: Summary DMR

You can login to the eDMR System by visiting the following website:

<http://www.ahs2.dep.state.pa.us/e2/Pages/Main/login.aspx>

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DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY
P.O. Box 999 • Chester, PA 19016-0999

February 26, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Steven O'Neil
Regional Manager – Water Management
PA Department of Environmental Protection
2 East Main Street
Norristown, PA 19401

Dear Mr. O'Neil:

Enclosed are DELCORA's Discharge Monitoring Report, Laboratory Data Reports, and CSO Report for January, 2015. We regret to report that due to a laboratory error on 1/28/2015, an aliquot of the influent sample was never added to the dilution bottle so the daily influent cBOD₅ analysis for that day was not performed.

All other permit parameters were in compliance during the month.

Parameter averages for January, 2015 were: Flow – 34.75 MGD; cBOD₅ – 9 mg/L; TSS – 18 mg/L; cBOD₂₀ % removal – 91.8; and cBOD₂₀ – 9,883 lbs/day.

Should any further information be required concerning this report, please contact me at (610) 876-5523, ext. 264.

Respectfully submitted,

Electronically submitted

Michael J. DiSantis
Director of Operations and Maintenance

MJD:vm
Enclosures

cc: w/enclosures
US EPA - NPDES DMR (3WP42) – can access through DEP website
Delaware River Basin Commission – can access through DEP website
S.J. Babylon via email with server link
File

ADMINISTRATION

610-876-5523

FAX: 610-876-2728

CUSTOMER SERVICE/BILLING

610-876-5526

FAX: 610-876-1460

PURCHASING & STORES

610-876-5523

FAX: 610-497-7959

PLANT & MAINTENANCE

610-876-5523

FAX: 610-497-7950

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING** From: 2015-01-01 **NO DISCHARGE**
ADDRESS: 0999 **PERIOD:** To: 2015-01-31 **FROM SITE:** ()

Parameter		Quantity or Loading			Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value	Units	Value	Value	Value				
Nitrate as N Parameter Code: 00620 Stage Code: 1	Sample Measurement	****	****		****	8.8	8.9	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	Report Daily Maximum			2/month	24-Hr Composite
Total Kjeldahl Nitrogen Parameter Code: 00625 Stage Code: 1	Sample Measurement	****	****		****	4.89	****	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****			2/month	24-Hr Composite
Total Cyanide Parameter Code: 00720 Stage Code: 1	Sample Measurement	****	****		****	0.018	****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	24-Hr Composite
Total Cadmium Parameter Code: 01027 Stage Code: 1	Sample Measurement	****	****		****	<0.001	****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	24-Hr Composite
Total Copper Parameter Code: 01042 Stage Code: 1	Sample Measurement	****	****		****	0.013	****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	24-Hr Composite
Total Lead Parameter Code: 01051 Stage Code: 1	Sample Measurement	****	****		****	<0.003	****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	24-Hr Composite
Total Zinc Parameter Code: 01092 Stage Code: 1	Sample Measurement	****	****		****	0.07	****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	24-Hr Composite

Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
ADDRESS: CHESTER, PA 19016-0999 **MONITORING PERIOD:** From: 2015-01-01 To: 2015-01-31 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dichlorobromomethane Parameter Code: 32101 Stage Code: 1	Sample Measurement	*****	*****		*****	0.0012	*****	mg/L	0	1/month	Grab
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Chlorodibromomethane Parameter Code: 34306 Stage Code: 1	Sample Measurement	*****	*****		*****	0.003	*****	mg/L	0	1/month	Grab
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	34.75	58.52	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Total Residual Chlorine (TRC) Parameter Code: 50060 Stage Code: 1	Sample Measurement	*****	*****		*****	0.4	0.63	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		*****	0.5 Average Monthly	1.0 Instantaneous Maximum				
Total Dissolved Solids Parameter Code: 70295 Stage Code: 1	Sample Measurement	*****	*****		*****	678	864	mg/L	0	5/week	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	15	108	CFU/100 mL	0	1/day	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	2736	3338	lbs/day	*****	9	11	mg/L	0	1/day	24-Hr Composite
	Permit Requirement	7000 Average Monthly	10500 Weekly Average		*****	19 Average Monthly	29 Weekly Average				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 3

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
ADDRESS: CHESTER, PA 19016-0999 **MONITORING PERIOD:** From: 2015-01-01 To: 2015-01-31 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
CBOD5	Sample Measurement	53966	*****	lbs/day	*****	186	*****	mg/L	1	1/day	24-Hr Composite
Parameter Code: 80082 Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/day	24-Hr Composite	
CBOD20	Sample Measurement	9883	*****	lbs/day	*****	*****	*****		0	2/week	24-Hr Composite
Parameter Code: 80087 Stage Code: 1	Permit Requirement	10500 Average Monthly	*****		*****	*****	*****		1/week	24-Hr Composite	
CBOD20	Sample Measurement	*****	*****		91.8	*****	*****	%	0	2/week	24-Hr Composite
Parameter Code: 80087 Stage Code: K	Permit Requirement	*****	*****		89.25 Minimum Monthly % Removal	*****	*****		1/week	24-Hr Composite	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 4

GENERAL REPORT COMMENT:

Due to a laboratory error on 1/28/2015, an aliquot of the influent sample was never added to the dilution bottle so the daily influent cBOD5 analysis for that day was not performed.

PARAMETER SPECIFIC COMMENTS:

353844	CBOD5	Sample Frequency:	The sample for 1/28 was not analyzed.
353844	CBOD5	Sample Frequency:	The sample for 1/28 was not analyzed.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	01	01	TO	15	01	31
PARAMETER		ANALYSIS METHOD		LAB NAME			LAB ID NUMBER²			
0BOD5		SM5210B		DELCORA - Central Laboratory			23-00671			
TSS		SM 2540 D		DELCORA - Central Laboratory			23-00671			
O&G		EPA 1664 A		DELCORA - Central Laboratory			23-00671			
Total Residual Cl		SM4500-Cl G		DELCORA - Central Laboratory			23-00671			
N-Nitrite		SM4500-NO2 B		DELCORA - Central Laboratory			23-00671			
NH3-N		EPA 350.1		DELCORA - Central Laboratory			23-00671			
TKN-N		SM4500-N-org B/SM4500-NH3 C		DELCORA - Central Laboratory			23-00671			
Fecal Coliform		SM 9222 D		DELCORA - Central Laboratory			23-00671			
BOD20		SM5210 B		DELCORA - Central Laboratory			23-00671			
pH		SM 4500 H+B		DELCORA - Central Laboratory			23-00671			
Ammonia as N		EPA 350.1		DELCORA - Central Laboratory			23-00671			
TDS		SM 2540 C		DELCORA - Central Laboratory			23-00671			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 11/25/14

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
<u>19016</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0027103				15	01	01	TO 15 01 31
PARAMETER		ANALYSIS METHOD		LAB NAME		LAB ID NUMBER²	
Copper, Total		EPA 200.7		ALS Environmental		PA 22-293	
Lead, Total		EPA 200.7		ALS Environmental		PA 22-293	
Zinc, Total		EPA 200.7		ALS Environmental		PA 22-293	
Dichlorobromomethane		EPA 624		ALS Environmental		PA 22-293	
Oil and Grease		EPA 1664B		ALS Environmental		PA 22-293	
Chlorodibromomethane		EPA 624		ALS Environmental		PA 22-293	
TKN-N		EPA 351.2		ALS Environmental		PA 22-293	
Ammonia as N		D6919-09		ALS Environmental		PA 22-293	
Nitrate as N		EPA 300.0		ALS Environmental		PA 22-293	
Total Cyanide		EPA 335.4		ALS Environmental		PA 22-293	
Total Cadmium		200.7		ALS Environmental		PA 22-293	
Nitrite as N		EPA 300.0		ALS Environmental		PA 22-293	

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Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 11/28/14

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Month: December Year: 2015

NPDES Permit No.: PA0027103 A3

Renewal application due 180 days prior to expiration.

This permit will expire on: April 30, 2018

County: Delaware

Day	Influent					Process Control			
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)	
1	27.15			156.0	35,323	3,015.0	2.39	379,500.0	
2	27.92			323.0	75,211	2,970.0	1.9	390,260.0	
3	35.34			239.0	70,442	3,400.0	2.22	364,060.0	
4	47.96			303.0	121,196	5,000.0	4.9		
5	34.26			174.0	49,717	2,200.0	2.49	356,330.0	
6	32.15			261.0	69,982	2,010.0	1.89	346,580.0	
7	31.47	256.0	67,190	263.0	69,027	3,555.0	1.71	207,620.0	
8	29.52			297.0	73,120	4,025.0	1.63	228,870.0	
9	29.94			339.0	84,648	5,000.0	1.56	224,150.0	
10	29.65			209.0	51,682	3,730.0	1.41	231,380.0	
11	28.61			161.0	38,416	3,315.0	1.98	331,730.0	
12	42.42			354.0	125,239	3,460.0	1.27	390,990.0	
13	34.58			256.0	73,830	3,715.0	2.12	353,940.0	
14	31.98	314.0	83,748	470.0	125,355	3,965.0	1.56	303,910.0	
15	30.93			329.0	84,868	3,415.0	1.38	382,530.0	
16	30.42			331.0	83,976	3,585.0	1.39	351,050.0	
17	29.54			181.0	44,592	3,505.0	1.92	316,520.0	
18	60.14			331.0	166,019	3,525.0	3.5	243,290.0	
19	49.67			229.0	94,863	3,345.0	3.64	156,310.0	
20	38.26			229.0	73,071	3,430.0	1.94	162,500.0	
21	36.71	256.0	78,377	271.0	82,970	4,065.0	1.97	190,300.0	
22	33.87			177.0	49,998	3,150.0	1.58	189,470.0	
23	33.04			256.0	70,542	3,740.0	1.22	232,260.0	
24	56.57			204.0	96,246	3,330.0	1.45	342,800.0	
25	39.73			131.0	43,407	3,785.0	1.92	428,030.0	
26	37.81			236.0	74,419	3,100.0	1.4	335,810.0	
27	35.32			166.0	48,898	4,175.0	1.46	319,960.0	
28	32.54	238.0	64,589	247.0	67,032	4,210.0	1.37	336,840.0	
29	32.15			331.0	88,751	4,765.0	1.28	372,130.0	
30	33.01			253.0	69,652	4,700.0	1.22	336,840.0	
31	32.40			173.0	46,747	4,555.0	1.27	453,400.0	
Avg	35.647	266	73,476	254	75,782	3,669	2	308,645	
Max	60.14	314	83,748	470	166,019	5,000	5	453,400	

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Prepared By: Micheal DiSantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: 2/28/2015



SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

Facility Name: DELCORA STP County: Delaware Month: January Year: 2015
 Municipality: City of Chester NPDES Permit No.: PA0027103 A:
 Watershed: 3G Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Day	SEPTAGE			SLUDGE			OTHER (specify): Package Plant			DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (lbs)
1											
2	24,600			51126			58200			133,926	0
3				57500			9,000			66,500	0
4											
5	34,450			50269			69,900			154,619	0
6	23,100			76019			77,900			177,019	0
7	46500			90731			131,800			269,031	0
8	24,450			50500			50100			125,050	0
9	24,000			57936			99500			181,436	0
10	5,100			70000			16,600			91,700	0
11											
12	47,550			51392			35,500			134,442	0
13	62,100			50500			82,000			194,600	0
14	36950			89600			78,500			205,050	0
15	24,400			62195			97,180			183,775	0
16	36,950			58107			113355			208,412	0
17	7,000						1,000			8,000	0
18											
19	28,150			49940			81,300			159,390	0
20	35,300			76245			52,600			164,145	0
21	28500			92440			80,800			201,740	0
22	12,100			78027			34800			124,927	0
23	24,700			85020			124600			234,320	0
24	11,000									11,000	0
25											
26	39,450			62,937			88,400			190,787	0
27	23,100			44540			26500			94,140	0
28	36050			90,980			103,800			230,830	0
29	45,550			63,411			143300			252,261	0
30	26,300			62,221			69700			158,221	0
31	9,600			20,100						29,700	0
Avg	26,761			64,239			71,931			Monity Totals: 3,965,021	

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Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Operations and Maintenance Date: 2/28/2015



**CSO SUPPLEMENTAL REPORT
DETAILED OUTFALL REPORT**

Facility Name: Delaware County Regional Water Quality Control Authority
 Municipality: City of Chester County: Delaware
 Watershed: 3G

Month: January Year: 2015
 NPDES Permit No.: PA0027103 Outfall: 002
 Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Day	Identification *	Discharge Volume*	Duration (hrs)	Cause*	Precipitation (in)	Comments
1		0.0	0.0		0.0	
2		0.0	0.0		0.0	
3		0.39	6.1	Wet Weather Event	0.53	
4		0.492	8.0	Wet Weather Event	0.29	
5		0.0	0.0		0.0	
6		0.0	0.0		0.02	
7		0.0	0.0		0.0	
8		0.0	0.0		0.0	
9		0.0	0.0		0.0	
10		0.0	0.0		0.0	
11		0.0	0.0		0.0	
12		0.304	7.3	Wet Weather Event	0.34	
13		0.0	0.0		0.0	
14		0.0	0.0		0.0	
15		0.0	0.0		0.0	
16		0.0	0.0		0.0	
17		0.0	0.0		0.0	
18		3.03	13.7	Wet Weather Event	1.57	
19		0.0	0.0		0.0	
20		0.0	0.0		0.0	
21		0.0	0.0		0.01	
22		0.0	0.0		0.0	
23		0.014	0.6	Wet Weather Event	0.11	
24		0.708	6.8	Wet Weather Event	0.41	
25		0.0	0.0		0.0	
26		0.0	0.0		0.0	
27		0.0	0.0		0.0	
28		0.0	0.0		0.0	
29		0.0	0.0		0.0	
30		0.0	0.0		0.0	
31		0.0	0.0		0.0	

* See Instructions for explanation.

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael J. DiSantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: 2/17/2015

Foley, Sue

From: depgreenporthelpdesk@state.pa.us
Sent: Wednesday, March 25, 2015 2:59 PM
To: DiSantis, Michael
Subject: • Original eDMR Submission 94213 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 94213 has been recieved. The details of your original submission and report sender are as follows:

Login Name: MDiS0001
First Name: Michael
Last Name: DiSantis
Submission ID: 94213
Permit Number: PA0027103
Facility Name: DELCORA STP
Submission Status: received
Report Type: Summary DMR

You can login to the eDMR System by visiting the following website:

<http://www.ahs2.dep.state.pa.us/e2/Pages/Main/login.aspx>

This message (and any associated files) is intended only for the use of the individual or entity to which it is addressed and may contain information that is confidential. If you are not the intended recipient you are hereby notified that any dissemination, copying or distribution of this message, or files associated with this message, is strictly prohibited. If you have received this message in error, please notify us immediately by replying to the message and deleting it from your computer. Messages sent to and from us may be monitored



DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY
P.O. Box 999 • Chester, PA 19016-0999

March 25, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Steven O'Neil
Regional Manager – Water Management
PA Department of Environmental Protection
2 East Main Street
Norristown, PA 19401

Dear Mr. O'Neil:

Enclosed are DELCORA's Discharge Monitoring Report, Laboratory Data Reports, and CSO Report for February, 2015. All permit parameters were in compliance during the month.

Parameter averages for February, 2015 were: Flow – 32.54 MGD; cBOD₅ – 9 mg/L; TSS – 15 mg/L; cBOD₂₀ % removal – 92.75; and cBOD₂₀ – 8,914 lbs/day.

Should any further information be required concerning this report, please contact me at (610) 876-5523, ext. 264.

Respectfully submitted,

Electronically submitted

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosures

cc: w/enclosures
US EPA - NPDES DMR (3WP42) – can access through DEP website
Delaware River Basin Commission – can access through DEP website
S.J. Babylon via email with server link
File

ADMINISTRATION

610-876-5523
 FAX: 610-876-2728

CUSTOMER SERVICE/BILLING

610-876-5526
 FAX: 610-876-1460

PURCHASING & STORES

610-876-5523
 FAX: 610-497-7959

PLANT & MAINTENANCE

610-876-5523
 FAX: 610-497-7950

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP PERMIT NUMBER: PA0027103 REGION: EP SE Rgnl Off
 PERMITTEE: DELCORA OUTFALL: 001 COUNTY: Delaware
 100 EAST FIFTH STREET CITY: CHESTER
 CHESTER, PA 19016- MONITORING From: 2015-02-01 NO DISCHARGE
 ADDRESS: 0999 PERIOD: To: 2015-02-28 FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	108127	*****	lbs/day	*****	397	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.25	*****	6.77	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum				
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	4252	5247	lbs/day	*****	15	16	mg/L	0	1/day	24-Hr Composite
	Permit Requirement	11000 Average Monthly	16500 Weekly Average		*****	30 Average Monthly	45 Weekly Average				
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	81595	*****	lbs/day	*****	292	*****	mg/L	0	1/day	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Oil and Grease Parameter Code: 00556 Stage Code: 1	Sample Measurement	<1357	*****	lbs/day	*****	<5	<5	mg/L	0	1/day	Grab
	Permit Requirement	5500 Average Monthly	*****		*****	15 Average Monthly	30 Instantaneous Maximum				
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	*****	*****		*****	3.27	*****	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Nitrite as N Parameter Code: 00615 Stage Code: 1	Sample Measurement	*****	*****		*****	0.48	0.75	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP PERMIT NUMBER: PA0027103 REGION: EP SE Rgnl Off
 PERMITTEE: DELCORA OUTFALL: 001 COUNTY: Delaware
 100 EAST FIFTH STREET CITY: CHESTER
 CHESTER, PA 19016- MONITORING From: 2015-02-01 NO DISCHARGE

ADDRESS: 0999 PERIOD: To: 2015-02-28 FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Nitrate as N Parameter Code: 00620 Stage Code: 1	Sample Measurement	*****	*****		*****	14.3	15.8	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum				
Total Kjeldahl Nitrogen Parameter Code: 00625 Stage Code: 1	Sample Measurement	*****	*****		*****	5.53	*****	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Cyanide Parameter Code: 00720 Stage Code: 1	Sample Measurement	*****	*****		*****	0.021	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Cadmium Parameter Code: 01027 Stage Code: 1	Sample Measurement	*****	*****		*****	<0.001	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Copper Parameter Code: 01042 Stage Code: 1	Sample Measurement	*****	*****		*****	0.0083	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Lead Parameter Code: 01051 Stage Code: 1	Sample Measurement	*****	*****		*****	<0.003	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Zinc Parameter Code: 01092 Stage Code: 1	Sample Measurement	*****	*****		*****	0.06	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				

Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP PERMIT NUMBER: PA0027103 REGION: EP SE Rgnl Off
 PERMITTEE: DELCORA OUTFALL: 001 COUNTY: Delaware
 100 EAST FIFTH STREET CITY: CHESTER
 CHESTER, PA 19016- MONITORING From: ~~2015-02-01~~ NO DISCHARGE
 ADDRESS: 0999 PERIOD: To: 2015-02-28 FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dichlorobromomethane	Sample Measurement	****	****		****	0.0025	****	mg/L	0	1/month	Grab
Parameter Code: 32101	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	Grab
Stage Code: 1											
Chlorodibromomethane	Sample Measurement	****	****		****	0.0021	****	mg/L	0	1/month	Grab
Parameter Code: 34306	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	Grab
Stage Code: 1											
Flow (mgd)	Sample Measurement	32.54	55.98		****	****	****		0	Continuous	Metered
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	****	****			Continuous	Metered
Stage Code: 1											
Total Residual Chlorine (TRC)	Sample Measurement	****	****		****	0.3	0.74	mg/L	0	1/day	Grab
Parameter Code: 50060	Permit Requirement	****	****		****	0.5 Average Monthly	1.0 Instantaneous Maximum			1/day	Grab
Stage Code: 1											
Total Dissolved Solids	Sample Measurement	****	****		****	766	956	mg/L	0	5/week	24-Hr Composite
Parameter Code: 70295	Permit Requirement	****	****		****	Report Average Monthly	Report Daily Maximum			2/month	24-Hr Composite
Stage Code: 1											
Fecal Coliform	Sample Measurement	****	****		****	11	91	CFU/100 mL	0	1/day	Grab
Parameter Code: 74055	Permit Requirement	****	****		****	200 Geometric Mean	1000 Instantaneous Maximum			1/day	Grab
Stage Code: 1											
CBOD5	Sample Measurement	2398	2763		****	9	10	mg/L	0	1/day	24-Hr Composite
Parameter Code: 80082	Permit Requirement	7000 Average Monthly	10500 Weekly Average	lbs/day	****	19 Average Monthly	29 Weekly Average			1/day	24-Hr Composite
Stage Code: 1											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 3

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP PERMIT NUMBER: PA0027103 REGION: EP SE Rgnl Off
 PERMITTEE: DELCORA OUTFALL: 001 COUNTY: Delaware
 100 EAST FIFTH STREET CITY: CHESTER
 CHESTER, PA 19016- MONITORING From: 2015-02-01 NO DISCHARGE

ADDRESS: 0999 PERIOD: To: 2015-02-28 FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
CBOD5	Sample Measurement	57770	****	lbs/day	****	210	****	mg/L	0	1/day	24-Hr Composite
Parameter Code: 80082 Stage Code: RI	Permit Requirement	Report Average Monthly	****		****	Report Average Monthly	****		****	1/day	24-Hr Composite
CBOD20	Sample Measurement	8914	****	lbs/day	****	****	****		0	2/week	24-Hr Composite
Parameter Code: 80087 Stage Code: 1	Permit Requirement	10500 Average Monthly	****		****	****	****		****	1/week	24-Hr Composite
CBOD20	Sample Measurement	****	****		92.75	****	****	%	0	2/week	24-Hr Composite
	Parameter Code: 80087 Stage Code: K	Permit Requirement	****		****	89.25 Minimum Monthly % Removal	****		****	1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date			

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 4

PARAMETER SPECIFIC COMMENTS:



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	02	01	TO	15	02	28
PARAMETER		ANALYSIS METHOD		LAB NAME			LAB ID NUMBER²			
BOD5/cBOD5		SM5210 B		DELCORA - Central Laboratory			23-00671			
TSS		SM 2540 D		DELCORA - Central Laboratory			23-00671			
O&G		EPA 1664 A		DELCORA - Central Laboratory			23-00671			
Total Residual Cl		SM4500-Cl G		DELCORA - Central Laboratory			23-00671			
N-Nitrite		SM4500-NO2 B		DELCORA - Central Laboratory			23-00671			
NH3-N		EPA 350.1		DELCORA - Central Laboratory			23-00671			
TKN-N		SM4500-N-org B/SM4500-NH3 C		DELCORA - Central Laboratory			23-00671			
Fecal Coliform		SM 9222 D		DELCORA - Central Laboratory			23-00671			
BOD20/cBOD20		SM5210 B		DELCORA - Central Laboratory			23-00671			
pH		SM 4500 H+B		DELCORA - Central Laboratory			23-00671			
Ammonia as N		EPA 350.1		DELCORA - Central Laboratory			23-00671			
TDS		SM 2540 C		DELCORA - Central Laboratory			23-00671			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 3/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	02	01	TO	15	02	28
PARAMETER	ANALYSIS METHOD	LAB NAME		LAB#D NUMBER²						
Copper, Total	EPA 200.7	ALS Environmental		PA 22-293						
Lead, Total	EPA 200.7	ALS Environmental		PA 22-293						
Zinc, Total	EPA 200.7	ALS Environmental		PA 22-293						
Dichlorobromomethane	EPA 624	ALS Environmental		PA 22-293						
Oil and Grease	EPA 1664B	ALS Environmental		PA 22-293						
Chlorodibromomethane	EPA 624	ALS Environmental		PA 22-293						
TKN-N	EPA 351.2	ALS Environmental		PA 22-293						
Ammonia as N	D6919-09	ALS Environmental		PA 22-293						
Nitrate as N	EPA 300.0	ALS Environmental		PA 22-293						
Total Cyanide	EPA 335.4	ALS Environmental		PA 22-293						
Total Cadmium	200.7	ALS Environmental		PA 22-293						
Nitrite as N	EPA 300.0	ALS Environmental		PA 22-293						

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523Signature of Principal Executive Officer or
Authorized AgentMichael J. DiSantisDate: 03/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: DELCORA WRTP County: Delaware
 Municipality: City of Chester
 Watershed: 3g

Month: February Year: 2015
 NPDES Permit No.: PA0027103 A3
 Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	31.26			163	42,495	4675.00	1.26	454530		
2	57.49			323	154,868	3950.00	1.42	417410		
3	37.93			263	83,196	4175.00	1.64	366710		
4	37.45	296	92,451	357	111,503	3375.00	1.26	371860		
5	34.45			306	87,918	3885.00	1.26	402510		
6	33.13			313	86,483	4050.00	1.52	401820		
7	32.18			236	63,338	3940.00	2.04	412900		
8	31.77			151	40,009	3880.00	2.07	412640		
9	31.98			276	73,613	4870.00	1.88	410290		
10	31.89			307	81,651	5000.00	1.59	390970		
11	30.74	464	118,956	403	103,318	4990.00	1.59	138520		
12	30.51	247	62,850	393	100,000	3850.00	1.70	413850		
13	30.13			383	96,242	4690.00	1.52	358670		
14	30.16			187	47,037	3040.00	1.65	362410		
15	30.60			194	49,510	2920.00	2.44	343610		
16	30.63			284	72,549	3100.00	1.88	279030		
17	31.11			259	67,199	3075.00	2.29	222910		
18	31.10	255	66,140	363	94,153	2990.00	2.36	237350		
19	31.22			259	67,437	3180.00	1.87	252130		
20	31.18			343	89,194	3170.00	2.98	226500		
21	30.38			244	61,822	3315.00	3.44	273780		
22	44.08			237	87,128	2840.00	2.92	389490		
23	34.80			284	82,426	3300.00	2.24	346930		
24	32.29			264	71,095	3335.00	1.67	331020		
25	32.54	571	154,960	453	122,937	3285.00	1.68	358420		
26	31.49			347	91,131	2870.00	1.36	380890		
27	31.16			371	96,413	3370.00	1.34	411080		
28	32.26			223	59,998	3325.00	1.28	397440		
29										
30										
31										
Avg	33.425	367	99,071	292	81,595	3,662	2	348,774		
Max	57.49	571	154,960	453	154,868	5,000	3	454,530		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Micheal DiSantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: 3/28/2015



SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

Facility Name: DELORA STP
 Municipality: City of Chester
 Watershed: 3G

County: Delaware

Month: February Year: 2015

NPDES Permit No.: PA0027103 A3

Renewal application due 180 days prior to expiration.

This permit will expire on: April 30, 2018

Day	SEPTAGE			SLUDGE			OTHER (specify): Package Plant			DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (lbs)
1											
2	74,400			62022			85900			222,322	0
3	122,000			75000			137,900			334,900	0
4	81,550			88673			87,725			257,948	0
5	130,495			80779			148,840			360,114	0
6	122,400			64115			124,600			311,115	0
7	45500			101500						147,000	0
8											
9	97,400			55050			30600			183,050	0
10	85,200			81168			127,200			293,568	0
11	130,690			62680			97,700			291,070	0
12	119,455			73547			156,900			349,902	0
13	121,675			69058			103,300			294,033	0
14	40000			60300						100,300	0
15											
16	105,500			50313			70900			226,713	0
17	77,050			102203			96,600			275,853	0
18	129,400			93763			106,280			329,443	0
19	104,180			93334			153,780			351,294	0
20	81,000			55500			44,400			180,900	0
21	33500						18,200			51,700	0
22											
23	91,370			69100			151300			311,770	0
24	94,100			81297			123,200			298,597	0
25	134360			78,600			142,000			354,960	0
26	98,200			86,824			192,900			377,924	0
27	101,550			55758			87600			244,908	0
28	43200						6,000			49,200	0
29											
30											
31											
AVG	92,295			74,026			103,540			Monthly Totals: 6,198,584	

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Prepared By: Michael DiSantis
 Title: Dir. Operations and Maintenance

License No.: T0403
 Date: 3/28/2015

SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING

Facility Name: DELCORA WRTP Month: 2 Year: 2015
 Municipality: City of Chester County: Delaware Outfall: 001
 Watershed: DELCORA; ALS Environmental Permit No.: PA0027103 A3 Renewal application due 180 days prior to expiration: April 30, 2018
 Laboratories: This permit will expire on: April 30, 2018

Date	Time	Flow	Fecl Collorm	pH	CBOD5	CBOD20	CBOD20	TSS	TSS	TSS	TDS	Oil and Grease	TRC	NH3-N	NO3-N	NO2-N	TKN	Total Copper	Total Lead
1	Sum	21715	3	6.50	7	32	00.54	60.19	10	648.00	<	5	0.36						
1	Mon	22715	22	6.41	19	47	86.94	63.57	24	717.00	<	5	0.60						
1	Tue	23715	15	6.49	11	38	80.11	60.11	28	744.00	<	5	0.53						
1	Wed	24715	37	6.43	7	2	65.88	707.00	13	707.00	<	5	0.74						
1	Thu	25715	35	6.77	5	34	65.12	66.41	11	733.00	<	5	0.39						
1	Fri	26715	33	6.70	6	28	64.11	66.17	12	733.00	<	5	0.32						
1	Sat	27715	20	6.33	7	12	64.82	64.82	12	714.00	<	5	0.46						
1	Sun	28715	30	6.45	5	20	62.70	64.73	14	691.00	<	5	0.56						
1	Mean	26715	30	6.25	9	32	62.51	64.97	15	691.00	<	5	0.32						
1	Max	21715	18	6.59	6	38	64.78	64.78	13	714.00	<	5	0.50						
1	Min	21715	33	6.47	9	30	65.80	65.17	19	743.00	<	5	0.41						
1	Std	21715	12	6.47	13	46	61.26	65.34	15	743.00	<	5	0.51						
1	4	21415	25	6.47	11	14	62.81	62.81	14	700.00	<	5	0.40						
1	5	21515	25	6.32	12	21	66.18	66.18	14	700.00	<	5	0.40						
1	6	21615	20	6.36	8	14	65.07	65.07	14	748.00	<	5	0.69						
1	7	21715	30	6.62	7	30	66.14	66.14	10	781.00	<	5	0.31						
1	8	21815	7	6.64	6	10	67.25	67.25	10	843.00	<	5	0.36						
1	9	21915	35	6.65	6	28	67.84	67.84	15	843.00	<	5	0.32						
1	10	22015	18	6.63	8	23	66.42	66.42	11	807.00	<	5	0.31						
1	11	22115	29	6.48	7	12	65.08	65.08	12	807.00	<	5	0.32						
1	12	22215	4	6.44	6	18	64.72	64.72	15	806.00	<	5	0.29						
1	13	22315	27	6.57	11	25	66.78	66.78	15	806.00	<	5	0.25						
1	14	22415	31	6.37	13	14	64.70	64.70	14	806.00	<	5	0.26						
1	15	22515	18	6.37	13	14	64.70	64.70	14	777.00	<	5	0.26						
1	16	22615	13	6.07	12	20	64.24	64.24	14	777.00	<	5	0.25						
1	17	22715	7	6.39	9	19	64.89	64.89	19	751.00	<	5	0.24						
1	18	22815	11	6.56	8	18	61.49	61.49	18	751.00	<	5	0.17						
1	19	22915	31	6.23	5	18	64.83	64.83	10	649	<	5	0.17						
1	20	23015	31	6.77	13	28	64.24	64.24	28	649	<	5	0.74						
1	21	23115	10	6.43	10	16	64.31	64.31	16	628	<	5	0.3						
1	22	23215	32	6.43	9	32	61.78	61.78	15	704	<	5	0.3						
1	23	23315	51		2783	11400	1237	1237	154	23446	<	1551	1342	168	168	168	168	168	168
1	24	23415	2384	32.54	4383	1444	4383	4383	154	21432	<	1557	4383	154	154	154	154	154	154
1	25	23515	67152	24447	119200	24447	119200	119200	24447	600848	<	27859	24447	162718	162718	162718	162718	162718	162718
1	26	23615	1371	2349	2349	2349	2349	2349	2349	164970	<	1323	44	81	81	81	81	81	81
1	27	23715	4083	21903	21903	21903	21903	21903	21903	250746	<	2354	253	133	133	133	133	133	133
1	28	23815	3671	3254	3254	3254	3254	3254	3254	23446	<	1551	134	168	168	168	168	168	168
1	29	23915	110	3254	3254	3254	3254	3254	3254	21432	<	1557	4383	154	154	154	154	154	154
1	30	24015	24447	119200	119200	119200	119200	119200	119200	600848	<	27859	24447	162718	162718	162718	162718	162718	162718
1	31	24115	1371	2349	2349	2349	2349	2349	2349	164970	<	1323	44	81	81	81	81	81	81
1	32	24215	4083	21903	21903	21903	21903	21903	21903	250746	<	2354	253	133	133	133	133	133	133

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, accurate and complete. I am aware that there are significant penalties for knowingly submitting false information. (Refer to the Pennsylvania Department of Environmental Protection for more information.)

Prepared By: Michael D'Santis License No.: T0403
 Title: Dr. Of Operations and Maintenance Date: 3/28/2015



CSO SUPPLEMENTAL REPORT MONTHLY INSPECTION REPORT

Facility Name: Delaware County Regional Water Quality Control Authority
Municipality: City of Chester
Watershed: 3G

Month: February Year: 2015
NPDES Permit No.: PA0027103
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2018

County: Delaware

CSO Outfall No.	Outfall Location*	Discharge?*	Comments
002	Front & Booth	Yes	
003	Front & Highland	Yes	
004	Front & Hayes	Yes	
005	Front & Townsend	Yes	
007	Delaware & Reaney	Yes	
008	2nd & Tilghman	Yes	
009	2nd & Lloyd	Yes	Total overflow from Outfalls 009 and 010
010	5th & Pusey	Yes	Discharges to Outfall 009 Regulator
011	2nd & Parker	Yes	
012	2nd & Edgmont	No	
013	2nd & Welsh	Yes	
014	3rd & Upland	No	
015	4th & Melrose	Yes	
016	8th & McDowell	No	
017	9th & Campbell	Yes	
018	Sun Dr. & Hancock	Yes	
019	14th & Crozer Hospital	Yes	
020	Kerlin & Finland	No	
021	9th & Sproul	Yes	
022	6th & Sproul	Yes	
023	3rd & Edgmont	No	
024	3rd & Dock	No	
025	5th & Penn	Yes	
026	7th & Penn	No	
032	2nd & Avenue of the States	No	
033	Elkington Blvd. and Ridley Creek	No	

Copy this report as needed to include more CSO outfalls.

** See Instructions for explanation.*

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael J. DiSantis
Title: Dir. Of Operations and Maintenance

License No.: T0403
Date: 3/13/2015

Foley, Sue

From: depgreenporthelpdesk@state.pa.us
Sent: Friday, April 24, 2015 10:55 AM
To: DiSantis, Michael
Subject: Original eDMR Submission 96154 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 96154 has been received. The details of your original submission and report sender are as follows:

Login Name: MDiS0001
First Name: Michael
Last Name: DiSantis
Submission ID: 96154
Permit Number: PA0027103
Facility Name: DELCORA STP
Submission Status: received
Report Type: Summary DMR

You can login to the eDMR System by visiting the following website:

<http://www.ahs2.dep.state.pa.us/e2/Pages/Main/login.aspx>



DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY
P.O. Box 999 • Chester, PA 19016-0999

April 24, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Steven O'Neil
Regional Manager – Water Management
PA Department of Environmental Protection
2 East Main Street
Norristown, PA 19401

Dear Mr. O'Neil:

Enclosed are DELCORA's Discharge Monitoring Report, Laboratory Data Reports, and CSO Report for March, 2015. We regret to report that there were two effluent violations during the month as we failed to meet the minimum average % removal for cBOD₂₀ and exceeded the loading for cBOD₂₀. Also there was a violation for failing to perform one of the required influent cBOD₅ analyses. Laboratory procedures were revised and implemented to avoid any further recurrences of this failure.

Parameter averages for March, 2015 were: Flow – 43.97 MGD; cBOD₅ – 8 mg/L; TSS – 13 mg/L; cBOD₂₀ % removal – 88.71; and cBOD₂₀ – 12,489 lbs/day.

Should any further information be required concerning this report, please contact me at (610) 876-5523, ext. 264.

Respectfully submitted,

Electronically submitted

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosures

cc: w/enclosures
US EPA - NPDES DMR (3WP42) – can access through DEP website
Delaware River Basin Commission – can access through DEP website
S.J. Babylon via email with server link
File

ADMINISTRATION

610-876-5523
 FAX: 610-876-2728

CUSTOMER SERVICE/BILLING

610-876-5526
 FAX: 610-876-1460

PURCHASING & STORES

610-876-5523
 FAX: 610-497-7959

PLANT & MAINTENANCE

610-876-5523
 FAX: 610-497-7950

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING** From: 2015-03-01 **NO DISCHARGE**
ADDRESS: 0999 **PERIOD:** To: 2015-03-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	90363	*****	lbs/day	*****	222	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/week	24-Hr Composite	
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.3	*****	6.8	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum		1/day	Grab	
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	4801	6000	lbs/day	*****	13	15	mg/L	0	1/day	24-Hr Composite
	Permit Requirement	11000 Average Monthly	16500 Weekly Average		*****	30 Average Monthly	45 Weekly Average		1/day	24-Hr Composite	
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	81169	*****	lbs/day	*****	218	*****	mg/L	0	1/day	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/day	24-Hr Composite	
Oil and Grease Parameter Code: 00556 Stage Code: 1	Sample Measurement	<1834	*****	lbs/day	*****	<5	<5	mg/L	0	1/day	Grab
	Permit Requirement	5500 Average Monthly	*****		*****	15 Average Monthly	30 Instantaneous Maximum		1/day	Grab	
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	*****	*****		*****	5.54	*****	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****		2/month	24-Hr Composite	
Nitrite as N Parameter Code: 00615 Stage Code: 1	Sample Measurement	*****	*****		*****	<0.9	1.2	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum		2/month	24-Hr Composite	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING** From: 2015-03-01 **NO DISCHARGE**

ADDRESS: 0999

PERIOD:

To: ~~2015-03-31~~

FROM SITE:

()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Nitrate as N	Sample Measurement	****	****		****	4.9	7.5		0	2/month	24-Hr Composite
Parameter Code: 00620 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	Report Daily Maximum	mg/L		2/month	24-Hr Composite
Total Kjeldahl Nitrogen	Sample Measurement	****	****		****	6.2	****		0	2/month	24-Hr Composite
Parameter Code: 00625 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	****	mg/L		2/month	24-Hr Composite
Total Cyanide	Sample Measurement	****	****		****	0.017	****		0	1/month	24-Hr Composite
Parameter Code: 00720 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	****	mg/L		1/month	24-Hr Composite
Total Cadmium	Sample Measurement	****	****		****	<0.001	****		0	1/month	24-Hr Composite
Parameter Code: 01027 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	****	mg/L		1/month	24-Hr Composite
Total Copper	Sample Measurement	****	****		****	0.0089	****		0	1/month	24-Hr Composite
Parameter Code: 01042 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	****	mg/L		1/month	24-Hr Composite
Total Lead	Sample Measurement	****	****		****	<0.003	****		0	1/month	24-Hr Composite
Parameter Code: 01051 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	****	mg/L		1/month	24-Hr Composite
Total Zinc	Sample Measurement	****	****		****	0.062	****		0	1/month	24-Hr Composite
Parameter Code: 01092 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	****	mg/L		1/month	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING** From: 2015-03-01 **NO DISCHARGE**
ADDRESS: 0999 **PERIOD:** To: 2015-03-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dichlorobromomethane Parameter Code: 32101 Stage Code: 1	Sample Measurement	****	****		****	0.0029	****	mg/L	0	1/month	Grab
	Permit Requirement	****	****		****	Report Average Monthly	****				1/month
Chlorodibromomethane Parameter Code: 34306 Stage Code: 1	Sample Measurement	****	****		****	0.0017	****	mg/L	0	1/month	Grab
	Permit Requirement	****	****		****	Report Average Monthly	****				1/month
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	43.97	68.56	MGD	****	****	****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		****	****	****				Continuous
Total Residual Chlorine (TRC) Parameter Code: 50060 Stage Code: 1	Sample Measurement	****	****		****	0.4	0.75	mg/L	0	1/day	Grab
	Permit Requirement	****	****		****	0.5 Average Monthly	1.0 Instantaneous Maximum				1/day
Total Dissolved Solids Parameter Code: 70295 Stage Code: 1	Sample Measurement	****	****		****	768	1196	mg/L	0	5/week	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	Report Daily Maximum				2/month
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	****	****		****	4	25	CFU/100 mL	0	1/day	Grab
	Permit Requirement	****	****		****	200 Geometric Mean	1000 Instantaneous Maximum				1/day
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	3096	3746	lbs/day	****	8	10	mg/L	0	1/day	24-Hr Composite
	Permit Requirement	7000 Average Monthly	10500 Weekly Average		****	19 Average Monthly	29 Weekly Average				1/day
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 3

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING** From: 2015-03-01 **NO DISCHARGE**

ADDRESS: 0999 PERIOD: To: 2015-03-31 FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
CBOD5	Sample Measurement	56532	*****	lbs/day	*****	155	*****	mg/L	1	1/day	24-Hr Composite
Parameter Code: 80082 Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		*****	1/day	24-Hr Composite
CBOD20	Sample Measurement	12489	*****	lbs/day	*****	*****	*****		1	4/week	24-Hr Composite
Parameter Code: 80087 Stage Code: 1	Permit Requirement	10500 Average Monthly	*****		*****	*****	*****		*****	1/week	24-Hr Composite
CBOD20	Sample Measurement	*****	*****		88.71	*****	*****	%	1	4/week	24-Hr Composite
	Parameter Code: 80087 Stage Code: K	Permit Requirement	*****		*****	89.25 Minimum Monthly % Removal	*****		*****	1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).					Signature of Principal Executive Officer Or Authorized Agent			Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 4

GENERAL REPORT COMMENT:

There were two effluent violations and one failure to monitor for an influent sample. Please see non-compliance form.

PARAMETER SPECIFIC COMMENTS:



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	03	01	TO	15	03	31
PARAMETER		ANALYSIS METHOD		LAB NAME			LAB ID NUMBER²			
BOD5/cBOD5		SM5210 B		DELCORA - Central Laboratory			23-00671			
TSS		SM 2540 D		DELCORA - Central Laboratory			23-00671			
O&G		EPA 1664 A		DELCORA - Central Laboratory			23-00671			
Total Residual Cl		SM4500-Cl G		DELCORA - Central Laboratory			23-00671			
N-Nitrite		SM4500-NO2 B		DELCORA - Central Laboratory			23-00671			
NH3-N		EPA 350.1		DELCORA - Central Laboratory			23-00671			
TKN-N		SM4500-N-org B/SM4500-NH3 C		DELCORA - Central Laboratory			23-00671			
Fecal Coliform		SM 9222 D		DELCORA - Central Laboratory			23-00671			
BOD20/cBOD20		SM5210 B		DELCORA - Central Laboratory			23-00671			
pH		SM 4500 H+B		DELCORA - Central Laboratory			23-00671			
Ammonia as N		EPA 350.1		DELCORA - Central Laboratory			23-00671			
TDS		SM 2540 C		DELCORA - Central Laboratory			23-00671			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 4/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
<u>19016</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0027103				15	03	01	TO 15 03 31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER²				
Copper, Total	EPA 200.7	ALS Environmental	PA 22-293				
Lead, Total	EPA 200.7	ALS Environmental	PA 22-293				
Zinc, Total	EPA 200.7	ALS Environmental	PA 22-293				
Dichlorobromomethane	EPA 624	ALS Environmental	PA 22-293				
Oil and Grease	EPA 1664B	ALS Environmental	PA 22-293				
Chlorodibromomethane	EPA 624	ALS Environmental	PA 22-293				
TKN-N	EPA 351.2	ALS Environmental	PA 22-293				
Ammonia as N	D6919-09	ALS Environmental	PA 22-293				
Nitrate as N	EPA 300.0	ALS Environmental	PA 22-293				
Total Cyanide	EPA 335.4	ALS Environmental	PA 22-293				
Total Cadmium	200.7	ALS Environmental	PA 22-293				
Nitrite as N	EPA 300.0	ALS Environmental	PA 22-293				

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523Signature of Principal Executive Officer or
Authorized AgentMichael J. DiSantisDate: 04/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: DELCORA WRTP County: Delaware Month: March Year: 2015
 Municipality: City of Chester NPDES Permit No.: PA0027103 A3
 Watershed: 3g Renewal application due 180 days prior to expiration. This permit will expire on: April 30, 2018

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	34.58			180	51,911	3185.00	1.53	366210		
2	41.54			389	134,767	3180.00	1.41	380730		
3	42.39			343	121,262	3440.00	1.54	369400		
4	60.75	238	120,584	299	151,490	2945.00	1.76	247650		
5	59.46			164	81,327	3485.00	3.67	266500		
6	43.24			319	115,038	3465.00	1.88	300910		
7	39.46			156	51,339	3760.00	1.70	351300		
8	46.21			121	46,632	4030.00	1.66	340890		
9	47.82			190	75,776	3660.00	1.80	379940		
10	53.30			264	117,354	3645.00	1.46	217710		
11	64.64	170	91,647	181	97,577	3015.00	2.25	211700		
12	45.53			177	67,210	3710.00	1.40	200720		
13	43.96			251	92,023	3945.00	1.25	239930		
14	70.55			206	121,208	3355.00	1.47	360690		
15	51.75			90	38,844	3810.00	2.13	385160		
16	44.71			186	69,356	3980.00	1.11	323310		
17	41.54			253	87,650	4580.00	1.22	359540		
18	37.99	232	73,506	316	100,120	3890.00	1.27	351730		
19	36.83			231	70,954	4925.00	1.25	296760		
20	42.63			284	100,972	4320.00	1.23	308810		
21	52.18			181	78,768	3760.00	1.55	393310		
22	43.98			103	37,780	3645.00	1.62	397280		
23	39.91			197	65,571	3440.00	1.30	385160		
24	37.88			196	61,920	3690.00	1.27	329720		
25	36.46	249	75,715	251	76,323	3645.00	1.17	380540		
26	37.20			261	80,975	3435.00	1.25	421050		
27	48.50			296	119,729	3100.00	1.34	424660		
28	38.66			91	29,341	3750.00	1.58	415290		
29	35.82			123.0	36,745	4,725.0	1.61	363,020.0		
30	36.47			234.0	71,173	4,930.0	1.21	403,750.0		
31	35.32			221.0	65,100	4,060.0	1.32	417,210.0		
Avg	44.879	222	90,363	218	81,169	3,758	2	341,632		
Max	70.55	249	120,584	389	151,490	4,930	4	424,660		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Micheal DiSantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: 4/28/2015



SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

Facility Name: DELCORA STP County: Delaware Month: March Year: 2015
 Municipality: City of Chester NPDES Permit No.: PA0027103 A
 Watershed: 3G Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Day	SEPTAGE			SLUDGE			OTHER (specify): Domestic Holding Tank			DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)
1				Headworks				Headworks			
2				Headworks				Headworks	78,400		78,400
3				Headworks				Headworks	69,300		69,300
4				Headworks				Headworks	71,150		71,150
5				Headworks				Headworks	4,000		4,000
6				Headworks				Headworks	36,350		36,350
7				Headworks				Headworks	40,200		40,200
8				Headworks				Headworks			
9				Headworks				Headworks	58,950		58,950
10				Headworks				Headworks	100,600		100,600
11				Headworks				Headworks	77,500		77,500
12				Headworks				Headworks	96,400		96,400
13				Headworks				Headworks	91,700		91,700
14				Headworks				Headworks	32,300		32,300
15				Headworks				Headworks			
16				Headworks				Headworks	80,000		80,000
17				Headworks				Headworks	53,560		53,560
18				Headworks				Headworks	70,000		70,000
19				Headworks				Headworks	68,000		68,000
20				Headworks				Headworks	51,950		51,950
21				Headworks				Headworks	31,900		31,900
22				Headworks				Headworks			
23				Headworks				Headworks	106,625		106,625
24				Headworks				Headworks	47,900		47,900
25				Headworks				Headworks	77,450		77,450
26				Headworks				Headworks	43,901		43,901
27				Headworks				Headworks	68,500		68,500
28				Headworks				Headworks	58,600		58,600
29				Headworks				Headworks			
30				Headworks				Headworks	51,800		51,800
31				Headworks				Headworks	94,200		94,200
Avg									63,894		63,894
									Monthly Totals:		1,561,235

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Operations and Maintenance Date: 1/28/2015

**SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING**

890-FIN-SP-MS-04-05 3/2012

Facility Name: DELCORA WRP County: Delaware
Municipality: City of Chester
Watershed: 3G
Laboratories: DELCORA; ALS Environmental

Month: 3 Year: 2015
Permit No.: PA0027103 A3 Outfall: 001
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2016

Date	Time	Flow	Fecal Coliform	pH	CBOD5	CBOD20	CBOD20	TSS	TSS	TDS	Oil and Grease	TRC	NH3-N	NO3-N	NO2-N	TKN	Total Copper	Total Lead
1	Sun	3/17/15	6	8.01	10	37	85.33	12	15	640.00	<	0.30	<	<	<	<	<	<
1	Mon	3/18/15	2	8.30	14	37	117.00	14	14	517.00	<	0.37	<	<	<	<	<	0.000
1	Tue	3/18/15	10	8.50	9	37	119.00	17	17	119.00	<	0.28	<	<	<	<	<	0.000
1	Wed	3/18/15	11	8.50	9	41	83.05	18	18	945.00	<	0.44	<	<	<	<	<	0.000
1	Thu	3/18/15	12	8.53	21	41	87.27	21	21	371.00	<	0.25	<	<	<	<	<	<
1	Fri	3/18/15	25	8.41	34	41	90.19	12	12	595.24	<	0.25	<	<	<	<	<	<
1	Sat	3/17/15	12	8.05	7	41	82.05	11	11	947.00	<	0.29	<	<	<	<	<	<
1	Sun	3/18/15	5	8.14	6	41	83.81	11	11	93.81	<	0.30	<	<	<	<	<	<
1	Mon	3/19/15	3	8.20	30	41	84.21	11	11	98.00	<	0.30	<	<	<	<	<	<
1	Tue	3/19/15	7	8.69	8	30	84.21	12	12	943.00	<	0.30	<	<	<	<	<	<
1	Wed	3/19/15	3	8.31	8	30	83.82	11	11	93.82	<	0.45	4.97	2.25	<	0.56	<	<
1	Thu	3/19/15	5	8.38	10	30	86.91	12	12	892.00	<	0.39	<	<	<	<	<	<
1	Fri	3/19/15	8	8.64	7	29	86.00	14	14	94.42	<	0.46	<	<	<	<	<	<
1	Sat	3/19/15	10	8.72	9	31	87.63	15	15	92.72	<	0.31	<	<	<	<	<	<
1	Sun	3/19/15	2	8.56	10	30	85.25	12	12	892.00	<	0.43	<	<	<	<	<	<
1	Mon	3/19/15	4	8.56	22	30	84.07	14	14	701.00	<	0.57	<	<	<	<	<	<
1	Tue	3/19/15	4	8.64	12	31	89.30	12	12	725.00	<	0.45	<	<	<	<	<	<
1	Wed	3/19/15	3	8.68	6	31	91.30	13	13	743.00	<	0.38	<	<	<	<	<	<
1	Thu	3/19/15	7	8.48	7	30	84.15	14	14	94.37	<	0.53	<	<	<	<	<	<
1	Fri	3/19/15	11	8.47	10	30	85.78	17	17	90.81	<	0.45	<	<	<	<	<	<
1	Sat	3/19/15	5	8.50	9	30	89.78	10	10	859.00	<	0.47	<	<	<	<	<	<
1	Sun	3/22/15	1	8.43	8	35	85.43	9	9	903.00	<	0.38	<	<	<	<	<	<
1	Mon	3/23/15	7	8.55	7	35	86.41	9	9	691.00	<	0.53	<	<	<	<	<	<
1	Tue	3/23/15	1	8.47	7	35	85.82	11	11	691.00	<	0.28	<	<	7.50	<	<	<
1	Wed	3/23/15	1	8.61	25	25	81.83	12	12	706.00	<	0.14	6.10	1.20	<	<	<	<
1	Thu	3/27/15	1	8.50	5	35	85.15	13	13	693.00	<	0.43	<	<	<	<	<	<
1	Fri	3/27/15	2	8.42	5	35	87.61	15	15	693.00	<	0.28	<	<	<	<	<	<
1	Sat	3/29/15	4	8.52	3	28	81.28	10	10	853.00	<	0.28	<	<	<	<	<	<
1	Sun	3/29/15	3	8.38	8	37	81.74	11	11	694.00	<	0.4	<	<	<	<	<	<
1	Mon	3/29/15	3	8.05	9	37	85.02	11	11	694.00	<	0.35	<	<	<	<	<	<
1	Tue	3/31/15	2	8.05	9	37	85.02	11	11	694.00	<	0.35	<	<	<	<	<	<
1	Wed	3/31/15	2	8.05	9	37	85.02	11	11	694.00	<	0.35	<	<	<	<	<	<
1	Thu	3/31/15	2	8.05	9	37	85.02	11	11	694.00	<	0.35	<	<	<	<	<	<
1	Fri	3/31/15	2	8.05	9	37	85.02	11	11	694.00	<	0.35	<	<	<	<	<	<
1	Sat	3/31/15	2	8.05	9	37	85.02	11	11	694.00	<	0.35	<	<	<	<	<	<
1	Sun	3/31/15	2	8.05	9	37	85.02	11	11	694.00	<	0.35	<	<	<	<	<	<

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violators. See 18 Pa. C.S. § 4901 (relating to untruthful information).

Prepared By: Michael DiSantis License No.: T0403
Title: Dir. Of Operations and Maintenance Date: 4/28/2015



**CSO SUPPLEMENTAL REPORT
MONTHLY INSPECTION REPORT**

Facility Name: Delaware County Regional Water Quality Control Authority
 Municipality: City of Chester County: Delaware
 Watershed: 3G

Month: March Year: 2015
 NPDES Permit No.: PA0027103
 Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

CSO Outfall No.	Outfall Location	Discharge?*	Comments
002	Front & Booth	Yes	
003	Front & Highland	Yes	
004	Front & Hayes	Yes	
005	Front & Townsend	Yes	
007	Delaware & Reaney	Yes	
008	2nd & Tilghman	Yes	
009	2nd & Lloyd	Yes	Total overflow from Outfalls 009 and 010
010	5th & Pusey	Yes	Discharges to Outfall 009 Regulator
011	2nd & Parker	Yes	
012	2nd & Edgmont	No	
013	2nd & Welsh	Yes	
014	3rd & Upland	Yes	
015	4th & Melrose	Yes	
016	8th & McDowell	Yes	
017	9th & Campbell	Yes	
018	Sun Dr. & Hancock	Yes	
019	14th & Crozer Hospital	Yes	
020	Kerlin & Finland	No	
021	9th & Sproul	Yes	
022	6th & Sproul	Yes	
023	3rd & Edgmont	No	
024	3rd & Dock	No	
025	5th & Penn	Yes	
026	7th & Penn	No	
032	2nd & Avenue of the States	No	
033	Elkington Blvd. and Ridley Creek	No	

Copy this report as needed to include more CSO outfalls.
 * See Instructions for explanation.

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael J. DiSantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: 4/9/2015

From: depgreenporthelpdesk@state.pa.us
Sent: Tuesday, May 26, 2015 10:22 AM
To: DiSantis, Michael
Subject: Original eDMR Submission 98201 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 98201 has been recieved. The details of your original submission and report sender are as follows:

Login Name: MDis0001
First Name: Michael
Last Name: DiSantis
Submission ID: 98201
Permit Number: PA0027103
Facility Name: DELCORA STP
Submission Status: received
Report Type: Summary DMR

You can login to the eDMR System by visiting the following website:

<http://www.ahs2.dep.state.pa.us/e2/Pages/Main/login.aspx>



DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY
P.O. Box 999 • Chester, PA 19016-0999

May 24, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Steven O'Neil
Regional Manager – Water Management
PA Department of Environmental Protection
2 East Main Street
Norristown, PA 19401

Dear Mr. O'Neil:

Enclosed are DELCORA's Discharge Monitoring Report, Laboratory Data Reports, and CSO Report for April, 2015. We regret to report that there was one effluent violation during the month as we exceeded the loading for cBOD₂₀.

Parameter averages for April, 2015 were: Flow – 35.37 MGD; cBOD₅ – 11 mg/L; TSS – 18 mg/L; cBOD₂₀ % removal – 90.1; and cBOD₂₀ – 11,596 lbs/day.

Should any further information be required concerning this report, please contact me at (610) 876-5523, ext. 264.

Respectfully submitted,

Electronically submitted

Michael J. DiSantis
Director of Operations and Maintenance

MJD:vm
Enclosures

cc: w/enclosures
US EPA - NPDES DMR (3WP42) – can access through DEP website
Delaware River Basin Commission – can access through DEP website
S.J. Babylon via email with server link
File

ADMINISTRATION

610-876-5523
 FAX: 610-876-2728

CUSTOMER SERVICE/BILLING

610-876-5526
 FAX: 610-876-1460

PURCHASING & STORES

610-876-5523
 FAX: 610-497-7959

PLANT & MAINTENANCE

610-876-5523
 FAX: 610-497-7950

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
ADDRESS: CHESTER, PA 19016-0999 **MONITORING PERIOD:** From: 2015-04-01 NO DISCHARGE
 To: 2015-04-30 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
BOD5	Sample Measurement	77570	*****	lbs/day	*****	260	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00310 Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/week	24-Hr Composite	
pH	Sample Measurement	*****	*****		6.27	*****	6.82	S.U.	0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum		1/day	Grab	
Total Suspended Solids	Sample Measurement	5388	7297	lbs/day	*****	18	20	mg/L	0	1/day	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	11000 Average Monthly	16500 Weekly Average		*****	30 Average Monthly	45 Weekly Average		1/day	24-Hr Composite	
Total Suspended Solids	Sample Measurement	73912	*****	lbs/day	*****	244	*****	mg/L	0	1/day	24-Hr Composite
Parameter Code: 00530 Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/day	24-Hr Composite	
Oil and Grease	Sample Measurement	<1475	*****	lbs/day	*****	<5	<5	mg/L	0	1/day	Grab
Parameter Code: 00556 Stage Code: 1	Permit Requirement	5500 Average Monthly	*****		*****	15 Average Monthly	30 Instantaneous Maximum		1/day	Grab	
Ammonia-Nitrogen	Sample Measurement	*****	*****		*****	3.48	*****	mg/L	0	2/month	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****		2/month	24-Hr Composite	
Nitrite as N	Sample Measurement	*****	*****		*****	<1.2	1.8	mg/L	0	2/month	24-Hr Composite
Parameter Code: 00615 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum		2/month	24-Hr Composite	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
ADDRESS: CHESTER, PA 19016-0999 **MONITORING PERIOD:** From: 2015-04-01 To: 2015-04-30 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Nitrate as N Parameter Code: 00620 Stage Code: 1	Sample Measurement	****	****		****	5.8	6.8	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	Report Daily Maximum				
Total Kjeldahl Nitrogen Parameter Code: 00625 Stage Code: 1	Sample Measurement	****	****		****	4.48	****	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****				
Total Cyanide Parameter Code: 00720 Stage Code: 1	Sample Measurement	****	****		****	0.068	****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****				
Total Cadmium Parameter Code: 01027 Stage Code: 1	Sample Measurement	****	****		****	<0.001	****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****				
Total Copper Parameter Code: 01042 Stage Code: 1	Sample Measurement	****	****		****	0.013	****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****				
Total Lead Parameter Code: 01051 Stage Code: 1	Sample Measurement	****	****		****	<0.003	****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****				
Total Zinc Parameter Code: 01092 Stage Code: 1	Sample Measurement	****	****		****	0.036	****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP PERMIT NUMBER: PA0027103 REGION: EP SE Rgnl Off
 PERMITTEE: DELCORA OUTFALL: 001 COUNTY: Delaware
 100 EAST FIFTH STREET CITY: CHESTER
 CHESTER, PA 19016-0999 MONITORING PERIOD: From: 2015-04-01 To: 2015-04-30 NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dichlorobromomethane	Sample Measurement	*****	*****		*****	0.0011	*****	mg/L	0	1/month	Grab
Parameter Code: 32101 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****			1/month	Grab
Chlorodibromomethane	Sample Measurement	*****	*****		*****	0.0029	*****	mg/L	0	1/month	Grab
Parameter Code: 34306 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****			1/month	Grab
Flow (mgd)	Sample Measurement	35.37	61.68	MGD	*****	*****	*****		0	Continuous	Metered
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				Continuous
Total Residual Chlorine (TRC)	Sample Measurement	*****	*****		*****	0.3	0.76	mg/L	0	1/day	Grab
Parameter Code: 50060 Stage Code: 1	Permit Requirement	*****	*****		*****	0.5 Average Monthly	1.0 Instantaneous Maximum				1/day
Total Dissolved Solids	Sample Measurement	*****	*****		*****	656	831	mg/L	0	5/week	24-Hr Composite
Parameter Code: 70295 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum				2/month
Fecal Coliform	Sample Measurement	*****	*****		*****	20	243	CFU/100 mL	0	1/day	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				1/day
CBOD5	Sample Measurement	3202	4277	lbs/day	*****	11	12	mg/L	0	1/day	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	7000 Average Monthly	10500 Weekly Average		*****	*****	19 Average Monthly		29 Weekly Average		
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 3

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016-0999 **MONITORING PERIOD:** From: 2015-04-01 **NO DISCHARGE**
ADDRESS: To: 2015-04-30 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
CBOD5	Sample Measurement	59733	*****	lbs/day	*****	200	*****	mg/L	0	1/day	24-Hr Composite
Parameter Code: 80082 Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/day	24-Hr Composite	
CBOD20	Sample Measurement	11596	*****	lbs/day	*****	*****	*****		1	6/week	24-Hr Composite
Parameter Code: 80087 Stage Code: 1	Permit Requirement	10500 Average Monthly	*****		*****	*****	*****		1/week	24-Hr Composite	
CBOD20	Sample Measurement	*****	*****		90.1	*****	*****	%	0	6/week	24-Hr Composite
Parameter Code: 80087 Stage Code: K	Permit Requirement	*****	*****		89.25 Minimum Monthly % Removal	*****	*****		1/week	24-Hr Composite	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations, See 18 Pa. C.S. § 4904 (relating to unsworn falsification).					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 4

GENERAL REPORT COMMENT:

There was one violation during the month for exceeding the cBOD20 loading limit. See non-compliance form for details.

PARAMETER SPECIFIC COMMENTS:

353844	Total Kjeldahl Nitrogen	Sample Frequency:	6 samples taken
--------	-------------------------	-------------------	-----------------



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	04	01	TO	15	04	30
PARAMETER		ANALYSIS METHOD		LAB NAME			LAB ID NUMBER²			
BOD5/cBOD5		SM5210 B		DELCORA - Central Laboratory			23-00671			
TSS		SM 2540 D		DELCORA - Central Laboratory			23-00671			
O&G		EPA 1664 A		DELCORA - Central Laboratory			23-00671			
Total Residual Cl		SM4500-Cl G		DELCORA - Central Laboratory			23-00671			
N-Nitrite		SM4500-NO2 B		DELCORA - Central Laboratory			23-00671			
NH3-N		EPA 350.1		DELCORA - Central Laboratory			23-00671			
TKN-N		SM4500-N-org B/SM4500-NH3 C		DELCORA - Central Laboratory			23-00671			
Fecal Coliform		SM 9222 D		DELCORA - Central Laboratory			23-00671			
BOD20/cBOD20		SM5210 B		DELCORA - Central Laboratory			23-00671			
pH		SM 4500 H+B		DELCORA - Central Laboratory			23-00671			
Ammonia as N		EPA 350.1		DELCORA - Central Laboratory			23-00671			
TDS		SM 2540 C		DELCORA - Central Laboratory			23-00671			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 05/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
<u>19016</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0027103				15	04	01	TO 15 04 30
PARAMETER		ANALYSIS METHOD		LAB NAME		LAB ID NUMBER²	
Copper, Total		EPA 200.7		ALS Environmental		PA 22-293	
Lead, Total		EPA 200.7		ALS Environmental		PA 22-293	
Zinc, Total		EPA 200.7		ALS Environmental		PA 22-293	
Dichlorobromomethane		EPA 624		ALS Environmental		PA 22-293	
Oil and Grease		EPA 1664B		ALS Environmental		PA 22-293	
Chlorodibromomethane		EPA 624		ALS Environmental		PA 22-293	
TKN-N		EPA 351.2		ALS Environmental		PA 22-293	
Ammonia as N		D6919-09		ALS Environmental		PA 22-293	
Nitrate as N		EPA 300.0		ALS Environmental		PA 22-293	
Total Cyanide		EPA 335.4		ALS Environmental		PA 22-293	
Total Cadmium		200.7		ALS Environmental		PA 22-293	
Nitrite as N		EPA 300.0		ALS Environmental		PA 22-293	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 05/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



SUPPLEMENTAL REPORT SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Name: DELORA STP Month: April Year: 2015
 Municipality: City Of Chester NPDES Permit No.: PA0027103
 Watershed: 3G County: Delaware
 Renewal application due **180 days** prior to expiration
 This permit will expire on: **April 30, 2018**

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site		Dewatered Sewage Sludge/Biosolids Hauled Off-site		Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	Dry Tons	Tons Dewatered	% Solids	Tons Dewatered	% Solids	Dry Tons
			781.89	26.51	2,369.64	26.32	623.64
					3,182.17	26.17	832.78
		TOTAL:				207.280	
						1,456.420	

SEWAGE SLUDGE / BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION

(Identify all sites where biosolids or ash were disposed or land applied)

Site Name	Municipality	County	DEP Permit No.	Type of Material*	Dry Tons Applied/Disposed	Type of Disposal/Use*	Hauler Name
Cumberland County Landfill	Hopewell and North Newton	Cumberland	265792	incinerator ash		landfill	Interstate Waste Services
Mostoller Landfill, INC	Brothersvalley and Somerset	Somerset	238935	incinerator ash		landfill	Interstate Waste Services
ks Community Landfill and Recy	Cumru Township	Berks	451623	incinerator ash		landfill	Interstate Waste Services
A & M Composting	Penn Township	Lancaster	602247	sewage sludge		composting	J. P. Mascaro & Sons
		TOTAL:				1,456.420	

* See Instructions for explanation.

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael Disantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: May 28, 2015



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: DELCORA WRTP County: Delaware Month: April Year: 2015
 Municipality: City of Chester NPDES Permit No.: PA0027103 A:
 Watershed: 3g Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Day	Influent						Process Control			
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	35.61	277	82,266	227	67,416	3970.00	1.25	345480		
2	35.59	352	104,481	330	97,951	4365.00	1.38	213970		
3	37.77			214	67,410	3225.00	1.41	357530		
4	35.20			173	50,787	2900.00	1.33	332510		
5	33.07			137	37,785	2710.00	1.65	213490		
6	34.08	212	60,256	361	102,606	5000.00	1.33	212190		
7	34.20	310	88,421	310	88,421	2965.00	1.22	216710		
8	35.55	202	59,890	259	76,790	3740.00	1.38	232470		
9	32.27			237	63,784	3080.00	1.83	203350		
10	33.98			366	103,722	3070.00	1.35	192390		
11	33.19			259	71,692	3855.00	1.38	229960		
12	32.30			150	40,407	4380.00	1.43	391600		
13	33.34			323	89,812	3785.00	1.18	43290		
14	32.99			379	104,277	2980.00	1.24	402100		
15	31.58	254	66,898	304	80,067	2775.00	1.23	364560		
16	30.67			283	72,388	2725.00	1.23	356040		
17	33.31			267	74,174	2875.00	1.27	330920		
18	31.35			201	52,553	3120.00	1.44	399950		
19	31.38			150	39,256	3725.00	1.53	350630		
20	62.49			333	173,548	3000.00	1.24	272370		
21	62.38			190	98,847	2280.00	1.55	244380		
22	45.26	214	80,778	190	71,719	2570.00	1.72	362290		
23	39.08			197	64,208	3260.00	1.51	317470		
24	37.81			223	70,320	3160.00	1.41	291420		
25	35.61			156	46,330		1.97	371620		
26	34.73			134	38,813	3045.00	1.94	393450		
27	34.07			259	73,593	3450.00	1.50	382010		
28	33.34			211	58,670	3370.00	1.10	369920		
29	33.48			261	72,877	3140.00	1.21	252800		
30	32.72			246	67,130	3915.00	1.36	157680		
31										
Avg	36.28	260	77,570	244	73,912	3,325	1	293,485		
Max	62.49	352	104,481	379	173,548	5,000	2	402,100		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: 5/28/2015



SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

Facility Name: DEL CORA STP County: Delaware Month: April Year: 2015
 Municipality: City of Chester NPDES Permit No.: PA0027103 A:
 Watershed: 3G Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Day	SEPTAGE			SLUDGE			OTHER (specify): Package Plant			DAILY TOTALS		
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	49700			87566			71500			Headworks	208,766	0
2	44600			100004			102600			Headworks	247,204	0
3	41800			84232			58700			Headworks	184,732	0
4	6000			109500			4000			Headworks	119,500	0
5										Headworks		
6	40350			80455			37450			Headworks	158,255	0
7	55410			112075			116100			Headworks	283,585	0
8	46100			85879			60900			Headworks	192,879	0
9	42450			105576			115400			Headworks	263,426	0
10	43250			75276			101500			Headworks	220,026	0
11	9100			32100			4000			Headworks	45,200	0
12										Headworks		
13	23850			74307			72000			Headworks	170,157	0
14	39550			106600			140100			Headworks	286,250	0
15	51450			79500			146800			Headworks	277,750	0
16	64000			72680			137400			Headworks	274,080	0
17	40100			69342			100479			Headworks	209,921	0
18	10100			62679			10000			Headworks	82,779	0
19										Headworks		
20	26100			67000			17500			Headworks	110,600	0
21	51950			87913			112088			Headworks	251,951	0
22	29650			87579			121200			Headworks	238,429	0
23	34200			104774			114824			Headworks	253,798	0
24	39560			78600			86300			Headworks	204,460	0
25	8700			68400			18000			Headworks	95,100	0
26										Headworks		
27	33500			78001			70700			Headworks	182,201	0
28	28000			117600			37330			Headworks	182,930	0
29	49300			94011			68900			Headworks	212,211	0
30	40700			113800			119900			Headworks	274,400	0
31										Headworks		
Avg	36,518			87,035			78,680			Monthly Totals:	5,230,590	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Operations and Maintenance Date: 5/28/2015



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

SUPPLEMENTAL REPORT - HAULED IN RESIDUAL WASTES

3800-FM-BPNP/SM0450 3/2012

Facility Name: DELCORA STP
Municipality: City of Chester
Watershed: 3G

Month: April Year: 2015
NPDES Permit No.: PA0027103 A:
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2018

Date	Volume Received (gallons)	License Plate No.	Well Permit No.	Location of Well(s) Generating Wastewater	Address	State	Wastewater Type	Chemical Analysis Yes/No
	367531			Generator Form U				
	1,453,825			Grease			Food Processing	
	2,526,870			Industrial Wastewater			Production Water	
	2,404,090			Industrial Food Processing Wastewater			Food Processing	
	3,811,621			Sanitary Landfill Leachate			Leachate	
Total: 10,563,937								

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis
Title: Dir. Operations and Maintenance

License No.: T0403
Date: 5/28/2015



DELCORA WRTWP
DAILY EFFLUENT MONITORING

3/10/2015 3:00:00 PM

Facility Name: DELCORA WRTWP
Municipality: City of Chester
Watershed: 3G
Laboratories: DELCORA; ALS Environmental

County: Delaware
Month: 4
Year: 2015
Permit No.: PA0027103.A3
Renewal application due 180 Days prior to expiration.
This permit will expire on: April 30, 2018

Table with columns: Parameter, Flow, pH, Fecal Coliform, CBOD5, CBOD20, TSS, TSS, TSS, TSS, TDS, Oil and Grease, TRC, NH3-N, NO2-N, TKN, Total Copper, Total Lead. Rows include daily data from 1/1/2015 to 4/30/2015 and summary statistics.

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel gather and analyze the information submitted in, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 relating to retention falsification.

Prepared By: Michael DiSantis
Title: Dir. Of Operations and Maintenance
License No: 10403
Date: 5/28/2015



**CSO SUPPLEMENTAL REPORT
MONTHLY INSPECTION REPORT**

Facility Name: Delaware County Regional Water Quality Control Authority
 Municipality: City of Chester County: Delaware
 Watershed: 3G

Month: April Year: 2015
 NPDES Permit No.: PA0027103
 Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

CSO Outfall No.	Outfall Location*	Discharge?*	Comments
002	Front & Booth	Yes	
003	Front & Highland	Yes	
004	Front & Hayes	Yes	
005	Front & Townsend	Yes	
007	Delaware & Reaney	Yes	
008	2nd & Tilghman	Yes	
009	2nd & Lloyd	Yes	
010	5th & Pusey	Yes	
011	2nd & Parker	Yes	
012	2nd & Edgmont	Yes	
013	2nd & Welsh	Yes	
014	3rd & Upland	Yes	
015	4th & Melrose	Yes	
016	8th & McDowell	Yes	
017	9th & Campbell	Yes	
018	Sun Dr. & Hancock	Yes	
019	14th & Crozer Hospital	Yes	
020	Kerlin & Finland	Yes	
021	9th & Sproul	Yes	
022	6th & Sproul	Yes	
023	3rd & Edgmont	Yes	
024	3rd & Dock	Yes	
025	5th & Penn	Yes	
026	7th & Penn	Yes	
032	2nd & Avenue of the States	No	
033	Elkington Blvd. and Ridley Creek	Yes	
			Total overflow from Outfalls 009 and 010 Discharges to Outfall 009 Regulator

Copy this report as needed to include more CSO outfalls.

** See Instructions for explanation.*

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael J. DiSantis
 Title: Dir. Of Operations and Maintenance

License No.: T0403
 Date: 5/14/2015

Foley, Sue

From: depgreenporthelpdesk@state.pa.us
Sent: Thursday, June 25, 2015 5:17 PM
To: DiSantis, Michael
Subject: Original eDMR Submission 100335 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 100335 has been recieved. The details of your original submission and report sender are as follows:

Login Name: MDiS0001
First Name: Michael
Last Name: DiSantis
Submission ID: 100335
Permit Number: PA0027103
Facility Name: DELCORA STP
Submission Status: received
Report Type: Summary DMR

You can login to the eDMR System by visiting the following website:

<http://www.ahs2.dep.state.pa.us/e2/Pages/Main/login.aspx>



DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY
P.O. Box 999 • Chester, PA 19016-0999

June 24, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Steven O'Neil
Regional Manager – Water Management
PA Department of Environmental Protection
2 East Main Street
Norristown, PA 19401

Dear Mr. O'Neil:

Enclosed are DELCORA's Discharge Monitoring Report, Laboratory Data Reports, and CSO Report for May, 2015. All permit parameters were in compliance during the month.

Parameter averages for May, 2015 were: Flow – 26.39 MGD; cBOD₅ – 9 mg/L; TSS – 13 mg/L; cBOD₂₀ % removal – 94.34; and cBOD₂₀ – 6,630 lbs/day.

Should any further information be required concerning this report, please contact me at (610) 876-5523, ext. 264.

Respectfully submitted,

Electronically submitted

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosures

cc: w/enclosures
US EPA - NPDES DMR (3WP42) – can access through DEP website
Delaware River Basin Commission – can access through DEP website
S.J. Babylon via email with server link
File

ADMINISTRATION

610-876-5523

FAX: 610-876-2728

CUSTOMER SERVICE/BILLING

610-876-5526

FAX: 610-876-1460

PURCHASING & STORES

610-876-5523

FAX: 610-497-7959

PLANT & MAINTENANCE

610-876-5523

FAX: 610-497-7950

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING PERIOD:** From: 2015-05-01 NO DISCHARGE
ADDRESS: 0999 **TO:** 2015-05-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
BOD5	Sample Measurement	80252	*****	lbs/day	*****	346	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00310 Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		*****	1/week	24-Hr Composite
pH	Sample Measurement	*****	*****	S.U.	6.14	*****	7.02	S.U.	0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum		*****	1/day	Grab
Total Suspended Solids	Sample Measurement	2807	3319	lbs/day	*****	13	15	mg/L	0	1/day	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	11000 Average Monthly	16500 Weekly Average		*****	30 Average Monthly	45 Weekly Average		*****	1/day	24-Hr Composite
Total Suspended Solids	Sample Measurement	90114	*****	lbs/day	*****	403	*****	mg/L	0	1/day	24-Hr Composite
Parameter Code: 00530 Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		*****	1/day	24-Hr Composite
Oil and Grease	Sample Measurement	<1101	*****	lbs/day	*****	<5	<5	mg/L	0	1/day	Grab
Parameter Code: 00556 Stage Code: 1	Permit Requirement	5500 Average Monthly	*****		*****	15 Average Monthly	30 Instantaneous Maximum		*****	1/day	Grab
Ammonia-Nitrogen	Sample Measurement	*****	*****	mg/L	*****	2.18	*****	mg/L	0	2/month	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****		*****	2/month	24-Hr Composite
Nitrite as N	Sample Measurement	*****	*****	mg/L	*****	<0.5	<0.5	mg/L	0	2/month	24-Hr Composite
Parameter Code: 00615 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum		*****	2/month	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING PERIOD:** From: 2015-05-01 NO DISCHARGE

ADDRESS: 0999 PERIOD: To: 2015-05-31 FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Nitrate as N Parameter Code: 00620 Stage Code: 1	Sample Measurement	****	****		****	8.1	9.3	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	Report Daily Maximum			2/month	24-Hr Composite
Total Kjeldahl Nitrogen Parameter Code: 00625 Stage Code: 1	Sample Measurement	****	****		****	4.2	****	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****			2/month	24-Hr Composite
Total Cyanide Parameter Code: 00720 Stage Code: 1	Sample Measurement	****	****		****	0.03	****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	24-Hr Composite
Total Cadmium Parameter Code: 01027 Stage Code: 1	Sample Measurement	****	****		****	<0.001	****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	24-Hr Composite
Total Copper Parameter Code: 01042 Stage Code: 1	Sample Measurement	****	****		****	0.0078	****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	24-Hr Composite
Total Lead Parameter Code: 01051 Stage Code: 1	Sample Measurement	****	****		****	<0.003	****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	24-Hr Composite
Total Zinc Parameter Code: 01092 Stage Code: 1	Sample Measurement	****	****		****	0.041	****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. M4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING** From: 2015-05-01 **NO DISCHARGE**
ADDRESS: 0999 **PERIOD:** To: 2015-05-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dichlorobromomethane	Sample Measurement	****	****		****	0.0021	****	mg/L	0	1/month	Grab
Parameter Code: 32101	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	Grab
Stage Code: 1											
Chlorodibromomethane	Sample Measurement	****	****		****	0.0035	****	mg/L	0	1/month	Grab
Parameter Code: 34306	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	Grab
Stage Code: 1											
Flow (mgd)	Sample Measurement	26.39	32.1	MGD	****	****	****		0	Continuous	Metered
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum		****	****	****			Continuous	Metered
Stage Code: 1											
Total Residual Chlorine (TRC)	Sample Measurement	****	****		****	0.4	0.63	mg/L	0	1/day	Grab
Parameter Code: 50060	Permit Requirement	****	****		****	0.5 Average Monthly	1.0 Instantaneous Maximum			1/day	Grab
Stage Code: 1											
Total Dissolved Solids	Sample Measurement	****	****		****	700	879	mg/L	0	5/week	24-Hr Composite
Parameter Code: 70295	Permit Requirement	****	****		****	Report Average Monthly	Report Daily Maximum			2/month	24-Hr Composite
Stage Code: 1											
Fecal Coliform	Sample Measurement	****	****		****	37	567	CFU/100 mL	0	1/day	Grab
Parameter Code: 74055	Permit Requirement	****	****		****	200 Geometric Mean	1000 Instantaneous Maximum			1/day	Grab
Stage Code: 1											
CBOD5	Sample Measurement	1882	2099	lbs/day	****	9	10	mg/L	0	1/day	24-Hr Composite
Parameter Code: 80082	Permit Requirement	7000 Average Monthly	10500 Weekly Average		****	19 Average Monthly	29 Weekly Average			1/day	24-Hr Composite
Stage Code: 1											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C. S. M 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 3

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING** From: 2015-05-01 **NO DISCHARGE**

ADDRESS: 0999 PERIOD: To: ~~2015-05-31~~ FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
CBOD5	Sample Measurement	67057	*****	lbs/day	*****	300	*****	mg/L	0	1/day	24-Hr Composite
Parameter Code: 80082 Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		*****	1/day	24-Hr Composite
CBOD20	Sample Measurement	6630	*****	lbs/day	*****	*****	*****		0	6/week	24-Hr Composite
Parameter Code: 80087 Stage Code: 1	Permit Requirement	10500 Average Monthly	*****		- *****	*****	*****		*****	1/week	24-Hr Composite
CBOD20	Sample Measurement	*****	*****		94.34	*****	*****	%	0	6/week	24-Hr Composite
Parameter Code: 80087 Stage Code: K	Permit Requirement	*****	*****		89.25 Minimum Monthly % Removal	*****	*****		*****	1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. M4904 (relating to unsworn falsification).					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 4

PARAMETER SPECIFIC COMMENTS:



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	05	01	TO	15	05	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
BOD5/cBOD5	SM5210 B	DELCORA - Central Laboratory	23-00671							
TSS	SM 2540 D	DELCORA - Central Laboratory	23-00671							
O&G	EPA 1664 A	DELCORA - Central Laboratory	23-00671							
Total Residual Cl	SM4500-Cl G	DELCORA - Central Laboratory	23-00671							
N-Nitrite	SM4500-NO2 B	DELCORA - Central Laboratory	23-00671							
NH3-N	EPA 350.1	DELCORA - Central Laboratory	23-00671							
TKN-N	SM4500-N-org B/SM4500-NH3 C	DELCORA - Central Laboratory	23-00671							
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-00671							
BOD20/cBOD20	SM5210 B	DELCORA - Central Laboratory	23-00671							
pH	SM 4500 H+B	DELCORA - Central Laboratory	23-00671							
Ammonia as N	EPA 350.1	DELCORA - Central Laboratory	23-00671							
TDS	SM 2540 C	DELCORA - Central Laboratory	23-00671							

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 05/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	05	01	TO	15	05	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
Copper, Total	EPA 200.7	ALS Environmental	PA 22-293							
Lead, Total	EPA 200.7	ALS Environmental	PA 22-293							
Zinc, Total	EPA 200.7	ALS Environmental	PA 22-293							
Dichlorobromomethane	EPA 624	ALS Environmental	PA 22-293							
Oil and Grease	EPA 1664B	ALS Environmental	PA 22-293							
Chlorodibromomethane	EPA 624	ALS Environmental	PA 22-293							
TKN-N	EPA 351.2	ALS Environmental	PA 22-293							
Ammonia as N	D6919-09	ALS Environmental	PA 22-293							
Nitrate as N	EPA 300.0	ALS Environmental	PA 22-293							
Total Cyanide	EPA 335.4	ALS Environmental	PA 22-293							
Total Cadmium	200.7	ALS Environmental	PA 22-293							
Nitrite as N	EPA 300.0	ALS Environmental	PA 22-293							

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Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 05/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

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SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Facility Name: DELCORA WRTP
Municipality: City of Chester
Watershed: 3g

County: Delaware
Month: May Year: 2015
NPDES Permit No.: PA0027103 A3
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2018

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	32.40			261	70,526	3970.00	1.34	259670		
2	31.99	171	45,622	197	52,559	3130.00	1.44	320710		
3	32.13			236	63,240	3750.00	1.79	267070		
4	32.12			254	68,042	3500.00	1.36	204730		
5	29.38			283	69,343	3340.00	1.27	229420		
6	28.81	275	66,076	313	75,206	3640.00	1.02	217360		
7	28.20			291	68,440	3640.00	1.60	249330		
8	27.44			490	112,136	3935.00	1.03	282550		
9	26.07			193	41,963	4235.00	1.26	306290		
10	26.05			127	27,592	4070.00	1.26	273770		
11	24.21			466	94,091	3695.00	1.07	257030		
12	22.35			476	88,726	4380.00	1.00	350230		
13	24.41	465	94,664	370	75,324	3835.00	0.97	378650		
14	28.02			377	88,100	4085.00	1.12	356960		
15	26.86			346	77,508	4310.00	1.12	362080		
16	28.17			553	129,921	4570.00	1.21	433670		
17	27.63			403	92,865	3795.00	1.23	400350		
18	26.62			560	124,326	3430.00	1.16	314260		
19	26.78			493	110,109	3455.00	1.22	135260		
20	29.08	459	111,320	580	140,666	3205.00	1.19	193290		
21	26.46			543	119,827	3265.00	1.24	434460		
22	25.37			503	106,428	3170.00	1.28	446650		
23	25.03			569	118,779	4110.00	1.32	435710		
24	23.79			279	55,356	3240.00	1.35	441670		
25	24.53			313	64,034	3205.00	1.31	418910		
26	25.35			524	110,784	2625.00	1.30	331990		
27	27.76	361	83,578	563	130,345	2610.00	1.25	223050		
28	25.50			532	113,140	2455.00	1.28	293010		
29	25.80			524	112,750	2985.00	1.03	304740		
30	26.94			580	130,314	2955.00	1.24	421090		
31	25.61			286.0	61,086	2,855.0	1.31	251,520.0		
Avg	27.125	346	80,252	403	90,114	3,530	1	315,983		
Max	32.4	465	111,320	580	140,666	4,570	2	446,650		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis License No.: T0403
Title: Dir. Of Operations and Maintenance Date: 6/28/2015

SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING

3600-FR-010-0010-10-13-27013

Facility Name: DELCORA WRTP
 Municipality: City of Chester
 Watershed: 3G
 Laboratories: DELCORA; ALS Environmental

County: Delaware

Month: 5 (select number) Year: 2015
 Permit No.: PA0027103 A3 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Week	Day	pH	Flow	Fecal Coliform	CBOD5	CBOD20	CBOD20	TSS	TSS	K	TDS	Oil and Grease		TRC	NH3-N	NO3-N	NO2-N	TKN	Total Copper	Total Lead
												mg/L	mg/L							
1	Mon	6.74	32.1	17.0	12.0	37.9	40.77	95.02	13.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1	Tue	6.84	31.4	40.0	8.0	41.0	40.07	92.89	14.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1	Wed	6.91	31.49	19.0	5.0	30.0	30.05	90.78	10.0	5.0	700.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1	Thu	6.85	31.78	10.0	6.0	30.0	30.48	94.98	13.0	5.0	760.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1	Fri	6.88	28.87	28.0	7.0	45.0	45.55	94.55	18.0	5.0	780.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1	Sat	6.92	28.05	12.0	12.0	34.0	34.25	94.89	15.0	5.0	780.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1	Sun	7.02	27.41	8.0	18.0	34.0	34.25	94.85	18.0	5.0	780.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2	Mon	6.78	28.74	6.74	12.0	47.49	47.49	93.94	16.0	5.0	780.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2	Tue	6.73	27.0	7.0	27.0	33.22	33.22	93.28	13.0	5.0	780.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2	Wed	6.82	25.0	8.0	10.0	32.0	32.0	93.27	10.0	5.0	780.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2	Thu	6.82	25.0	10.0	10.0	32.0	32.0	93.27	10.0	5.0	780.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2	Fri	6.82	25.0	10.0	10.0	32.0	32.0	93.27	10.0	5.0	780.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2	Sat	6.82	25.0	10.0	10.0	32.0	32.0	93.27	10.0	5.0	780.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2	Sun	6.82	25.0	10.0	10.0	32.0	32.0	93.27	10.0	5.0	780.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
3	Mon	6.85	28.97	6.85	8.0	35.0	35.0	94.88	18.0	5.0	760.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
3	Tue	6.81	27.0	6.9	27.0	34.38	34.38	94.85	14.0	5.0	760.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
3	Wed	6.81	27.0	6.9	27.0	34.38	34.38	94.85	14.0	5.0	760.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
3	Thu	6.81	27.0	6.9	27.0	34.38	34.38	94.85	14.0	5.0	760.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
3	Fri	6.81	27.0	6.9	27.0	34.38	34.38	94.85	14.0	5.0	760.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
3	Sat	6.81	27.0	6.9	27.0	34.38	34.38	94.85	14.0	5.0	760.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
3	Sun	6.81	27.0	6.9	27.0	34.38	34.38	94.85	14.0	5.0	760.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4	Mon	6.48	25.7	58.0	11.0	30.0	30.0	95.71	15.0	5.0	600.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4	Tue	6.78	25.7	43.0	11.0	30.0	30.0	95.71	15.0	5.0	600.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4	Wed	6.87	25.0	59.0	8.0	14.0	14.0	97.24	16.0	5.0	600.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4	Thu	6.88	25.0	14.0	8.0	20.0	20.0	97.79	12.0	5.0	600.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4	Fri	6.48	24.9	7.0	8.0	36.0	36.0	97.42	13.0	5.0	600.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4	Sat	6.58	24.41	148.0	11.0	26.0	26.0	95.7	15.0	5.0	600.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4	Sun	6.57	22.89	14.0	8.0	30.0	30.0	95.7	15.0	5.0	600.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4	Mon	6.14	24.15	60.0	7.0	29.0	29.0	93.01	12.0	5.0	600.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4	Tue	6.39	24.45	47.0	7.0	22.0	22.0	96.74	11.0	5.0	600.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4	Wed	6.87	23.63	38.0	7.0	22.0	22.0	96.05	11.0	5.0	600.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4	Thu	6.87	24.54	25.0	7.0	24.0	24.0	97.76	11.0	5.0	600.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4	Fri	6.71	24.62	68.0	4.0	27.0	27.0	96.89	10.0	5.0	600.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4	Sat	6.77	25.19	63.0	5.0	26.0	26.0	96.18	10.0	5.0	600.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
4	Sun	6.34	24.3	7.0	4.0	21.0	21.0	95.48	10.0	5.0	600.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<p>Weekly Totals:</p> <p>Flow: 28.34 Fecal Coliform: 37 CBOD5: 2099 CBOD20: 6373 TSS: 1182 TSS: 1182 K: 57 TDS: 1182 Oil and Grease: 1182 TRC: 57 NH3-N: 1182 NO3-N: 1182 NO2-N: 1182 TKN: 1182 Total Copper: 1182 Total Lead: 1182</p>																				

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel gather and evaluate the information submitted. Based on my review of the data and reports, with respect to the system, these persons are duly responsible for gathering the information submitted. I am the best of my knowledge and belief, true, accurate and complete. I am aware that falsification or omission of material information is prohibited by law.

Prepared By: Michael DiSanis
 Title: Dir. Of Operations and Maintenance

License No.: T0403
 Date: 6/28/2015



**CSO SUPPLEMENTAL REPORT
MONTHLY INSPECTION REPORT**

Facility Name: Delaware County Regional Water Quality Control Authority Month: May Year: 2015
Municipality: City of Chester County: Delaware NPDES Permit No.: PA0027103
Watershed: 3G Renewal application due **180 days** prior to expiration. This permit will expire on: April 30, 2018

CSO Outfall No.	Outfall Location*	Discharge?*	Comments
002	Front & Booth	Yes	
003	Front & Highland	Yes	
004	Front & Hayes	Yes	
005	Front & Townsend	Yes	
007	Delaware & Reaney	Yes	
008	2nd & Tilghman	Yes	
009	2nd & Lloyd	Yes	Total overflow from Outfalls 009 and 010
010	5th & Pusey	Yes	Discharges to Outfall 009 Regulator
011	2nd & Parker	Yes	
012	2nd & Edgmont	Yes	
013	2nd & Welsh	Yes	
014	3rd & Upland	Yes	
015	4th & Melrose	Yes	
016	8th & McDowell	Yes	
017	9th & Campbell	Yes	
018	Sun Dr. & Hancock	Yes	
019	14th & Crozer Hospital	Yes	
020	Kerlin & Finland	Yes	
021	9th & Sproul	Yes	
022	6th & Sproul	Yes	
023	3rd & Edgmont	Yes	
024	3rd & Dock	Yes	
025	5th & Penn	Yes	
026	7th & Penn	Yes	
032	2nd & Avenue of the States	Yes	
033	Elkington Blvd. and Ridley Creek	No	

Copy this report as needed to include more CSO outfalls.

* See Instructions for explanation.

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C. S. § 4904 (relating to unsworn falsification).

Prepared By: Michael J. DiSantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: 6/8/2015



SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

Facility Name: DELCORA STP
 Municipality: City of Chester
 Watershed: 3G

County: Delaware

Month: May NPDES Permit No.: PA0027103 A3
 Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Year: 2015

Day	SEPTAGE			SLUDGE			OTHER (specify):			Package Plant			DAILY TOTALS		
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	BOD ₅ (mg/l)	Gallons	Disposal Location	BOD ₅ (mg/l)	Gallons	BOD ₅ (lbs)	Gallons	BOD ₅ (lbs)
1	25850			102258			Sludge Thickening		44906			Headworks		173,014	0
2	15500			111000			Sludge Thickening		6700			Headworks		133,200	0
3							Sludge Thickening					Headworks			
4	44000			87612			Sludge Thickening		93282			Headworks		224,894	0
5	38,950			113004			Sludge Thickening		76,300			Headworks		228,254	0
6	28600			94000			Sludge Thickening		70000			Headworks		192,600	0
7	28300			92172			Sludge Thickening		111200			Headworks		231,672	0
8	41000			86202			Sludge Thickening		105000			Headworks		232,202	0
9	9200			103400			Sludge Thickening		17300			Headworks		129,900	0
10							Sludge Thickening					Headworks			
11	50050			79746			Sludge Thickening		82150			Headworks		211,946	0
12	50,700			117944			Sludge Thickening		95,600			Headworks		264,244	0
13	58450			88000			Sludge Thickening		97100			Headworks		243,550	0
14	42200			107256			Sludge Thickening		179900			Headworks		327,356	0
15	33300			87881			Sludge Thickening		82835			Headworks		204,016	0
16	13860			53500			Sludge Thickening		51400			Headworks		118,760	0
17							Sludge Thickening					Headworks			
18	39100			73867			Sludge Thickening		57700			Headworks		170,667	0
19	35,750			112725			Sludge Thickening		101,550			Headworks		250,025	0
20	57000			67204			Sludge Thickening		131800			Headworks		256,004	0
21	41415			99062			Sludge Thickening		142259			Headworks		282,736	0
22	44850			75388			Sludge Thickening		100700			Headworks		220,938	0
23	2000			37000			Sludge Thickening					Headworks		39,000	0
24							Sludge Thickening					Headworks			
25							Sludge Thickening					Headworks			
26	37,300			79,207			Sludge Thickening		114,000			Headworks		230,507	0
27	50350			79579			Sludge Thickening		91600			Headworks		221,529	0
28	43550			82951			Sludge Thickening		107200			Headworks		233,701	0
29	33400			75240			Sludge Thickening		86350			Headworks		194,990	0
30	4400			37000			Sludge Thickening		17300			Headworks		58,700	0
31							Sludge Thickening					Headworks			
Avg	34,763			85,728					85,922			Monthly Totals:		5,074,405	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis
 Title: Dir. Operations and Maintenance

License No.: T0403
 Date: 6/28/2015

Foley, Sue

From: depgreenporthelpdesk@state.pa.us
Sent: Monday, July 27, 2015 12:35 PM
To: DiSantis, Michael
Subject: Original eDMR Submission 102572 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 102572 has been recieved. The details of your original submission and report sender are as follows:

Login Name: MDiS0001
First Name: Michael
Last Name: DiSantis
Submission ID: 102572
Permit Number: PA0027103
Facility Name: DELCORA STP
Submission Status: received
Report Type: Summary DMR

You can login to the eDMR System by visiting the following website:

<http://www.ahs2.dep.state.pa.us/e2/Pages/Main/login.aspx>



DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY
P.O. Box 999 • Chester, PA 19016-0999

July 27, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Steven O'Neil
Regional Manager – Water Management
PA Department of Environmental Protection
2 East Main Street
Norristown, PA 19401

Dear Mr. O'Neil:

Enclosed are DELCORA's Discharge Monitoring Report, Laboratory Data Reports, and CSO Report for June, 2015. All permit parameters were in compliance during the month.

Parameter averages for June, 2015 were: Flow – 37.20 MGD; cBOD₅ – 6 mg/L; TSS – 9 mg/L; cBOD₂₀ % removal – 92.78; and cBOD₂₀ – 7,922 lbs/day.

Should any further information be required concerning this report, please contact me at (610) 876-5523, ext. 264.

Respectfully submitted,

Electronically submitted

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosures

cc: w/enclosures
US EPA - NPDES DMR (3WP42) – can access through DEP website
Delaware River Basin Commission – can access through DEP website
S.J. Babylon via email with server link
File

ADMINISTRATION

610-876-5523

FAX: 610-876-2728

CUSTOMER SERVICE/BILLING

610-876-5526

FAX: 610-876-1460

PURCHASING & STORES

610-876-5523

FAX: 610-497-7959

PLANT & MAINTENANCE

610-876-5523

FAX: 610-497-7950

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING** From: ~~2015-06-01~~ **NO DISCHARGE**
ADDRESS: 0999 **PERIOD:** To: ~~2015-06-30~~ **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
BOD5	Sample Measurement	73421	****	lbs/day	****	236	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00310 Stage Code: RI	Permit Requirement	Report Average Monthly	****		****	Report Average Monthly	****				
pH	Sample Measurement	****	****	S.U.	6.33	****	6.88	S.U.	0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	****	****		Instantaneous Minimum	****	Instantaneous Maximum				
Total Suspended Solids	Sample Measurement	2898	3176	lbs/day	****	9	11	mg/L	0	1/day	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	11000 Average Monthly	16500 Weekly Average		****	30 Average Monthly	45 Weekly Average				
Total Suspended Solids	Sample Measurement	76934	****	lbs/day	****	245	****	mg/L	0	1/day	24-Hr Composite
Parameter Code: 00530 Stage Code: RI	Permit Requirement	Report Average Monthly	****		****	Report Average Monthly	****				
Oil and Grease	Sample Measurement	<1551	****	lbs/day	****	<5	<5	mg/L	0	1/day	Grab
Parameter Code: 00556 Stage Code: 1	Permit Requirement	5500 Average Monthly	****		****	15 Average Monthly	30 Instantaneous Maximum				
Ammonia-Nitrogen	Sample Measurement	****	****	mg/L	****	0.68	****	mg/L	0	2/month	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	****				
Nitrite as N	Sample Measurement	****	****	mg/L	****	<0.4	<0.5	mg/L	0	2/month	24-Hr Composite
Parameter Code: 00615 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	Report Daily Maximum				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING** From: ~~2015-06-01~~ **NO DISCHARGE**

ADDRESS: 0999 PERIOD: To: 2015-06-30 FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Nitrate as N Parameter Code: 00620 Stage Code: 1	Sample Measurement	*****	*****		*****	4.6	5.0	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum				
Total Kjeldahl Nitrogen Parameter Code: 00625 Stage Code: 1	Sample Measurement	*****	*****		*****	2.9	*****	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Cyanide Parameter Code: 00720 Stage Code: 1	Sample Measurement	*****	*****		*****	0.027	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Cadmium Parameter Code: 01027 Stage Code: 1	Sample Measurement	*****	*****		*****	<0.001	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Copper Parameter Code: 01042 Stage Code: 1	Sample Measurement	*****	*****		*****	0.0054	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Lead Parameter Code: 01051 Stage Code: 1	Sample Measurement	*****	*****		*****	<0.003	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Zinc Parameter Code: 01092 Stage Code: 1	Sample Measurement	*****	*****		*****	0.033	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				

Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING PERIOD:** From: ~~2015-06-01~~ **NO DISCHARGE**
ADDRESS: 0999 **TO:** ~~2015-06-30~~ **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dichlorobromomethane	Sample Measurement	*****	*****		*****	0.0014	*****	mg/L	0	1/month	Grab
Parameter Code: 32101	Permit Requirement	*****	*****		*****	Report Average Monthly	*****			1/month	Grab
Stage Code: 1											
Chlorodibromomethane	Sample Measurement	*****	*****		*****	<0.001	*****	mg/L	0	1/month	Grab
Parameter Code: 34306	Permit Requirement	*****	*****		*****	Report Average Monthly	*****			1/month	Grab
Stage Code: 1											
Flow (mgd)	Sample Measurement	37.2	58.91	MGD	*****	*****	*****		0	Continuous	Metered
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****			Continuous	Metered
Stage Code: 1											
Total Residual Chlorine (TRC)	Sample Measurement	*****	*****		*****	0.4	0.54	mg/L	0	1/day	Grab
Parameter Code: 50060	Permit Requirement	*****	*****		*****	0.5 Average Monthly	1.0 Instantaneous Maximum			1/day	Grab
Stage Code: 1											
Total Dissolved Solids	Sample Measurement	*****	*****		*****	600	755	mg/L	0	5/week	24-Hr Composite
Parameter Code: 70295	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum			2/month	24-Hr Composite
Stage Code: 1											
Fecal Coliform	Sample Measurement	*****	*****		*****	29	700	CFU/100 mL	0	1/day	Grab
Parameter Code: 74055	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/day	Grab
Stage Code: 1											
CBOD5	Sample Measurement	1873	2239	lbs/day	*****	6	7	mg/L	0	1/day	24-Hr Composite
Parameter Code: 80082	Permit Requirement	7000 Average Monthly	10500 Weekly Average		*****	19 Average Monthly	29 Weekly Average			1/day	24-Hr Composite
Stage Code: 1											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 3

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING PERIOD:** From: ~~2015-06-01~~ **NO DISCHARGE**

ADDRESS: 0999 PERIOD: To: 2015-06-30 FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
CBOD5	Sample Measurement	55241	*****	lbs/day	*****	181	*****	mg/L	0	1/day	24-Hr Composite
Parameter Code: 80082 Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		*****	1/day	24-Hr Composite
CBOD20	Sample Measurement	7922	*****	lbs/day	*****	*****	*****		0	6/week	24-Hr Composite
Parameter Code: 80087 Stage Code: 1	Permit Requirement	10500 Average Monthly	*****		*****	*****	*****		*****	1/week	24-Hr Composite
CBOD20	Sample Measurement	*****	*****		92.78	*****	*****	%	0	6/week	24-Hr Composite
Parameter Code: 80087 Stage Code: K	Permit Requirement	*****	*****		89.25 Minimum Monthly % Removal	*****	*****		*****	1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 4

PARAMETER SPECIFIC COMMENTS:



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	06	01	TO	15	06	30
PARAMETER	ANALYSIS METHOD ²	LAB NAME	LAB ID NUMBER ²							
BOD5/cBOD5	SM5210 B	DELCORA - Central Laboratory	23-00671							
TSS	SM 2540 D	DELCORA - Central Laboratory	23-00671							
O&G	EPA 1664 A	DELCORA - Central Laboratory	23-00671							
Total Residual Cl	SM4500-Cl G	DELCORA - Central Laboratory	23-00671							
N-Nitrite	SM4500-NO2 B	DELCORA - Central Laboratory	23-00671							
NH3-N	EPA 350.1	DELCORA - Central Laboratory	23-00671							
TKN-N	SM4500-N-org B/SM4500-NH3 C	DELCORA - Central Laboratory	23-00671							
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-00671							
BOD20/cBOD20	SM5210 B	DELCORA - Central Laboratory	23-00671							
pH	SM 4500 H+B	DELCORA - Central Laboratory	23-00671							
Ammonia as N	EPA 350.1	DELCORA - Central Laboratory	23-00671							
TDS	SM 2540 C	DELCORA - Central Laboratory	23-00671							

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 06/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	06	01	TO	15	06	30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
Copper, Total	EPA 200.7	ALS Environmental	PA 22-293							
Lead, Total	EPA 200.7	ALS Environmental	PA 22-293							
Zinc, Total	EPA 200.7	ALS Environmental	PA 22-293							
Dichlorobromomethane	EPA 624	ALS Environmental	PA 22-293							
Oil and Grease	EPA 1664B	ALS Environmental	PA 22-293							
Chlorodibromomethane	EPA 624	ALS Environmental	PA 22-293							
TKN-N	EPA 351.2	ALS Environmental	PA 22-293							
Ammonia as N	D6919-09	ALS Environmental	PA 22-293							
Nitrate as N	EPA 300.0	ALS Environmental	PA 22-293							
Total Cyanide	EPA 335.4	ALS Environmental	PA 22-293							
Total Cadmium	200.7	ALS Environmental	PA 22-293							
Nitrite as N	EPA 300.0	ALS Environmental	PA 22-293							

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523Signature of Principal Executive Officer or
Authorized AgentMichael J. DiSantisDate: 06/28/15

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² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: DELCORA WRTP
 Municipality: City of Chester
 Watershed: 3g

County: Delaware
 Month: June
 NPDES Permit No.: PA0027103 A3
 Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Year: 2015

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	51.72			330	142,344	2465.00	1.26	197970		
2	53.14			287	127,195	2855.00	1.82	334940		
3	40.17	197	65,999	160	53,603	2770.00	1.85	128210		
4	34.76			346	100,305	2860.00	1.81	385690		
5	32.90			240	65,853	3055.00	1.43	343470		
6	30.73			164	42,031	3430.00	1.42	406920		
7	30.00			186	46,537	3185.00	1.41	2334790		
8	34.11			311	88,472	2970.00	1.21	288240		
9	39.51			237	78,095	3010.00	1.25	193360		
10	32.89	267	73,239	289	79,273	2910.00	1.09	202370		
11	29.99			257	64,280	3320.00	1.22	252830		
12	30.56			301	76,716	2875.00	1.16	263460		
13	29.55			233	57,422	3700.00	1.24	425510		
14	32.65			179	48,742	3250.00	1.27	446890		
15	33.13			287	79,299	3025.00	1.03	251280		
16	31.84			280	74,353	3125.00	1.22	229230		
17	29.12			296	71,887	2950.00	1.24	199970		
18	42.20	211	74,261	309	108,752	2560.00	1.20	345380		
19	36.79			259	79,469	2855.00	1.23	339070		
20	32.16			168	45,060	2825.00	1.29	437890		
21	46.63			83	32,278	3315.00	1.42	291460		
22	34.94			219	63,817	2290.00	1.19	18260		
23	38.15			257	81,770	3355.00	1.21	185950		
24	35.61	270	80,187	217	64,446	2440.00	1.45	169790		
25	33.55			214	59,879	2675.00	1.29	214200		
26	31.26			289	75,345	2245.00	1.22	7420		
27	50.57			341	143,818	2835.00	1.29	223790		
28	58.67			133	65,078	2550.00	1.81	217310		
29	42.50			224	79,397	2655.00	1.22	219560		
30	52.29			258	112,513	3005.00	1.19	268810		
31										
Avg	37.736	236	73,421	245	76,934	2,912	1	327,467		
Max	58.67	270	80,187	346	143,818	3,700	2	2,334,790		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis
 Title: Dir. Of Operations and Maintenance

License No.: T0403
 Date: 7/28/2015



SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

Facility Name: DELCORA STP County: Delaware Month: June Year: 2015
 Municipality: City of Chester NPDES Permit No.: PA0027103 A3
 Watershed: 3G Renewal application due 180 days prior to expiration, April 30, 2018
 This permit will expire on:

Day	SEPTAGE			SLUDGE			OTHER (specify): Domestic Holding Tank			DAILY TOTALS		
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (lbs)	
1							77500			Headworks	77,500	0
2							76600			Headworks	76,600	0
3							137100			Headworks	137,100	0
4							80725			Headworks	80,725	0
5							79350			Headworks	79,350	0
6							37900			Headworks	37,900	0
7										Headworks		
8							94100			Headworks	94,100	0
9							104400			Headworks	104,400	0
10							98850			Headworks	98,850	0
11							50300			Headworks	50,300	0
12							92400			Headworks	92,400	0
13							37300			Headworks	37,300	0
14										Headworks		
15							68100			Headworks	68,100	0
16							84400			Headworks	84,400	0
17							72400			Headworks	72,400	0
18							58850			Headworks	58,850	0
19							100050			Headworks	100,050	0
20							23600			Headworks	23,600	0
21										Headworks		
22							89700			Headworks	89,700	0
23							75900			Headworks	75,900	0
24							74950			Headworks	74,950	0
25							84900			Headworks	84,900	0
26							68000			Headworks	68,000	0
27							27800			Headworks	27,800	0
28										Headworks		
29							118800			Headworks	118,800	0
30							49200			Headworks	49,200	0
31										Headworks		
Avg							75,507			Monthly Totals:	1,963,175	

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Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Operations and Maintenance Date: 7/28/2015

SUPPLEMENTAL REPORT - HAULED IN RESIDUAL WASTES

Facility Name: DELORA STP
 Municipality: City of Chester
 Watershed: 3G

Month: June
 NPDES Permit No.: PA0027103 A3
 Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Year: 2015

Date	Volume Received (gallons)	License Plate No.	Well Permit No.	Location of Well(s) Generating Wastewater	Generator	Address	State	Wastewater Type	Chemical Analysis Yes/No
	427,751			Form U	Form U			Food Processing	
	1,494,362			Grease	Grease			Production Water	
	2,802,037			Industrial Wastewater	Industrial Wastewater			Food Processing	
	2,750,727			Industrial Food Processing Wastewater	Industrial Food Processing Wastewater			Leachate	
	2,044,692			Sanitary Landfill Leachate	Sanitary Landfill Leachate				
Total:									9,519,569

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Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Operations and Maintenance Date: 7/28/2015



SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: DELCORA WRTP
Municipality: City of Chester
Watershed: 3G
Laboratories: DELCORA; ALS Environmental

Month: 6 (select number)
Year: 2015
Permit No.: PA027103 A3
Outfall: 001
Renewal application due 180 days prior to expiration, April 30, 2018
This permit will expire on: April 30, 2018

Flow	Fecal Coliform	pH	CBOD5	CBOD20	CBOD30	TSS	TSS	TDS	Oil and Grease	TRC	NH3-N	NO3-N	NO3-N	TKN	Total Copper	Total Lead
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
mgd	CFU/100 ml	unit	mg/L	mg/L	mg/L	mg/L	%	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L
5/21/15	11.0	6.33	4.0	21.0	83.27	4.0	98.5	503.0	< 5.0	0.36						
5/21/15	55.0	6.53	4.0	28.0	94.48	9.0	97.27	413.0	< 5.0	0.38						
5/22/15	143.0	6.88	7.0	26.0	94.48	10.0	94.85	500.0	< 5.0	0.34						
5/23/15	110.0	6.91	10.0	29.0	88.79	8.0	97.89	833.0	< 5.0	0.41		4.2	2.5	0.0066	0.003	
5/24/15	37.0	6.64	3.0	24.0	86.09	8.0	88.97	514.0	< 5.0	0.4						
5/25/15	4.0	6.71	3.0	17.0	86.95	8.0	88.34	600.0	< 5.0	0.39						
5/26/15	13.0	6.78	3.0	17.0	86.95	8.0	88.34	600.0	< 5.0	0.39						
5/27/15	18.0	6.82	3.0	26.0	86.95	8.0	88.34	700.0	< 5.0	0.38						
5/28/15	19.0	6.83	7.0	33.0	86.95	8.0	88.34	700.0	< 5.0	0.38						
5/29/15	31.0	6.82	7.0	33.0	86.95	8.0	88.34	700.0	< 5.0	0.38						
5/30/15	31.0	6.82	7.0	33.0	86.95	8.0	88.34	700.0	< 5.0	0.38						
5/31/15	40.0	6.82	8.0	41.0	82.16	8.0	98.5	785.0	< 5.0	0.49						
6/1/15	40.0	6.8	8.0	41.0	82.16	8.0	98.5	785.0	< 5.0	0.47						
6/2/15	31.0	6.8	8.0	41.0	82.16	8.0	98.5	785.0	< 5.0	0.47						
6/3/15	29.07	6.87	8.0	36.0	89.25	11.0	95.28	879.0	< 5.0	0.36						
6/4/15	32.1	6.85	8.0	34.0	90.48	12.0	93.3	879.0	< 5.0	0.4						
6/5/15	124.0	6.24	8.0	34.0	90.48	13.0	88.07	851.0	< 5.0	0.2						
6/6/15	47.0	6.24	7.0	32.0	98.17	11.0	98.07	851.0	< 5.0	0.35						
6/7/15	81.0	6.59	4.0	29.0	86.95	10.0	94.92	654.0	< 5.0	0.48						
6/8/15	61.0	6.59	5.0	23.0	84.89	11.0	94.44	611.0	< 5.0	0.44						
6/9/15	21.0	6.48	4.0	21.0	82.34	10.0	94.05	504.0	< 5.0	0.89						
6/10/15	25.0	6.44	4.0	16.0	92.79	10.0	94.05	504.0	< 5.0	0.82						
6/11/15	22.0	6.44	4.0	16.0	92.79	10.0	94.05	504.0	< 5.0	0.82						
6/12/15	22.0	6.44	4.0	16.0	92.79	10.0	94.05	504.0	< 5.0	0.82						
6/13/15	34.78	6.68	8.0	24.0	89.78	11.0	94.98	516.0	< 5.0	0.41						
6/14/15	27.0	6.71	8.0	24.0	89.78	12.0	96.33	600.0	< 5.0	0.41						
6/15/15	57.0	6.54	8.0	22.0	90.14	10.0	96.33	583.0	< 5.0	0.29						
6/16/15	25.0	6.80	5.0	18.0	95.19	8.0	99.29	577.0	< 5.0	0.38	0.1	5.0	3.3	0.0066	0.003	
6/17/15	11.0	6.75	6.0	24.0	89.38	7.0	97.58	577.0	< 5.0	0.51						
6/18/15	78.0	6.79	8.0	29.0	92.88	12.0	99.49	566.0	< 5.0	0.33						
6/19/15	700.0	6.53	5.0	25.0	90.48	8.0	93.23	366.0	< 5.0	0.47						
6/20/15	40.0	6.5	5.0	17.0	88.34	7.0	98.98	655.0	< 5.0	0.31						
6/21/15	11.0	6.64	8.0	27.0	91.52	10.0	98.12	626.0	< 5.0	0.4						
6/22/15	700.0	6.53	1	14	81.63	8	93.18	546	< 5	0.5	6.1	4.5	0.2	0.0066	0.003	
6/23/15	700.0	6.68	10	84	94.95	8	97.78	748	< 5	0.54	1.26	8	0.6	0.0066	0.003	
6/24/15	700.0	6.68	7	54	91.48	11	97.14	704	< 5	0	1.26	6	0.3	0.0066	0.003	
6/25/15	700.0	6.68	8	26	93.78	9	95.9	660	< 5	0.4	0.88	4.8	0.4	0.0066	0.003	
6/26/15	26	6.8	8	26	93.78	9	95.9	660	< 5	0.4	0.88	4.8	0.4	0.0066	0.003	
6/27/15	25	6.8	8	26	93.78	9	95.9	660	< 5	0.4	0.88	4.8	0.4	0.0066	0.003	
6/28/15	38.08	6.82	8	26	93.78	9	95.9	660	< 5	0.4	0.88	4.8	0.4	0.0066	0.003	
6/29/15	37.2	6.82	8	26	93.78	9	95.9	660	< 5	0.4	0.88	4.8	0.4	0.0066	0.003	
6/30/15	1115.99	6.82	8	26	93.78	9	95.9	660	< 5	0.4	0.88	4.8	0.4	0.0066	0.003	
6/31/15	28.83	6.82	8	26	93.78	9	95.9	660	< 5	0.4	0.88	4.8	0.4	0.0066	0.003	
6/32/15	28.83	6.82	8	26	93.78	9	95.9	660	< 5	0.4	0.88	4.8	0.4	0.0066	0.003	

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Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: 7/28/2015



**CSO SUPPLEMENTAL REPORT
MONTHLY INSPECTION REPORT**

Facility Name: Delaware County Regional Water Quality Control Authority
Municipality: City of Chester
Watershed: 3G
Month: June
Year: 2015
NPDES Permit No.: PA0027103
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2018**

County: Delaware

CSO Outfall No.	Outfall Location*	Discharge?*	Comments
002	Front & Booth	Yes	
003	Front & Highland	Yes	
004	Front & Hayes	Yes	
005	Front & Townsend	Yes	
007	Delaware & Reaney	Yes	
008	2nd & Tilghman	Yes	
009	2nd & Lloyd	Yes	
010	5th & Pusey	Yes	Total overflow from Outfalls 009 and 010
011	2nd & Parker	Yes	Discharges to Outfall 009 Regulator
012	2nd & Edgmont	Yes	
013	2nd & Welsh	Yes	
014	3rd & Upland	Yes	
015	4th & Melrose	Yes	
016	8th & McDowell	Yes	
017	9th & Campbell	Yes	
018	Sun Dr. & Hancock	Yes	
019	14th & Crozer Hospital	Yes	
020	Kerlin & Finland	Yes	
021	9th & Sproul	Yes	
022	6th & Sproul	Yes	
023	3rd & Edgmont	Yes	
024	3rd & Dock	Yes	
025	5th & Penn	Yes	
026	7th & Penn	Yes	
032	2nd & Avenue of the States	Yes	
033	Elkington Blvd. and Ridley Creek	Yes	

Copy this report as needed to include more CSO outfalls.

* See Instructions for explanation.

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Prepared By: **Michael J. DiSantis**
 Title: **Dir. Of Operations and Maintenance**
 License No.: **T0403**
 Date: **7/9/2015**

From: depgreenporthelpdesk@state.pa.us
Sent: Monday, August 24, 2015 1:15 PM
To: DiSantis, Michael
Subject: Original eDMR Submission 104176 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 104176 has been recieved. The details of your original submission and report sender are as follows:

Login Name: MDiS0001
First Name: Michael
Last Name: DiSantis
Submission ID: 104176
Permit Number: PA0027103
Facility Name: DELCORA STP
Submission Status: received
Report Type: Summary DMR

You can login to the eDMR System by visiting the following website:

<http://www.ahs2.dep.state.pa.us/e2/Pages/Main/login.aspx>



DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY
P.O. Box 999 • Chester, PA 19016-0999

August 24, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Steven O'Neil
Regional Manager – Water Management
PA Department of Environmental Protection
2 East Main Street
Norristown, PA 19401

Dear Mr. O'Neil:

Enclosed are DELCORA's Discharge Monitoring Report, Laboratory Data Reports, and CSO Report for July, 2015. All permit parameters were in compliance during the month.

Parameter averages for July, 2015 were: Flow – 34.83 MGD; cBOD₅ – 5 mg/L; TSS – 7 mg/L; cBOD₂₀ % removal – 94.66; and cBOD₂₀ – 6,158 lbs/day.

Should any further information be required concerning this report, please contact me at (610) 876-5523, ext. 264.

Respectfully submitted,

Electronically submitted

Michael J. DiSantis
Director of Operations and Maintenance

MJD:vm
Enclosures

cc: w/enclosures
US EPA - NPDES DMR (3WP42) – can access through DEP website
Delaware River Basin Commission – can access through DEP website
S.J. Babylon via email with server link
File

ADMINISTRATION

610-876-5523
 FAX: 610-876-2728

CUSTOMER SERVICE/BILLING

610-876-5526
 FAX: 610-876-1460

PURCHASING & STORES

610-876-5523
 FAX: 610-497-7959

PLANT & MAINTENANCE

610-876-5523
 FAX: 610-497-7950

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING** From: 2015-07-01 **NO DISCHARGE**
ADDRESS: 0999 **PERIOD:** To: 2015-07-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	81421	*****	lbs/day	*****	255	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/week	24-Hr Composite	
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.31	*****	6.87	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum		1/day	Grab	
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	2119	3377	lbs/day	*****	7	8	mg/L	0	1/day	24-Hr Composite
	Permit Requirement	11000 Average Monthly	16500 Weekly Average		*****	30 Average Monthly	45 Weekly Average		1/day	24-Hr Composite	
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	63730	*****	lbs/day	*****	219	*****	mg/L	0	1/day	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/day	24-Hr Composite	
Oil and Grease Parameter Code: 00556 Stage Code: 1	Sample Measurement	1547	*****	lbs/day	*****	5	15	mg/L	0	1/day	Grab
	Permit Requirement	5500 Average Monthly	*****		*****	15 Average Monthly	30 Instantaneous Maximum		1/day	Grab	
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	*****	*****		*****	1.2	*****	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****		2/month	24-Hr Composite	
Nitrite as N Parameter Code: 00615 Stage Code: 1	Sample Measurement	*****	*****		*****	<0.21	0.22	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum		2/month	24-Hr Composite	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING** From: 2015-07-01 **NO DISCHARGE**
ADDRESS: 0999 **PERIOD:** To: 2015-07-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Nitrate as N	Sample Measurement	*****	*****		*****	6	8.5		0	2/month	24-Hr Composite
Parameter Code: 00620 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum	mg/L		2/month	24-Hr Composite
Total Kjeldahl Nitrogen	Sample Measurement	*****	*****		*****	2.4	*****		0	2/month	24-Hr Composite
Parameter Code: 00625 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****	mg/L		2/month	24-Hr Composite
Total Cyanide	Sample Measurement	*****	*****		*****	0.011	*****		0	1/month	24-Hr Composite
Parameter Code: 00720 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****	mg/L		1/month	24-Hr Composite
Total Cadmium	Sample Measurement	*****	*****		*****	<0.001	*****		0	1/month	24-Hr Composite
Parameter Code: 01027 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****	mg/L		1/month	24-Hr Composite
Total Copper	Sample Measurement	*****	*****		*****	0.007	*****		0	1/month	24-Hr Composite
Parameter Code: 01042 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****	mg/L		1/month	24-Hr Composite
Total Lead	Sample Measurement	*****	*****		*****	<0.003	*****		0	1/month	24-Hr Composite
Parameter Code: 01051 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****	mg/L		1/month	24-Hr Composite
Total Zinc	Sample Measurement	*****	*****		*****	0.046	*****		0	1/month	24-Hr Composite
Parameter Code: 01092 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****	mg/L		1/month	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No.	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP PERMIT NUMBER: PA0027103 REGION: EP SE Rgnl Off
 PERMITTEE: DELCORA OUTFALL: 001 COUNTY: Delaware
 100 EAST FIFTH STREET CITY: CHESTER
 CHESTER, PA 19016-0999 MONITORING PERIOD: From: 2015-07-01 To: 2015-07-31 NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dichlorobromomethane	Sample Measurement	*****	*****		*****	0.0019	*****	mg/L	0	1/month	Grab
Parameter Code: 32101 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****			1/month	Grab
Chlorodibromomethane	Sample Measurement	*****	*****		*****	0.0019	*****	mg/L	0	1/month	Grab
Parameter Code: 34306 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****			1/month	Grab
Flow (mgd)	Sample Measurement	34.83	60.88	MGD	*****	*****	*****		0	Continuous	Metered
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				Continuous
Total Residual Chlorine (TRC)	Sample Measurement	*****	*****		*****	0.4	0.59	mg/L	0	1/day	Grab
Parameter Code: 50060 Stage Code: 1	Permit Requirement	*****	*****		*****	0.5 Average Monthly	1.0 Instantaneous Maximum				1/day
Total Dissolved Solids	Sample Measurement	*****	*****		*****	552	668	mg/L	0	5/week	24-Hr Composite
Parameter Code: 70295 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum				2/month
Fecal Coliform	Sample Measurement	*****	*****		*****	26	360	CFU/100 mL	0	1/day	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				1/day
CBOD5	Sample Measurement	1480	2326	lbs/day	*****	5	6	mg/L	0	1/day	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	7000 Average Monthly	10500 Weekly Average		*****	*****	19 Average Monthly		29 Weekly Average		
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 3

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016-0999 **MONITORING PERIOD:** From: 2015-07-01 To: 2015-07-31 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
CBOD5 Parameter Code: 80082 Stage Code: R1	Sample Measurement	58359	*****	lbs/day	*****	203	*****	mg/L	0	1/day	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/day	24-Hr Composite	
CBOD20 Parameter Code: 80087 Stage Code: 1	Sample Measurement	6158	*****	lbs/day	*****	*****	*****		0	1/week	24-Hr Composite
	Permit Requirement	10500 Average Monthly	*****		*****	*****	*****		1/week	24-Hr Composite	
CBOD20 Parameter Code: 80087 Stage Code: K	Sample Measurement	*****	*****		94.66	*****	*****	%	0	1/day	24-Hr Composite
	Permit Requirement	*****	*****		89.25 Minimum Monthly % Removal	*****	*****		1/week	24-Hr Composite	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations, See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 4

PARAMETER SPECIFIC COMMENTS:



SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	07	01	TO	15	07	31
PARAMETER		ANALYSIS METHOD		LAB NAME			LAB ID NUMBER²			
BOD5/cBOD5		SM5210 B		DELCORA - Central Laboratory			23-00671			
TSS		SM 2540 D		DELCORA - Central Laboratory			23-00671			
O&G		EPA 1664 A		DELCORA - Central Laboratory			23-00671			
Total Residual Cl		SM4500-CI G		DELCORA - Central Laboratory			23-00671			
N-Nitrite		SM4500-NO2 B		DELCORA - Central Laboratory			23-00671			
NH3-N		EPA 350.1		DELCORA - Central Laboratory			23-00671			
TKN-N		SM4500-N-org B/SM4500-NH3 C		DELCORA - Central Laboratory			23-00671			
Fecal Coliform		SM 9222 D		DELCORA - Central Laboratory			23-00671			
BOD20/cBOD20		SM5210 B		DELCORA - Central Laboratory			23-00671			
pH		SM 4500 H+B		DELCORA - Central Laboratory			23-00671			
Ammonia as N		EPA 350.1		DELCORA - Central Laboratory			23-00671			
TDS		SM 2540 C		DELCORA - Central Laboratory			23-00671			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 06/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
<u>19016</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0027103				15	07	01	TO 15 07 31
PARAMETER		ANALYSIS METHOD		LAB NAME		LAB ID NUMBER²	
Copper, Total		EPA 200.7		ALS Environmental		PA 22-293	
Lead, Total		EPA 200.7		ALS Environmental		PA 22-293	
Zinc, Total		EPA 200.7		ALS Environmental		PA 22-293	
Dichlorobromomethane		EPA 624		ALS Environmental		PA 22-293	
BOD20/cBOD20		SM5210 B		ALS Environmental		PA 22-293	
Chlorodibromomethane		EPA 624		ALS Environmental		PA 22-293	
TKN-N		EPA 351.2		ALS Environmental		PA 22-293	
Ammonia as N		D6919-09		ALS Environmental		PA 22-293	
Nitrate as N		EPA 300.0		ALS Environmental		PA 22-293	
Total Cyanide		EPA 335.4		ALS Environmental		PA 22-293	
Total Cadmium		200.7		ALS Environmental		PA 22-293	
Nitrite as N		EPA 300.0		ALS Environmental		PA 22-293	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 06/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: DEL CORA

Address: P.O. Box 999
Chester, PA 19016
19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA0027103	15	07	01	TO	15	07	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²
BOD20/cBOD20	SM5210 B	M.J. Rider Associates, Inc.	PA-06-00003

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer Michael J. DiSantis **Phone:** 610.876.5523

Signature of Principal Executive Officer or Authorized Agent _____

Date: 7/28/2013

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



**SUPPLEMENTAL REPORT
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL**

Facility Name: DELCORA STP Month: July Year: 2015
 Municipality: City Of Chester NPDES Permit No.: PA0027103
 Watershed: 3G County: Delaware Renewal application due **180 days** prior to expiration
 This permit will expire on: **April 30, 2018**

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site		Dewatered Sewage Sludge/Biosolids Hauled Off-site		Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	Dry Tons	Tons Dewatered	% Solids	Tons Dewatered	% Solids	Dry Tons
			1,161.27	27.29	2,084.89	34.49	719.03
					3,236.97	26.36	853.35
TOTAL:					316.91		1,572.380

SEWAGE SLUDGE / BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION

(Identify all sites where biosolids or ash were disposed or land applied)

Site Name	Municipality	County	DEP Permit No.	Type of Material*	Dry Tons Applied/Disposed	Type of Disposal/Use*	Hauler Name	A & M Composting
Cumberland County Landfill	Hopewell and North Newton	Cumberland	265792	incinerator ash		landfill	Interstate Waste Services	
Mostoller Landfill, INC	Brothersvalley and Somerset	Somerset	238935	incinerator ash		landfill	Interstate Waste Services	
ks Community Landfill and Recy	Cumru Township	Berks	451623	incinerator ash		landfill	Interstate Waste Services	
								Penn Township
								Lancaster
								602247
								sewage sludge
								composting
								J. P. Mascaro & Sons

* See Instructions for explanation.

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: August 28, 2015



SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

Facility Name: DEL CORA STP
 Municipality: City of Chester
 Watershed: 3G

County: Delaware

Month: July
 NPDES Permit No.: PA0027103 A

Year: 2015

Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Day	SEPTAGE			SLUDGE			OTHER (specify): Package Plant			DAILY TOTALS		
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	48500			81354			83620			Headworks	213,474	0
2	46700			103487			117667			Headworks	267,854	0
3	8300									Headworks	8,300	0
4										Headworks		
5										Headworks		
6	47600			66595			106400			Headworks	220,595	0
7	28550			93652			103400			Headworks	225,602	0
8	31750			62044			62150			Headworks	155,944	0
9	24400			73756			87500			Headworks	185,656	0
10	61250			79789			97000			Headworks	238,039	0
11	3400			65000			15000			Headworks	83,400	0
12										Headworks		
13	39200			79987			63175			Headworks	182,362	0
14	26410			99639			85260			Headworks	211,309	0
15	12800			33364			45115			Headworks	91,279	0
16	26460			74474			50042			Headworks	150,976	0
17	27150			49149			52500			Headworks	128,799	0
18	14000						8000			Headworks	22,000	0
19										Headworks		
20	44125			81136			48900			Headworks	174,161	0
21	32900			94306			60400			Headworks	187,606	0
22	35250			74249			55200			Headworks	164,699	0
23	34170			100800			57700			Headworks	192,670	0
24	41000			83097			54400			Headworks	178,497	0
25	5000									Headworks	5,000	0
26										Headworks		
27	26400			74959			72200			Headworks	173,559	0
28	34560			94826			141650			Headworks	271,036	0
29	49350			75080			104770			Headworks	229,200	0
30	30850			112100			188748			Headworks	331,698	0
31	41600			57000			77600			Headworks	176,200	0
Avg	31,603			78,689			76,600			Monthly Totals:	4,469,915	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis
 Title: Dir. Operations and Maintenance

License No.: T0403
 Date: 7/28/2015



SUPPLEMENTAL REPORT - HAULED IN RESIDUAL WASTES

Facility Name: DELCORA STP Month: July Year: 2015
 Municipality: City of Chester County: Delaware NPDES Permit No.: PA0027103 A
 Watershed: 3G Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Date	Volume Received (gallons)	License Plate No.	Well Permit No.	Location of Well(s) Generator	Address	State	Wastewater Type	Chemical Analysis Yes/No
	464007			Form U				
	1,607,812			Grease			Food Processing	
	2683323			Industrial Wastewater			Production Water	
	2053558			Industrial Food Processing Wastewater			Food Processing	
	2208501			Sanitary Landfill Leachate			Leachate	
Total:								
								9,017,201

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Operations and Maintenance Date: 8/28/2015



**CSO SUPPLEMENTAL REPORT
MONTHLY INSPECTION REPORT**

Facility Name: Delaware County Regional Water Quality Control Authority
 Municipality: City of Chester County: Delaware
 Watershed: 3G

Month: July Year: 2015
 NPDES Permit No.: PA0027103
 Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

CSO Outfall No.	Outfall Location*	Discharge?*	Comments
002	Front & Booth	Yes	
003	Front & Highland	Yes	
004	Front & Hayes	Yes	
005	Front & Townsend	Yes	
007	Delaware & Reaney	Yes	
008	2nd & Tilghman	Yes	
009	2nd & Lloyd	Yes	
010	5th & Pusey	Yes	Total overflow from Outfalls 009 and 010
011	2nd & Parker	Yes	Discharges to Outfall 009 Regulator
012	2nd & Edgmont	Yes	
013	2nd & Welsh	Yes	
014	3rd & Upland	Yes	
015	4th & Melrose	Yes	
016	8th & McDowell	Yes	
017	9th & Campbell	Yes	
018	Sun Dr. & Hancock	Yes	
019	14th & Crozer Hospital	Yes	
020	Kerlin & Finland	Yes	
021	9th & Sproul	Yes	
022	6th & Sproul	Yes	
023	3rd & Edgmont	Yes	
024	3rd & Dock	Yes	
025	5th & Penn	Yes	
026	7th & Penn	Yes	
032	2nd & Avenue of the States	Yes	
033	Elkington Blvd. and Ridley Creek	No	

*Copy this report as needed to include more CSO outfalls.
 * See Instructions for explanation.*

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael J. DiSantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: 8/17/2015

From: depgreenporthelpdesk@state.pa.us
Sent: Wednesday, September 23, 2015 12:54 PM
To: DiSantis, Michael
Subject: Original eDMR Submission 106169 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 106169 has been recieved. The details of your original submission and report sender are as follows:

Login Name: MDis0001
First Name: Michael
Last Name: DiSantis
Submission ID: 106169
Permit Number: PA0027103
Facility Name: DELCORA STP
Submission Status: received
Report Type: Summary DMR

You can login to the eDMR System by visiting the following website:

<http://www.ahs2.dep.state.pa.us/e2/Pages/Main/login.aspx>



DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY
P.O. Box 999 • Chester, PA 19016-0999

September 23, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Steven O'Neil
Regional Manager – Water Management
PA Department of Environmental Protection
2 East Main Street
Norristown, PA 19401

Dear Mr. O'Neil:

Enclosed are DELCORA's Discharge Monitoring Report, Laboratory Data Reports, and CSO Report for August, 2015. All permit parameters were in compliance during the month. However, we failed to perform the required influent and effluent cBOD₅ analyses on 08/16/2015. This violation was a result of a laboratory analysis error.

Parameter averages for August, 2015 were: Flow – 27.44 MGD; cBOD₅ – 6 mg/L; TSS – 11 mg/L; cBOD₂₀ % removal – 95.25; and cBOD₂₀ – 5,783 lbs/day.

Should any further information be required concerning this report, please contact me at (610) 876-5523, ext. 264.

Respectfully submitted,

Electronically submitted

Michael J. DiSantis
Director of Operations and Maintenance

MJD:vm
Enclosures

cc: w/enclosures
US EPA - NPDES DMR (3WP42) – can access through DEP website
Delaware River Basin Commission – can access through DEP website
S.J. Babylon via email with server link
File

ADMINISTRATION

610-876-5523
 FAX: 610-876-2728

CUSTOMER SERVICE/BILLING

610-876-5526
 FAX: 610-876-1460

PURCHASING & STORES

610-876-5523
 FAX: 610-497-7959

PLANT & MAINTENANCE

610-876-5523
 FAX: 610-497-7950

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING** From: 2015-08-01 **NO DISCHARGE**
ADDRESS: 0999 **PERIOD:** To: 2015-08-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
BOD5	Sample Measurement	88285	*****	lbs/day	*****	368	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00310 Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		*****	1/week	24-Hr Composite
pH	Sample Measurement	*****	*****		6.29	*****	7.01	S.U.	0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum		*****	1/day	Grab
Total Suspended Solids	Sample Measurement	2518	3110	lbs/day	*****	11	14	mg/L	0	1/day	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	11000 Average Monthly	16500 Weekly Average		*****	30 Average Monthly	45 Weekly Average		*****	1/day	24-Hr Composite
Total Suspended Solids	Sample Measurement	61880	*****	lbs/day	*****	263	*****	mg/L	0	1/day	24-Hr Composite
Parameter Code: 00530 Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		*****	1/day	24-Hr Composite
Oil and Grease	Sample Measurement	<1144	*****	lbs/day	*****	<5	<5	mg/L	0	1/day	Grab
Parameter Code: 00556 Stage Code: 1	Permit Requirement	5500 Average Monthly	*****		*****	15 Average Monthly	30 Instantaneous Maximum		*****	1/day	Grab
Ammonia-Nitrogen	Sample Measurement	*****	*****		*****	1.47	*****	mg/L	0	2/month	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****		*****	2/month	24-Hr Composite
Nitrite as N	Sample Measurement	*****	*****		*****	<0.5	<0.5	mg/L	0	2/month	24-Hr Composite
Parameter Code: 00615 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum		*****	2/month	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016- **MONITORING** **From:** 2015-08-01 **NO DISCHARGE**
ADDRESS: 0999 **PERIOD:** **To:** 2015-08-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Nitrate as N Parameter Code: 00620 Stage Code: 1	Sample Measurement	*****	*****		*****	9.1	12.2	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum				
Total Kjeldahl Nitrogen Parameter Code: 00625 Stage Code: 1	Sample Measurement	*****	*****		*****	3	*****	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Cyanide Parameter Code: 00720 Stage Code: 1	Sample Measurement	*****	*****		*****	0.021	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Cadmium Parameter Code: 01027 Stage Code: 1	Sample Measurement	*****	*****		*****	<0.001	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Copper Parameter Code: 01042 Stage Code: 1	Sample Measurement	*****	*****		*****	0.0056	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Lead Parameter Code: 01051 Stage Code: 1	Sample Measurement	*****	*****		*****	<0.003	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Zinc Parameter Code: 01092 Stage Code: 1	Sample Measurement	*****	*****		*****	0.042	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
100 EAST FIFTH STREET **CITY:** CHESTER
ADDRESS: CHESTER, PA 19016-0999 **MONITORING PERIOD:** From: 2015-08-01 To: 2015-08-31 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dichlorobromomethane Parameter Code: 32101 Stage Code: 1	Sample Measurement	*****	*****		*****	0.0021	*****	mg/L	0	1/month	Grab
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Chlorodibromomethane Parameter Code: 34306 Stage Code: 1	Sample Measurement	*****	*****		*****	0.0013	*****	mg/L	0	1/month	Grab
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	27.44	34.79	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Total Residual Chlorine (TRC) Parameter Code: 50060 Stage Code: 1	Sample Measurement	*****	*****		*****	0.4	0.68	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		*****	0.5 Average Monthly	1.0 Instantaneous Maximum				
Total Dissolved Solids Parameter Code: 70295 Stage Code: 1	Sample Measurement	*****	*****		*****	664	823	mg/L	0	5/week	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	25	116	CFU/100 mL	0	1/day	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	1427	1664	lbs/day	*****	6	8	mg/L	1	1/day	24-Hr Composite
	Permit Requirement	7000 Average Monthly	10500 Weekly Average		*****	19 Average Monthly	29 Weekly Average				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 3

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP PERMIT NUMBER: PA0027103 REGION: EP SE Rgnl Off
 PERMITTEE: DELCORA OUTFALL: 001 COUNTY: Delaware
 100 EAST FIFTH STREET CITY: CHESTER
 CHESTER, PA 19016- MONITORING From: 2015-08-01 NO DISCHARGE
 ADDRESS: 0999 PERIOD: To: 2015-08-31 FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
CBOD5 Parameter Code: 80082 Stage Code: RI	Sample Measurement	59384	*****	lbs/day	*****	252	*****	mg/L	1	1/day	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
CBOD20 Parameter Code: 80087 Stage Code: 1	Sample Measurement	5783	*****	lbs/day	*****	*****	*****		0	5/week	24-Hr Composite
	Permit Requirement	10500 Average Monthly	*****		*****	*****	*****				
CBOD20 Parameter Code: 80087 Stage Code: K	Sample Measurement	*****	*****		95.25	*****	*****	%	0	5/week	24-Hr Composite
	Permit Requirement	*****	*****		89.25 Minimum Monthly % Removal	*****	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 4

GENERAL REPORT COMMENT:

No results for influent and effluent cBOD5 on 8/16 due to laboratory error.

PARAMETER SPECIFIC COMMENTS:

		No. of Excursions:	No result on 8/16 due to laboratory error.
353844	CBOD5	No. of Excursions:	No result on 8/16 due to laboratory error.
		No. of Excursions:	No result on 8/16 due to laboratory error.
353844	CBOD5	No. of Excursions:	No result on 8/16 due to laboratory error.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	08	01	TO	15	08	31
PARAMETER		ANALYSIS METHOD		LAB NAME		LAB ID NUMBER²				
BOD5/cBOD5		SM5210 B		DELCORA - Central Laboratory		23-00671				
TSS		SM 2540 D		DELCORA - Central Laboratory		23-00671				
O&G		EPA 1664 A		DELCORA - Central Laboratory		23-00671				
Total Residual Cl		SM4500-Cl G		DELCORA - Central Laboratory		23-00671				
N-Nitrite		SM4500-NO2 B		DELCORA - Central Laboratory		23-00671				
NH3-N		EPA 350.1		DELCORA - Central Laboratory		23-00671				
TKN-N		SM4500-N-org B/SM4500-NH3 C		DELCORA - Central Laboratory		23-00671				
Fecal Coliform		SM 9222 D		DELCORA - Central Laboratory		23-00671				
BOD20/cBOD20		SM5210 B		DELCORA - Central Laboratory		23-00671				
pH		SM 4500 H+B		DELCORA - Central Laboratory		23-00671				
Ammonia as N		EPA 350.1		DELCORA - Central Laboratory		23-00671				
TDS		SM 2540 C		DELCORA - Central Laboratory		23-00671				

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 09/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
<u>19016</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0027103				15	08	01	TO 15 08 31
PARAMETER	ANALYSIS METHOD	LAB NAME		LAB ID NUMBER²			
Copper, Total	EPA 200.7	ALS Environmental		PA 22-293			
Lead, Total	EPA 200.7	ALS Environmental		PA 22-293			
Zinc, Total	EPA 200.7	ALS Environmental		PA 22-293			
Dichlorobromomethane	EPA 624	ALS Environmental		PA 22-293			
BOD20/cBOD20	SM5210 B	ALS Environmental		PA 22-293			
Chlorodibromomethane	EPA 624	ALS Environmental		PA 22-293			
TKN-N	EPA 351.2	ALS Environmental		PA 22-293			
Ammonia as N	D6919-09	ALS Environmental		PA 22-293			
Nitrate as N	EPA 300.0	ALS Environmental		PA 22-293			
Total Cyanide	EPA 335.4	ALS Environmental		PA 22-293			
Total Cadmium	200.7	ALS Environmental		PA 22-293			
Nitrite as N	EPA 300.0	ALS Environmental		PA 22-293			

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² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: DELCORA WRTP
 Municipality: City of Chester
 Watershed: 3g
 County: Delaware

Month: August Year: 2015
 NPDES Permit No.: PA0027103 A
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: April 30, 2018

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	28.68			180	43,054	3345.00	2.26	216470		
2	28.37			154	36,437	2910.00	1.40	243510		
3	29.21			307	74,789	2800.00	1.41	302330		
4	30.20			281	70,775	2955.00	1.63	431069		
5	30.23	438	110,428	276	69,585	2730.00	1.38	264780		
6	28.56			250	59,548	2895.00	1.59	402360		
7	28.62			353	84,258	3105.00	1.55	457300		
8	26.60			189	41,929	3050.00	1.19	388650		
9	27.15			144	32,606	2915.00	1.27	245810		
10	28.06			274	64,122	3880.00	1.04	182570		
11	35.01			406	118,545	2760.00	1.16	191950		
12	28.72	495	118,565	323	77,367	2975.00	1.47	188080		
13	28.15			333	78,179	3355.00	1.22	201420		
14	26.98			240	54,003	3365.00	1.10	177780		
15	26.70			189	42,086	3465.00	1.76	275070		
16	26.86			186	41,666	3775.00	1.49	285380		
17	27.84			246	57,118	2980.00	1.73	193610		
18	27.58			270	62,105	2895.00	1.24	203490		
19	27.81	284	65,870	201	46,619	3130.00	1.12	114000		
20	30.12			249	62,549	3160.00	1.41	289530		
21	28.01			301	70,315	3200.00	1.86	285140		
22	26.50			187	41,329	3070.00	2.42	247660		
23	28.47			196	46,538	3055.00	1.54	330380		
24	27.46			314	71,911	2675.00	1.09	260220		
25	27.57			357	82,086	2875.00	0.93	295760		
26	27.51	254	58,276	299	68,601	2565.00	1.14	419750		
27	26.58			386	85,567	2795.00	1.16	281720		
28	26.33			281	61,705	2635.00	0.84	238570		
29	25.99			260	56,357	2975.00	1.09	250620		
30	26.05			193	41,931	2775.00	1.20	262450		
31	27.69			323	74,592	2515.00	0.85	181980		
Avg	28.052	368	88,285	263	61,880	3,019	1	268,045		
Max	35.01	495	118,565	406	118,545	3,880	2	457,300		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: 9/28/2015



SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

Facility Name: DELCORA STP Month: August Year: 2015
 Municipality: City of Chester NPDES Permit No.: PA0027103 A
 Watershed: 3G County: Delaware
 Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Day	SEPTAGE			SLUDGE			OTHER (specify):			DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (lbs)
1							Headworks			Headworks	
2							Sludge Thickening			Headworks	
3							Sludge Thickening			Headworks	
4							Sludge Thickening			Headworks	
5							Sludge Thickening			Headworks	
6							Sludge Thickening			Headworks	
7							Sludge Thickening			Headworks	
8							Sludge Thickening			Headworks	
9							Sludge Thickening			Headworks	
10							Sludge Thickening			Headworks	
11							Sludge Thickening			Headworks	
12							Sludge Thickening			Headworks	
13							Sludge Thickening			Headworks	
14							Sludge Thickening			Headworks	
15							Sludge Thickening			Headworks	
16							Sludge Thickening			Headworks	
17							Sludge Thickening			Headworks	
18							Sludge Thickening			Headworks	
19							Sludge Thickening			Headworks	
20							Sludge Thickening			Headworks	
21							Sludge Thickening			Headworks	
22							Sludge Thickening			Headworks	
23							Sludge Thickening			Headworks	
24							Sludge Thickening			Headworks	
25							Sludge Thickening			Headworks	
26							Sludge Thickening			Headworks	
27							Sludge Thickening			Headworks	
28							Sludge Thickening			Headworks	
29							Sludge Thickening			Headworks	
30							Sludge Thickening			Headworks	
31							Sludge Thickening			Headworks	
Avg										Monthly Totals:	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Operations and Maintenance Date: 9/28/2015



SUPPLEMENTAL REPORT - HAULED IN RESIDUAL WASTES

Facility Name: DELCORA STP County: Delaware Month: August Year: 2015
 Municipality: City of Chester NPDES Permit No.: PA0027103 A
 Watershed: 3G Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Date	Volume Received (gallons)	License Plate No.	Well Permit No.	Generator	Location of Well(s) Generating Wastewater	Address	State	Wastewater Type	Chemical Analysis Yes/No
	412135			Form U					
	1590295			Grease				Food Processing	
	2673310			Industrial Wastewater				Production Water	
	1953779			Industrial Food Processing Wastewater				Food Processing	
	2814727			Sanitary Landfill Leachate				Leachate	
Total:									
									9,444,246

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Operations and Maintenance Date: 9/28/2015



SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING

Facility Name: DELCORA WRTP
Municipality: City of Chester
Waterbody: DELCORA; ALS Environmental
Laboratories: DELCORA; ALS Environmental

Month: 8 (select number)
Year: 2015
Permit No.: PA002703 A3
Outfall: 001
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2018

Table with columns: Parameter, Flow, pH, CBOD5, CBOD20, TSS, TSS, Oil and Grease, TRC, NH3-N, NO3-N, NO2-N, TKN, Total Copper, Total Lead. Rows include daily data for 10 parameters and monthly summary statistics.

Daily Minimum (Conc):
Daily Maximum (Conc):
Max Avg Weekly (Conc):
Avg Monthly (Conc):
Geometric Mean (Conc):
Max Avg Weekly (Load):
Avg Monthly (Load):
Total Monthly (Load):
Daily Minimum (Load):
Daily Maximum (Load):



**CSO SUPPLEMENTAL REPORT
MONTHLY INSPECTION REPORT**

Facility Name: Delaware County Regional Water Quality Control Authority
 Municipality: City of Chester County: Delaware
 Watershed: 3G

Month: August Year: 2015
 NPDES Permit No.: PA0027103
 Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

CSO Outfall No.	Outfall Location*	Discharge?*	Comments
002	Front & Booth	Yes	
003	Front & Highland	Yes	
004	Front & Hayes	Yes	
005	Front & Townsend	Yes	
007	Delaware & Reaney	Yes	
008	2nd & Tilghman	Yes	
009	2nd & Lloyd	Yes	
010	5th & Pusey	Yes	Total overflow from Outfalls 009 and 010
011	2nd & Parker	Yes	Discharges to Outfall 009 Regulator
012	2nd & Edgmont	No	
013	2nd & Welsh	Yes	
014	3rd & Upland	Yes	
015	4th & Melrose	Yes	
016	8th & McDowell	Yes	
017	9th & Campbell	Yes	
018	Sun Dr. & Hancock	Yes	
019	14th & Crozer Hospital	Yes	
020	Kerlin & Finland	Yes	
021	9th & Sproul	Yes	
022	6th & Sproul	Yes	
023	3rd & Edgmont	Yes	
024	3rd & Dock	No	
025	5th & Penn	Yes	
026	7th & Penn	Yes	
032	2nd & Avenue of the States	No	
033	Elkington Blvd. and Ridley Creek	No	

Copy this report as needed to include more CSO outfalls.

** See Instructions for explanation.*

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael J. DiSantis
 Title: Dir. Of Operations and Maintenance

License No.: T0403
 Date: 9/14/2015

Oct 20/5

Middleton, Vale

From: depgreenporthelpdesk@state.pa.us
Sent: Monday, October 26, 2015 11:55 AM
To: DiSantis, Michael
Subject: Original eDMR Submission 108514 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 108514 has been recieved. The details of your original submission and report sender are as follows:

Login Name: MDiS0001
First Name: Michael
Last Name: DiSantis
Submission ID: 108514
Permit Number: PA0027103
Facility Name: DELCORA STP
Submission Status: received
Report Type: Summary DMR

You can login to the eDMR System by visiting the following website:

<http://www.ahs2.dep.state.pa.us/e2/Pages/Main/login.aspx>



DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY
P.O. Box 999 • Chester, PA 19016-0999

October 26, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Steven O'Neil
Regional Manager – Water Management
PA Department of Environmental Protection
2 East Main Street
Norristown, PA 19401

Dear Mr. O'Neil:

Enclosed are DELCORA's Discharge Monitoring Report, Laboratory Data Reports, and CSO Report for September, 2015. We regret to report that an exceedance of the instantaneous maximum of 1000 CFU/100mL for Fecal Coliform due to a result of 2,080 CFU/100mL on 09/30/2015. Additionally, due to laboratory error, the results of effluent Oil and Grease monitoring for the period of 09/02/2015-09/29/2015 were invalid. Please see the attached document for additional information regarding this issue. All other effluent results were in compliance during the month.

Parameter averages for September, 2015 were: Flow – 29.63 MGD; cBOD₅ – 7 mg/L; TSS – 13 mg/L; cBOD₂₀ % removal – 95.21; and cBOD₂₀ – 5,804 lbs/day.

Should any further information be required concerning this report, please contact me at (610) 876-5523, ext. 264.

Respectfully submitted,

Electronically submitted

Michael J. DiSantis
Director of Operations and Maintenance

MJD:vm
Enclosures

cc: w/enclosures
US EPA - NPDES DMR (3WP42) – can access through DEP website
Delaware River Basin Commission – can access through DEP website
S.J. Babylon via email with server link
File

ADMINISTRATION

610-876-5523

FAX: 610-876-2728

CUSTOMER SERVICE/BILLING

610-876-5526

FAX: 610-876-1460

PURCHASING & STORES

610-876-5523

FAX: 610-497-7959

PLANT & MAINTENANCE

610-876-5523

FAX: 610-497-7950

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016-0999 **MONITORING PERIOD:** From: 2015-09-01 **NO DISCHARGE**
ADDRESS: **PERIOD:** To: 2015-09-30 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	85535	*****	lbs/day	*****	339	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/week	24-Hr Composite	
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.35	*****	7.02	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum		1/day	Grab	
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	3342	5821	lbs/day	*****	13	16	mg/L	0	1/day	24-Hr Composite
	Permit Requirement	11000 Average Monthly	16500 Weekly Average		*****	30 Average Monthly	45 Weekly Average		1/day	24-Hr Composite	
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	77030	*****	lbs/day	*****	310	*****	mg/L	0	1/day	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/day	24-Hr Composite	
Oil and Grease Parameter Code: 00556 Stage Code: 1	Sample Measurement	<1616	*****	lbs/day	*****	<5	<5	mg/L	28	1/day	Grab
	Permit Requirement	5500 Average Monthly	*****		*****	15 Average Monthly	30 Instantaneous Maximum		1/day	Grab	
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	*****	*****		*****	1.43	*****	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****		2/month	24-Hr Composite	
Nitrite as N Parameter Code: 00615 Stage Code: 1	Sample Measurement	*****	*****		*****	<0.5	<0.5	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum		2/month	24-Hr Composite	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016-0999 **MONITORING PERIOD:** From: 2015-09-01 **NO DISCHARGE**
ADDRESS: **PERIOD:** To: 2015-09-30 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Nitrate as N Parameter Code: 00620 Stage Code: 1	Sample Measurement	*****	*****		*****	6	8	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum				
Total Kjeldahl Nitrogen Parameter Code: 00625 Stage Code: 1	Sample Measurement	*****	*****		*****	3.7	*****	mg/L	0	2/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Cyanide Parameter Code: 00720 Stage Code: 1	Sample Measurement	*****	*****		*****	0.014	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Cadmium Parameter Code: 01027 Stage Code: 1	Sample Measurement	*****	*****		*****	<0.001	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Copper Parameter Code: 01042 Stage Code: 1	Sample Measurement	*****	*****		*****	0.0082	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Lead Parameter Code: 01051 Stage Code: 1	Sample Measurement	*****	*****		*****	<0.003	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Total Zinc Parameter Code: 01092 Stage Code: 1	Sample Measurement	*****	*****		*****	0.031	*****	mg/L	0	1/month	24-Hr Composite
	Permit Requirement	*****	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016-0999 **MONITORING PERIOD:** From: 2015-09-01 To: 2015-09-30 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dichlorobromomethane	Sample Measurement	*****	*****		*****	0.0014	*****	mg/L	0	1/month	Grab
Parameter Code: 32101 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****			1/month	Grab
Chlorodibromomethane	Sample Measurement	*****	*****		*****	<0.001	*****	mg/L	0	1/month	Grab
Parameter Code: 34306 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****			1/month	Grab
Flow (mgd)	Sample Measurement	29.63	50.23		*****	*****	*****		0	Continuous	Metered
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Metered
Total Residual Chlorine (TRC)	Sample Measurement	*****	*****		*****	0.4	0.69	mg/L	0	1/day	Grab
Parameter Code: 50060 Stage Code: 1	Permit Requirement	*****	*****		*****	0.5 Average Monthly	1.0 Instantaneous Maximum			1/day	Grab
Total Dissolved Solids	Sample Measurement	*****	*****		*****	682	809	mg/L	0	5/week	24-Hr Composite
Parameter Code: 70295 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum			2/month	24-Hr Composite
Fecal Coliform	Sample Measurement	*****	*****		*****	48	2080	CFU/100 mL	1	1/day	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/day	Grab
CBOD5	Sample Measurement	1876	4084		*****	7	12	mg/L	0	1/day	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	7000 Average Monthly	10500 Weekly Average	lbs/day	*****	19 Average Monthly	29 Weekly Average			1/day	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 3

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016-0999 **MONITORING PERIOD:** From: 2015-09-01 NO DISCHARGE
ADDRESS: **PERIOD:** To: 2015-09-30 **FROM SITE:** ()

Parameter		Quantity or Loading			Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value	Units	Value	Value	Value				
CBOD5 Parameter Code: 80082 Stage Code: RI	Sample Measurement	60819	*****	lbs/day	*****	248	*****	mg/L	0	1/day	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		*****	1/day	24-Hr Composite
CBOD20 Parameter Code: 80087 Stage Code: 1	Sample Measurement	5804	*****	lbs/day	*****	*****	*****		0	1/week	24-Hr Composite
	Permit Requirement	10500 Average Monthly	*****		*****	*****	*****		1/week	24-Hr Composite	
CBOD20 Parameter Code: 80087 Stage Code: K	Sample Measurement	*****	*****		95.21	*****	*****	%	0	1/week	24-Hr Composite
	Permit Requirement	*****	*****		89.25 Minimum Monthly % Removal	*****	*****		1/week	24-Hr Composite	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 4

PARAMETER SPECIFIC COMMENTS:

353844 Oil and Grease No. of Excursions:

See attached non-compliance report, cover letter and attachment for explanation.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	09	01	TO	15	09	30
PARAMETER		ANALYSIS METHOD		LAB NAME		LAB ID NUMBER²				
BOD5/cBOD5		SM5210 B		DELCORA - Central Laboratory		23-00671				
TSS		SM 2540 D		DELCORA - Central Laboratory		23-00671				
O&G		EPA 1664 A		DELCORA - Central Laboratory		23-00671				
Total Residual Cl		SM4500-CI G		DELCORA - Central Laboratory		23-00671				
N-Nitrite		SM4500-NO2 B		DELCORA - Central Laboratory		23-00671				
NH3-N		EPA 350.1		DELCORA - Central Laboratory		23-00671				
TKN-N		SM4500-N-org B/SM4500-NH3 C		DELCORA - Central Laboratory		23-00671				
Fecal Coliform		SM 9222 D		DELCORA - Central Laboratory		23-00671				
BOD20/cBOD20		SM5210 B		DELCORA - Central Laboratory		23-00671				
pH		SM 4500 H+B		DELCORA - Central Laboratory		23-00671				
Ammonia as N		EPA 350.1		DELCORA - Central Laboratory		23-00671				
TDS		SM 2540 C		DELCORA - Central Laboratory		23-00671				

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 10/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	09	01	TO	15	09	30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
Copper, Total	EPA 200.7	ALS Environmental	PA 22-293							
Lead, Total	EPA 200.7	ALS Environmental	PA 22-293							
Zinc, Total	EPA 200.7	ALS Environmental	PA 22-293							
Dichlorobromomethane	EPA 624	ALS Environmental	PA 22-293							
BOD20/cBOD20	SM5210 B	ALS Environmental	PA 22-293							
Chlorodibromomethane	EPA 624	ALS Environmental	PA 22-293							
TKN-N	EPA 351.2	ALS Environmental	PA 22-293							
Ammonia as N	D6919-09	ALS Environmental	PA 22-293							
Nitrate as N	EPA 300.0	ALS Environmental	PA 22-293							
Total Cyanide	EPA 335.4	ALS Environmental	PA 22-293							
Total Cadmium	200.7	ALS Environmental	PA 22-293							
Nitrite as N	EPA 300.0	ALS Environmental	PA 22-293							

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 10/28/15

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**SUPPLEMENTAL REPORT
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL**

Facility Name: DELCORA STP Month: September Year: 2015
 Municipality: City Of Chester NPDES Permit No.: PA0027103
 Watershed: 3G County: Delaware
 Renewal application due **180 days** prior to expiration
 This permit will expire on: **April 30, 2018**

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site		Dewatered Sewage Sludge/Biosolids Hauled Off-site		Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	% Solids	Tons Dewatered	% Solids	Tons Dewatered	% Solids	Dry Tons
			1,733.43	27.04	1,735.50	29.69	515.28
					2,215.92	27.13	601.22
TOTAL:							1,116.500

SEWAGE SLUDGE / BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION
(Identify all sites where biosolids or ash were disposed or land applied)

Site Name	Cumberland County Landfill	Mostoller Landfill, INC	Community Landfill and Recycling	A & M Composting
Municipality	Hopewell and North Newton	Brothersvalley and Somerset	Cumru Township	Penn Township
County	Cumberland	Somerset	Berks	Lancaster
DEP Permit No.	265792	238935	451623	602247
Type of Material*	incinerator ash	incinerator ash	incinerator ash	sewage sludge
Dry Tons Applied/Disposed				
Type of Disposal/Use*	landfill	landfill	landfill	composting
Hauler Name	Interstate Waste Services	Interstate Waste Services	Interstate Waste Services	J. P. Mascaro & Sons

* See Instructions for explanation.

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Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: October 28, 2015



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: DELCORA WRTP County: Delaware Month: September Year: 2015
 Municipality: City of Chester NPDES Permit No.: PA0027103 A
 Watershed: 3g Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	27.28			394	89,641	2695.00	1.36	187110		
2	28.35	443	104,742	360	85,118	2477.50	0.79	249400		
3	28.00			434	101,348	2735.00	0.92	247100		
4	26.49			296	65,394	2960.00	1.34	211980		
5	25.61			203	43,358	2745.00	1.98	197220		
6	25.62			183	39,102	2655.00	1.80	229060		
7	25.98			199	43,118	2435.00	1.94	219700		
8	26.84			310	69,392	2155.00	1.23	316210		
9	26.98	367	82,580	426	95,856	2380.00	1.06	289360		
10	45.11			413	155,378	1925.00	0.86	414850		
11	48.17			149	59,859	1210.00	2.64	305330		
12	38.35			213	68,126	2440.00	2.12			
13	35.84			150	44,836	2950.00	1.18	351600		
14	30.95			384	99,119	2600.00	1.14	184910		
15	29.34			250	61,174	2220.00	2.01	238890		
16	27.93	310	72,210	371	86,419	2080.00	1.18	393490		
17	26.70			287	63,909	2280.00	1.30	278560		
18	26.15			416	90,726	2810.00	0.83	318290		
19	28.36			227	53,691	3150.00	1.29	194020		
20	28.29			203	47,896	3485.00	1.12	250940		
21	27.81			356	82,569	3055.00	0.88	17880		
22	27.55			346	79,499	3765.00	1.11	0		
23	27.88	398	92,543	509	118,352	3765.00	0.92	0		
24	26.83			516	115,461	3465.00	0.88	116340		
25	26.71			370	82,422	4340.00	0.56	232750		
26	25.83			211	45,454	4110.00	0.70	216010		
27	26.18			184	40,175	4060.00	0.87	248650		
28	29.16			327	79,525	4070.00	0.65	245670		
29	30.62			301	76,867	4065.00	0.43	204870		
30	50.64	179	75,598	301	127,124	3325.00	0.93	213300		
31										
AVG	30.185	339	85,535	310	77,030	2,947	1	226,672		
Max	50.64	443	104,742	516	155,378	4,340	3	414,850		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Micheal DiSantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: 10/28/2015



SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

Facility Name: DELORA STP County: Delaware Month: September Year: 2015
 Municipality: City of Chester NPDES Permit No.: PA0027103 A
 Watershed: 3G Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Day	SEPTAGE			SLUDGE			OTHER (specify): Domestic Holding Tank			DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)	BOD ₅ (lbs)
1				Headworks				Headworks	29,750		29,750
2				Headworks				Headworks	55,300		55,300
3				Headworks				Headworks	114,902		114,902
4				Headworks				Headworks	45,060		45,060
5				Headworks				Headworks	25,500		25,500
6				Headworks				Headworks			
7				Headworks				Headworks			
8				Headworks				Headworks	67,100		67,100
9				Headworks				Headworks	67,160		67,160
10				Headworks				Headworks	58,550		58,550
11				Headworks				Headworks	54,700		54,700
12				Headworks				Headworks	9,750		9,750
13				Headworks				Headworks			
14				Headworks				Headworks	82,480		82,480
15				Headworks				Headworks	73,160		73,160
16				Headworks				Headworks	81,550		81,550
17				Headworks				Headworks	75,700		75,700
18				Headworks				Headworks	51,600		51,600
19				Headworks				Headworks	43,940		43,940
20				Headworks				Headworks			
21				Headworks				Headworks	70,600		70,600
22				Headworks				Headworks	79,450		79,450
23				Headworks				Headworks	76,350		76,350
24				Headworks				Headworks	71,550		71,550
25				Headworks				Headworks	60,250		60,250
26				Headworks				Headworks	10,000		10,000
27				Headworks				Headworks			
28				Headworks				Headworks	81,502		81,502
29				Headworks				Headworks	63,950		63,950
30				Headworks				Headworks	103,800		103,800
31				Headworks				Headworks			
Avg					62,146				Monthly Totals: 1,553,654		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Operations and Maintenance Date: 10/28/2015



SUPPLEMENTAL REPORT - HAULED IN RESIDUAL WASTES

Facility Name: DELCORA STP Month: September Year: 2015
 Municipality: City of Chester County: Delaware NPDES Permit No.: PA0027103 A
 Watershed: 3G Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Date	Volume Received (gallons)	License Plate No.	Well Permit No.	Location of Well(s) Generating Wastewater	Address	State	Wastewater Type	Chemical Analysis Yes/No
	413892			Form U				
	1449009			Grease			Food Processing	
	2245238			Industrial Wastewater			Production Water	
	2257610			Industrial Food Processing Wastewater			Food Processing	
	2310144			Sanitary Landfill Leachate			Leachate	
Total:								
								8,675,893

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Operations and Maintenance Date: 10/28/2015

**SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING**

PERMIT NO. PA0027403 A3

Facility Name: DELCORA WRP
Municipality: City of Chester
Watershed: 3C
Laboratories: DELCORA; ALS Environmental

County: Delaware
Month: 9
Year: 2015
Permit No.: PA0027403 A3
Renewal application due 180 Days prior to expiration.
This permit will expire on: April 30, 2018

Parameter	Flow	Facial Coliform	pH	Oil and Grease	TDS	TSS	TSS	Oil and Grease	TRC	NH3-N	NO3-N	NO2-N	TKN	Total Copper	Total Lead
1	Sun 8/25/15	25.5	8.0	5.0	193.0	91.71	193.0	5.0	0.6	1.23	0.5	0.5	1	0.0032	0.003
	Mon 8/26/15	27.49	7.9	5.0	24.0	84.87	24.0	5.0	0.45				1		
	Tue 8/27/15	27.26	8.0	5.0	18.0	84.43	18.0	5.0	0.45				1		
	Wed 8/28/15	26.79	8.0	5.0	13.0	776.0	13.0	5.0	0.45				1		
	Thu 8/29/15	27.9	8.0	5.0	13.0	86.39	13.0	5.0	0.45				1		
	Fri 8/30/15	26.8	8.0	5.0	86.53	37.24	86.53	5.0	0.45				1		
	Sat 8/31/15	26.8	8.0	5.0	86.53	37.24	86.53	5.0	0.45				1		
2	Sun 9/01/15	23.75	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Mon 9/02/15	24.74	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Tue 9/03/15	25.19	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Wed 9/04/15	26.21	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Thu 9/05/15	26.53	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Fri 9/06/15	27.19	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sat 9/07/15	27.77	8.0	5.0	30	86.53	30	5.0	0.45				1		
3	Sun 9/14/15	27.77	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Mon 9/15/15	28.28	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Tue 9/16/15	28.79	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Wed 9/17/15	29.30	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Thu 9/18/15	29.81	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Fri 9/19/15	30.32	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sat 9/20/15	30.83	8.0	5.0	30	86.53	30	5.0	0.45				1		
4	Sun 9/28/15	27.07	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Mon 9/29/15	27.58	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Tue 9/30/15	28.09	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Wed 10/01/15	28.60	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Thu 10/02/15	29.11	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Fri 10/03/15	29.62	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sat 10/04/15	30.13	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sun 10/11/15	27.07	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Mon 10/12/15	27.58	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Tue 10/13/15	28.09	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Wed 10/14/15	28.60	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Thu 10/15/15	29.11	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Fri 10/16/15	29.62	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sat 10/17/15	30.13	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sun 10/24/15	27.07	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Mon 10/25/15	27.58	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Tue 10/26/15	28.09	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Wed 10/27/15	28.60	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Thu 10/28/15	29.11	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Fri 10/29/15	29.62	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sat 10/30/15	30.13	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sun 10/31/15	30.64	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Mon 11/01/15	31.15	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Tue 11/02/15	31.66	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Wed 11/03/15	32.17	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Thu 11/04/15	32.68	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Fri 11/05/15	33.19	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sat 11/06/15	33.70	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sun 11/07/15	34.21	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Mon 11/08/15	34.72	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Tue 11/09/15	35.23	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Wed 11/10/15	35.74	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Thu 11/11/15	36.25	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Fri 11/12/15	36.76	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sat 11/13/15	37.27	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sun 11/14/15	37.78	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Mon 11/15/15	38.29	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Tue 11/16/15	38.80	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Wed 11/17/15	39.31	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Thu 11/18/15	39.82	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Fri 11/19/15	40.33	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sat 11/20/15	40.84	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sun 11/21/15	41.35	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Mon 11/22/15	41.86	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Tue 11/23/15	42.37	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Wed 11/24/15	42.88	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Thu 11/25/15	43.39	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Fri 11/26/15	43.90	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sat 11/27/15	44.41	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sun 11/28/15	44.92	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Mon 11/29/15	45.43	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Tue 11/30/15	45.94	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Wed 12/01/15	46.45	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Thu 12/02/15	46.96	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Fri 12/03/15	47.47	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sat 12/04/15	47.98	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sun 12/05/15	48.49	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Mon 12/06/15	49.00	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Tue 12/07/15	49.51	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Wed 12/08/15	50.02	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Thu 12/09/15	50.53	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Fri 12/10/15	51.04	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sat 12/11/15	51.55	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Sun 12/12/15	52.06	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Mon 12/13/15	52.57	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Tue 12/14/15	53.08	8.0	5.0	30	86.53	30	5.0	0.45				1		
	Wed 12/15/15	53.59	8.0	5.0	30	86.53	30								



CSO SUPPLEMENTAL REPORT MONTHLY INSPECTION REPORT

Facility Name: Delaware County Regional Water Quality Control Authority
 Municipality: City of Chester County: Delaware
 Watershed: 3G

Month: September Year: 2015
 NPDES Permit No.: PA0027103
 Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

CSO Outfall No.	Outfall Location*	Discharge?*	Comments
002	Front & Booth	Yes	
003	Front & Highland	Yes	
004	Front & Hayes	Yes	
005	Front & Townsend	Yes	
007	Delaware & Reaney	Yes	
008	2nd & Tilghman	Yes	
009	2nd & Lloyd	Yes	
010	5th & Pusey	Yes	Total overflow from Outfalls 009 and 010
011	2nd & Parker	Yes	Discharges to Outfall 009 Regulator
012	2nd & Edgmont	Yes	
013	2nd & Welsh	Yes	
014	3rd & Upland	Yes	
015	4th & Melrose	Yes	
016	8th & McDowell	Yes	
017	9th & Campbell	Yes	
018	Sun Dr. & Hancock	Yes	
019	14th & Crozer Hospital	Yes	
020	Kerlin & Finland	Yes	
021	9th & Sproul	Yes	
022	6th & Sproul	Yes	
023	3rd & Edgmont	Yes	
024	3rd & Dock	Yes	
025	5th & Penn	Yes	
026	7th & Penn	Yes	
032	2nd & Avenue of the States	Yes	
033	Elkington Blvd. and Ridley Creek	Yes	

Copy this report as needed to include more CSO outfalls.

** See Instructions for explanation.*

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael J. DiSantis
 Title: Dir. Of Operations and Maintenance

License No.: T0403
 Date: 10/19/2015

From: depgreenporthelpdesk@state.pa.us
Sent: Tuesday, November 24, 2015 5:24 PM
To: DiSantis, Michael
Subject: Original eDMR Submission 110922 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 110922 has been received. The details of your original submission and report sender are as follows:

Login Name: MDis0001
First Name: Michael
Last Name: DiSantis
Submission ID: 110922
Permit Number: PA0027103
Facility Name: DELCORA STP
Submission Status: received
Report Type: Summary DMR

You can login to the eDMR System by visiting the following website:

<http://www.ahs2.dep.state.pa.us/e2/Pages/Main/login.aspx>



November 24, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Steven O'Neil
Regional Manager – Water Management
PA Department of Environmental Protection
2 East Main Street
Norristown, PA 19401

Dear Mr. O'Neil:

Enclosed are DELCORA's Discharge Monitoring Report, Laboratory Data Reports, and CSO Report for October, 2015. All parameters were in compliance during the month.

Parameter averages for October, 2015 were: Flow – 31.48 MGD; cBOD₅ – 8 mg/L; TSS – 11 mg/L; cBOD₂₀ % removal – 93.52%; and cBOD₂₀ – 7,327 lbs/day.

Should any further information be required concerning this report, please contact me at (610) 876-5523, ext. 264.

Respectfully submitted,

Electronically submitted

Michael J. DiSantis
Director of Operations and Maintenance

MJD:vm
Enclosures

cc: w/enclosures
US EPA - NPDES DMR (3WP42) – can access through DEP website
Delaware River Basin Commission – can access through DEP website
S.J. Babylon via email with server link
File

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
 CHESTER, PA 19016-0999 **MONITORING PERIOD:** From: 2015-10-01 NO DISCHARGE
ADDRESS: To: 2015-10-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
BOD5	Sample Measurement	84297	*****	lbs/day	*****	336	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00310 Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		*****	1/week	24-Hr Composite
pH	Sample Measurement	*****	*****		6.52	*****	7.0	S.U.	0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	*****	*****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum		*****	1/day	Grab
Total Suspended Solids	Sample Measurement	3085	3336	lbs/day	*****	11	13	mg/L	0	1/day	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	11000 Average Monthly	16500 Weekly Average		*****	30 Average Monthly	45 Weekly Average		*****	1/day	24-Hr Composite
Total Suspended Solids	Sample Measurement	71459	*****	lbs/day	*****	277	*****	mg/L	0	1/day	24-Hr Composite
Parameter Code: 00530 Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		*****	1/day	24-Hr Composite
Oil and Grease	Sample Measurement	<1313	*****	lbs/day	*****	<5	<5	mg/L	0	1/day	Grab
Parameter Code: 00556 Stage Code: 1	Permit Requirement	5500 Average Monthly	*****		*****	15 Average Monthly	30 Instantaneous Maximum		*****	1/day	Grab
Ammonia-Nitrogen	Sample Measurement	*****	*****		*****	3.29	*****	mg/L	0	2/month	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	*****		*****	2/month	24-Hr Composite
Nitrite as N	Sample Measurement	*****	*****		*****	<0.4	<0.5	mg/L	0	2/month	24-Hr Composite
Parameter Code: 00615 Stage Code: 1	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Daily Maximum		*****	2/month	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP **PERMIT NUMBER:** PA0027103 **REGION:** EP SE Rgnl Off
PERMITTEE: DELCORA **OUTFALL:** 001 **COUNTY:** Delaware
 100 EAST FIFTH STREET **CITY:** CHESTER
ADDRESS: CHESTER, PA 19016-0999 **MONITORING PERIOD:** From: 2015-10-01 NO DISCHARGE To: 2015-10-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Nitrate as N	Sample Measurement	****	****		****	7.0	11.9	mg/L	0	2/month	24-Hr Composite
Parameter Code: 00620 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	Report Daily Maximum				2/month
Total Kjeldahl Nitrogen	Sample Measurement	****	****		****	4.4	****	mg/L	0	2/month	24-Hr Composite
Parameter Code: 00625 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	****				2/month
Total Cyanide	Sample Measurement	****	****		****	0.012	****	mg/L	0	1/month	24-Hr Composite
Parameter Code: 00720 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	****				1/month
Total Cadmium	Sample Measurement	****	****		****	<0.001	****	mg/L	0	1/month	24-Hr Composite
Parameter Code: 01027 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	****				1/month
Total Copper	Sample Measurement	****	****		****	0.0061	****	mg/L	0	1/month	24-Hr Composite
Parameter Code: 01042 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	****				1/month
Total Lead	Sample Measurement	****	****		****	<0.003	****	mg/L	0	1/month	24-Hr Composite
Parameter Code: 01051 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	****				1/month
Total Zinc	Sample Measurement	****	****		****	0.046	****	mg/L	0	1/month	24-Hr Composite
Parameter Code: 01092 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	****				1/month
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP PERMIT NUMBER: PA0027103 REGION: EP SE Rgnl Off
 PERMITTEE: DELCORA OUTFALL: 001 COUNTY: Delaware
 100 EAST FIFTH STREET CITY: CHESTER
 CHESTER, PA 19016-0999 MONITORING PERIOD: From: 2015-10-01 To: 2015-10-31 NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dichlorobromomethane	Sample Measurement	****	****		****	<0.001	****	mg/L	0	1/month	Grab
Parameter Code: 32101 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	Grab
Chlorodibromomethane	Sample Measurement	****	****		****	0.0017	****	mg/L	0	1/month	Grab
Parameter Code: 34306 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	****			1/month	Grab
Flow (mgd)	Sample Measurement	31.48	62.72		****	****	****		0	Continuous	Metered
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	****	****			Continuous	Metered
Total Residual Chlorine (TRC)	Sample Measurement	****	****		****	0.4	0.71	mg/L	0	1/day	Grab
Parameter Code: 50060 Stage Code: 1	Permit Requirement	****	****		****	0.5 Average Monthly	1.0 Instantaneous Maximum			1/day	Grab
Total Dissolved Solids	Sample Measurement	****	****		****	624	865	mg/L	0	5/week	24-Hr Composite
Parameter Code: 70295 Stage Code: 1	Permit Requirement	****	****		****	Report Average Monthly	Report Daily Maximum			2/month	24-Hr Composite
Fecal Coliform	Sample Measurement	****	****		****	31	600	CFU/100 mL	0	1/day	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	****	****		****	200 Geometric Mean	1000 Instantaneous Maximum			1/day	Grab
CBOD5	Sample Measurement	2305	2766		****	8	10	mg/L	0	1/day	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	7000 Average Monthly	10500 Weekly Average	lbs/day	****	19 Average Monthly	29 Weekly Average			1/day	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 3

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: DELCORA STP PERMIT NUMBER: PA0027103 REGION: EP SE Rgnl Off
 PERMITTEE: DELCORA OUTFALL: 001 COUNTY: Delaware
 100 EAST FIFTH STREET CITY: CHESTER
 CHESTER, PA 19016- MONITORING From: 2015-10-01 NO DISCHARGE
 0999 PERIOD: To: 2015-10-31 FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
CBOD5 Parameter Code: 80082 Stage Code: RI	Sample Measurement	55656	*****	lbs/day	*****	219	*****	mg/L	0	1/day	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		*****	1/day	24-Hr Composite
CBOD20 Parameter Code: 80087 Stage Code: 1	Sample Measurement	7327	*****	lbs/day	*****	*****	*****		0	2/week	24-Hr Composite
	Permit Requirement	10500 Average Monthly	*****		*****	*****	*****		*****	1/week	24-Hr Composite
CBOD20 Parameter Code: 80087 Stage Code: K	Sample Measurement	*****	*****		93.52	*****	*****	%	0	2/week	24-Hr Composite
	Permit Requirement	*****	*****		89.25 Minimum Monthly % Removal	*****	*****		*****	1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 4

PARAMETER SPECIFIC COMMENTS:



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	10	01	TO	15	10	31
PARAMETER		ANALYSIS METHOD		LAB NAME		LAB ID NUMBER²				
Copper, Total		EPA 200.7		ALS Environmental		PA 22-293				
Lead, Total		EPA 200.7		ALS Environmental		PA 22-293				
Zinc, Total		EPA 200.7		ALS Environmental		PA 22-293				
Dichlorobromomethane		EPA 624		ALS Environmental		PA 22-293				
BOD20/cBOD20		SM5210 B		ALS Environmental		PA 22-293				
Chlorodibromomethane		EPA 624		ALS Environmental		PA 22-293				
TKN-N		EPA 351.2		ALS Environmental		PA 22-293				
Ammonia as N		D6919-09		ALS Environmental		PA 22-293				
Nitrate as N		EPA 300.0		ALS Environmental		PA 22-293				
Total Cyanide		EPA 335.4		ALS Environmental		PA 22-293				
Total Cadmium		200.7		ALS Environmental		PA 22-293				
Nitrite as N		EPA 300.0		ALS Environmental		PA 22-293				

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523Signature of Principal Executive Officer or
Authorized AgentMichael J. DiSantisDate: 11/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	10	01	TO	15	10	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
BOD5/cBOD5	SM5210 B	DELCORA - Central Laboratory	23-00671							
TSS	SM 2540 D	DELCORA - Central Laboratory	23-00671							
O&G	EPA 1664 A	DELCORA - Central Laboratory	23-00671							
Total Residual Cl	SM4500-Cl G	DELCORA - Central Laboratory	23-00671							
N-Nitrite	SM4500-NO2 B	DELCORA - Central Laboratory	23-00671							
NH3-N	EPA 350.1	DELCORA - Central Laboratory	23-00671							
TKN-N	SM4500-N-org B/SM4500-NH3 C	DELCORA - Central Laboratory	23-00671							
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-00671							
BOD20/cBOD20	SM5210 B	DELCORA - Central Laboratory	23-00671							
pH	SM 4500 H+B	DELCORA - Central Laboratory	23-00671							
Ammonia as N	EPA 350.1	DELCORA - Central Laboratory	23-00671							
TDS	SM 2540 C	DELCORA - Central Laboratory	23-00671							

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523Signature of Principal Executive Officer or
Authorized AgentMichael J. DiSantisDate: 10/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



SUPPLEMENTAL REPORT SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Name: DELCORA STP **Month:** October **Year:** 2015
Municipality: City Of Chester **NPDES Permit No.:** PA0027103
Watershed: 3G **County:** Delaware
 Renewal application due 180 days prior to expiration
 This permit will expire on: April 30, 2018

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site		Dewatered Sewage Sludge/Biosolids Hauled Off-site		Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	Dry Tons	Tons Dewatered	% Solids	Dry Tons	% Solids	Dry Tons
			1,902.70	25.97	494.13	35.24	529.22
					2,075.91	36.04	748.20
TOTAL:					494.130		1,277.420

SEWAGE SLUDGE / BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION

(Identify all sites where biosolids or ash were disposed or land applied)

Site Name	Municipality	County	DEP Permit No.	Type of Material	Dry Tons Applied/Disposed	Type of Disposal/Use	Hauler Name
Mostoller Landfill, INC	Brothersvalley and Somerset	Somerset	238935	incinerator ash			
Community Landfill and Recy	Cumru Township	Berks	451623	incinerator ash			
A & M Composting	Penn Township	Lancaster	602247	sewage sludge			
Interstate Waste Services	Interstate Waste Services	landfill		composting			J. P. Mascaro & Sons
Interstate Waste Services	Interstate Waste Services	landfill					
TOTAL:					494.130		1,277.420

* See Instructions for explanation.

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis
Title: Dir. Of Operations and Maintenance

License No.: T0403
Date: November 28, 2015



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: DELCORA WRTP County: Delaware Month: October Year: 2015
 Municipality: City of Chester NPDES Permit No.: PA0027103 A:
 Watershed: 3g Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	36.93			264	81,311	3835.00	2.00	188130		
2	64.26			260	139,341	3375.00	1.98	210220		
3	59.22			134	66,182	2745.00	2.57	189050		
4	39.39			119	39,093	3085.00	3.04	251850		
5	27.75			291	67,348	2050.00	1.21	175200		
6	23.50			338	66,245	3330.00	1.28	267590		
7	28.93	487	117,502	329	79,380	3520.00	1.37	233110		
8	30.13			404	101,519	2095.00	1.16	101360		
9	33.55			323	90,378	3545.00	0.83	244580		
10	30.51			131	33,333	4480.00	2.30	238610		
11	28.97			167	40,349	4375.00	2.03	261010		
12	29.62			270	66,698	3355.00	1.05	191680		
13	30.77			267	68,518	3905.00	1.00	224670		
14	30.87	384	98,863	373	96,031	4035.00	1.29	170140		
15	30.26			321	81,010	3740.00	1.32	405960		
16	28.49			249	59,164	3815.00	1.87	421820		
17	26.78			197	43,999	3960.00	2.35	384440		
18	27.22			216	49,035	2665.00	2.38	306890		
19	27.42			420	96,047	3170.00	1.58	236780		
20	27.84			303	70,352	3250.00	1.56	364810		
21	26.98	298	67,054	259	58,278	3385.00	1.91	374240		
22	27.08			326	73,626	3690.00	1.76	277980		
23	26.73			439	97,865	3780.00	1.16	236040		
24	26.83			252	56,388	3925.00	1.71	251910		
25	26.72			280	62,397	3910.00	1.72	268980		
26	26.78			286	63,877	3570.00	1.10	213330		
27	28.09			357	83,635	3595.00	1.00	208660		
28	36.84	175	53,768	280	86,029	4155.00	1.18	157470		
29	43.27			216	77,948	2595.00	0.94	1208810		
30	28.98			286	69,124	4020.00	1.30	182820		
31	27.64			220	50,714	3835.00	1.74	227060		
Avg	31.882	336	84,297	277	71,459	3,509	2	279,845		
Max	64.26	487	117,502	439	139,341	4,480	3	1,208,810		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Micheal DiSantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: 11/28/2015



SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

Facility Name: DELCORA STP County: Delaware Month: October Year: 2015
 Municipality: City of Chester NPDES Permit No.: PA0027103 A:
 Watershed: 3G Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Day	SEPTAGE			SLUDGE			OTHER (specify): Package Plant			DAILY TOTALS		
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	46300			82800			126900			Headworks	256,000	0
2	54790			49500			32100			Headworks	136,390	0
3				110500			20100			Headworks	130,600	0
4										Headworks		
5	41400			68311			55900			Headworks	165,611	0
6	39050			88489			93950			Headworks	221,489	0
7	31660			62060			64700			Headworks	158,420	0
8	38600			67721			160400			Headworks	266,721	0
9	27650			69821			94100			Headworks	191,571	0
10	5600									Headworks	5,600	0
11										Headworks		
12	51250			80973			68800			Headworks	201,023	0
13	40050			88806			50600			Headworks	179,456	0
14	69400			61666			78600			Headworks	209,666	0
15	31300			37500			55500			Headworks	124,300	0
16	39450			38335			79700			Headworks	157,485	0
17	1000									Headworks	1,000	0
18										Headworks		
19	35650			67249			54500			Headworks	157,399	0
20	31050			69344			131800			Headworks	232,194	0
21	49385			75613			188996			Headworks	313,994	0
22	45550			69974			112917			Headworks	228,441	0
23	34100			88534			84400			Headworks	207,034	0
24							6500			Headworks	6,500	0
25										Headworks		
26	30650			73970			104800			Headworks	209,420	0
27	34400			94431			70900			Headworks	199,731	0
28	46650			75083			133300			Headworks	255,033	0
29	15400			98547			67100			Headworks	181,047	0
30	23950			76855			69300			Headworks	170,105	0
31	6000						10000			Headworks	16,000	0
AVG	34,811			73,743			80,635			Monthly Totals:	4,582,230	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Operations and Maintenance Date: 11/28/2015



SUPPLEMENTAL REPORT - HAULED IN RESIDUAL WASTES

Facility Name: DELCORA STP Month: October Year: 2015
 Municipality: City of Chester County: Delaware NPDES Permit No.: PA0027103 A
 Watershed: 3G Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

Date	Volume Received (gallons)	License Plate No.	Well Permit No.	Location of Well(s) Generator	Address	State	Wastewater Type	Chemical Analysis Yes/No
	423103			Form U				
	1596813			Grease			Food Processing	
	2229218			Industrial Wastewater			Production Water	
	2336509			Industrial Food Processing Wastewater			Food Processing	
	4733039			Sanitary Landfill Leachate			Leachate	
Total: 11,318,682								

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael DiSantis License No.: T0403
 Title: Dir. Operations and Maintenance Date: 11/28/2015



**CSO SUPPLEMENTAL REPORT
MONTHLY INSPECTION REPORT**

Facility Name: Delaware County Regional Water Quality Control Authority
 Municipality: City of Chester County: Delaware
 Watershed: 3G

Month: October Year: 2015
 NPDES Permit No.: PA0027103
 Renewal application due 180 days prior to expiration.
 This permit will expire on: April 30, 2018

CSO Outfall No.	Outfall Location*	Discharge?*		Comments
		Yes	No	
002	Front & Booth	Yes		
003	Front & Highland	Yes		
004	Front & Hayes	Yes		
005	Front & Townsend	Yes		
007	Delaware & Reaney	Yes		
008	2nd & Tilghman	Yes		
009	2nd & Lloyd	Yes		Total overflow from Outfalls 009 and 010
010	5th & Pusey	Yes		Discharges to Outfall 009 Regulator
011	2nd & Parker	Yes		
012	2nd & Edgmont	No		
013	2nd & Welsh	Yes		
014	3rd & Upland	Yes		
015	4th & Melrose	Yes		
016	8th & McDowell	Yes		
017	9th & Campbell	Yes		
018	Sun Dr. & Hancock	Yes		
019	14th & Crozer Hospital	Yes		
020	Kerlin & Finland	Yes		
021	9th & Sproul	Yes		
022	6th & Sproul	Yes		
023	3rd & Edgmont	Yes		
024	3rd & Dock	No		
025	5th & Penn	Yes		
026	7th & Penn	Yes		
032	2nd & Avenue of the States	No		
033	Elkington Blvd. and Ridley Creek	Yes		

Copy this report as needed to include more CSO outfalls.
 * See Instructions for explanation.

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Michael J. DiSantis License No.: T0403
 Title: Dir. Of Operations and Maintenance Date: 11/20/2015

Middleton, Vale

From: depgreenporthelpdesk@state.pa.us
Sent: Saturday, December 26, 2015 12:16 PM
To: DiSantis, Michael
Subject: Original Monitoring Report Submission 5941 Received Confirmation

Nov 20/15

Submitted By : Michael DiSantis
Submission Id : 5941
Submission Status : Received
Facility Name : DELCORA STP
Permit Number : PA0027103
Report Type : Monthly
Monitoring Report Period : 11/01/2015-11/30/2015
Monitoring Report Due Date : 12/28/2015



DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY
P.O. Box 999 • Chester, PA 19016-0999

December 23, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Steven O'Neil
Regional Manager – Water Management
PA Department of Environmental Protection
2 East Main Street
Norristown, PA 19401

Dear Mr. O'Neil:

Enclosed are DELCORA's Discharge Monitoring Report, Laboratory Data Reports, and CSO Report for November, 2015. All parameters were in compliance during the month.

Parameter averages for November, 2015 were: Flow – 26.44 MGD; cBOD₅ – 10 mg/L; TSS – 14 mg/L; cBOD₂₀ % removal – 92.76%; and cBOD₂₀ – 3261 lbs/day.

Should any further information be required concerning this report, please contact me at (610) 876-5523, ext. 264.

Respectfully submitted,

Electronically submitted

Michael J. DiSantis
Director of Operations and Maintenance

MJD:vm
Enclosures

cc: w/enclosures
US EPA - NPDES DMR (3WP42) – can access through DEP website
Delaware River Basin Commission – can access through DEP website
S.J. Babylon via email with server link
File

ADMINISTRATION

610-876-5523
 FAX: 610-876-2728

CUSTOMER SERVICE/BILLING

610-876-5526
 FAX: 610-876-1460

PURCHASING & STORES

610-876-5523
 FAX: 610-497-7959

PLANT & MAINTENANCE

610-876-5523
 FAX: 610-497-7950

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION

Facility ID:	482685	Facility Name:	DELORA STP	Location Address:	3201 W FRONT ST, CHESTER PA, 19013-2320
Permit Number:	PA0027103	Monitoring Period:	11/01/2015-11/30/2015	Mailing Address:	100 EAST FIFTH STREET P.O BOX 989, CHESTER PA, 19016-0999

PARAMETERS REPORTED VALUES

Sampling Point Parameter	Limit Type	001			Stage Code			Final Effluent			No Discharge Indicator	
		Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	N	Sample Frequency	
pH	Sample Measurement	***	***	***	6.45	***	7.13	S.U.	Grab	1/day	1/day	
	Permit Measurement	***	***	***	Inst Min	***	IMAX	***	Grab	1/day	1/day	
Total Suspended Solids	Sample Measurement	3165	3500	lbs/day	***	14	15	mg/L	24-Hr Composite	1/day	1/day	
	Permit Measurement	11000 Avg Mo	16500 Wkly Avg	***	***	<5	45	***	24-Hr Composite	1/day	1/day	
Oil and Grease	Sample Measurement	<1102	***	lbs/day	***	<5	<5	mg/L	Grab	1/day	1/day	
	Permit Measurement	5500 Avg Mo	***	***	***	15	30	***	Grab	1/day	1/day	
Ammonia-Nitrogen	Sample Measurement	***	***	***	3.96	Avg Mo	IMAX	mg/L	24-Hr Composite	2/month	2/month	
	Permit Measurement	***	***	***	Monitor & Report Avg Mo	***	***	***	24-Hr Composite	2/month	2/month	
Nitrite as N	Sample Measurement	***	***	***	<.6	***	.7	mg/L	24-Hr Composite	2/month	2/month	
	Permit Measurement	***	***	***	Monitor & Report Avg Mo	***	Monitor & Report Daily Max	***	24-Hr Composite	2/month	2/month	
Nitrate as N	Sample Measurement	***	***	***	9.1	***	10	mg/L	24-Hr Composite	2/month	2/month	
	Permit Measurement	***	***	***	Monitor & Report Avg Mo	***	Monitor & Report Daily Max	***	24-Hr Composite	2/month	2/month	
Total Kjeldahl Nitrogen	Sample Measurement	***	***	***	5.8	***	***	mg/L	24-Hr Composite	2/month	2/month	
	Permit Measurement	***	***	***	Monitor & Report Avg Mo	***	***	***	24-Hr Composite	2/month	2/month	
Cyanide, Total	Sample Measurement	***	***	***	.032	***	***	mg/L	24-Hr Composite	1/month	1/month	
	Permit Measurement	***	***	***	Monitor & Report Avg Mo	***	***	***	24-Hr Composite	1/month	1/month	
Chlorodibromomethane	Sample Measurement	***	***	***	.0028	***	***	mg/L	Grab	1/month	1/month	
	Permit Measurement	***	***	***	Monitor & Report Avg Mo	***	***	***	Grab	1/month	1/month	
Cadmium, Total	Sample Measurement	***	***	***	<.001	***	***	mg/L	24-Hr Composite	1/month	1/month	
	Permit Measurement	***	***	***	Monitor & Report Avg Mo	***	***	***	24-Hr Composite	1/month	1/month	
Copper, Total	Sample Measurement	***	***	***	.0053	***	***	mg/L	24-Hr Composite	1/month	1/month	
	Permit Measurement	***	***	***	Monitor & Report Avg Mo	***	***	***	24-Hr Composite	1/month	1/month	
Lead, Total	Sample Measurement	***	***	***	<.003	***	***	mg/L	24-Hr Composite	1/month	1/month	
	Permit Measurement	***	***	***	Monitor & Report Avg Mo	***	***	***	24-Hr Composite	1/month	1/month	
Zinc, Total	Sample Measurement	***	***	***	.041	***	***	mg/L	24-Hr Composite	1/month	1/month	
	Permit Measurement	***	***	***	Monitor & Report Avg Mo	***	***	***	24-Hr Composite	1/month	1/month	
Dichlorobromomethane	Sample Measurement	***	***	***	.001	***	***	mg/L	Grab	1/month	1/month	
	Permit Measurement	***	***	***	Monitor & Report Avg Mo	***	***	***	Grab	1/month	1/month	

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

Flow	Sample Measurement	28.44 Monitor & Report Avg Mo	36.34 Monitor & Report Daily Max	MGD	***	***	***	***	***	***	***	Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	***	***	***	***	***	***	Metered	Continuous
	Permit Measurement	***	***	***	***	***	***	***	***	***	***	Metered	Continuous
Total Dissolved Solids	Sample Measurement	***	***	***	***	***	***	***	***	***	***	Grab	1/day
	Permit Measurement	***	***	***	***	***	***	***	***	***	***	Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	***	***	***	***	***	***	24-Hr Composite	4/day
	Permit Measurement	***	***	***	***	***	***	***	***	***	***	24-Hr Composite	2/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	2323	3329	lbs/day	***	***	***	***	***	***	***	Grab	1/day
	Permit Measurement	7000	10500	lbs/day	***	***	***	***	***	***	***	Grab	1/day
BOD, carbonaceous, 20 day, 20 C	Sample Measurement	3261	***	lbs/day	***	***	***	***	***	***	***	24-Hr Composite	3/week
	Permit Measurement	10500	***	lbs/day	***	***	***	***	***	***	***	24-Hr Composite	1/week
BOD, carbonaceous, 20 day, 20 C	Sample Measurement	***	***	***	***	***	***	***	***	***	***	24-Hr Composite	3/week
	Permit Measurement	***	***	***	***	***	***	***	***	***	***	24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	7322	***	lbs/day	***	***	***	***	***	***	***	24-Hr Composite	3/week
	Permit Measurement	***	***	lbs/day	***	***	***	***	***	***	***	24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement	88131	***	lbs/day	***	***	***	***	***	***	***	24-Hr Composite	1/day
	Permit Measurement	***	***	lbs/day	***	***	***	***	***	***	***	24-Hr Composite	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	65667	***	lbs/day	***	***	***	***	***	***	***	24-Hr Composite	1/day
	Permit Measurement	***	***	lbs/day	***	***	***	***	***	***	***	24-Hr Composite	1/day
Facility Comments													

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
DMR Laboratory Accreditation-ALS-NOV 2015.doc	Laboratory Accreditation Form	2015-12-23T15:22:40-05:00	
Cryptographic Hash Value of File (SHA-512)	FC0F719BF5DC1B39BC38E6EABD73A81F36423F137AFBBD5C1E881BA1FA5E46C31FC24980E62DC58235DD33B6F1A06E9CFB313D0A368C6C04BA275ECC9F03		
Daily Effluent Monitoring Nov 2015.xlsx	Daily Effluent Monitoring Form	2015-12-23T15:24:00-05:00	
Cryptographic Hash Value of File (SHA-512)	AFCD07A64FCD42E8FB88DCC74969F80CE20744AEED21779EB49CFD68EA157438478FECB50D74F9F068A924589CC8484C0E935B865B0C7D1223B11939CAB78F		
ALS cBOD20_11-15-15.PDF	Other	2015-12-23T15:09:38-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	E36E3E75433DDA5C4841CAC128C538C2931030CD508A822BA0373D3725327813D789A403577888B86357BD754E900F0EC7A018241D31B8893F1076A8F4BAFD48C2914D		
ALS cBOD20_11-17-15.PDF	Other	2015-12-23T15:10:29-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	760D75E93C2F31B629A64B7C7DFBF41C94D67087E715572736670842128ACCF4479146FD1F68D963CBCA2790119D8851874MFF1714288082F2500ADCC57E0D		
WRTP Lab Effluent_Nov 2015.xlsx	Other	2015-12-23T15:20:13-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	8149F301590E5A12577FAE1FFEC76E30982C9519699F8CBE672EE47B6A8C17E942E37888B86357BD754E900F0EC7A018241D31B8893F1076A8F4BAFD48C2914D		
WRTP Lab Influent_Nov 2015.xlsx	Other	2015-12-23T15:20:57-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	57DBB0B09A8D1039E2744E8650CF7BD9D8C5B560A51FE0B307919067F4427D2168C2C61C93B5E825688D0617D1D7C436629BEEF75301B08CCDF268D7B21488		
WRTP Lab_Process Control_Nov2015.xlsx	Other	2015-12-23T15:21:54-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	013687496E82A3D6C60BA03C4E759763068C381D3F19C44FBCB285F79518885811C9869F995AFAE0D7F687C31263642E203797D5EE74E49824E0D88DDFC670C		
ALS cBOD20_11-5-15.PDF	Other	2015-12-23T15:03:44-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	110698E77C0E57F0F233CA212CB28FA4BC1DC599399544A41E02C16644E50F53A79150CD1668E28E231D7623804C55EFBFAF9ACD373878662FFB617659P6D0		
ALS cBOD20_11-22-15.PDF	Other	2015-12-23T15:12:26-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	F4C100DF03FB1F35B2D7F3D1D08D768E12D3CC6E07E1AF95704EE1944B270D12D7A1AB1E29A45FBC792098434FC989601D95FEA34F2C0242691445472619A764		
ALS cBOD20_11-09-15.PDF	Other	2015-12-23T15:04:54-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	40B8F0C82CB449E1744E0D1B0FDE9A89D0A98BC06BE93886910169E12E0229B7D77EF133D9767C1EEF07F3F1D95C2619015879A3A8AC27BF946D8E78E182		
DMR Cover Letter NOV 2015.doc	Cover Letter	2015-12-26T12:01:24-05:00	
Cryptographic Hash Value of File (SHA-512)	F77A29A895882A988BF133AE8FB7B506ED197C9A4373B517D0AABB8AED7EBE34C1D0D9CA18607CCC06A0C014094250E46BFC12C5AB1CF8A383039388DF41CA		
ALS cBOD20_11-29-15.PDF	Other	2015-12-23T15:14:12-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	5C9B8C9D8D8E9275F520F4E302F469D9C40AC301BB28D8C825A4A3026A26A94C081FE119980E568983C284B8D5DE245CDB0C87FE27A3F2CAAE54DB		
ALS cBOD20_11-24-15.PDF	Other	2015-12-23T15:13:16-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	8F70722C8326658C741E0E0E05CA5A2E72968D2FCBA1496ADD9F962BF59F59F1522A31FCE776995339E4D2830D7D3CAD		
ALS Effluent_Nov 2015.PDF	Other	2015-12-23T15:11:30-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	E9CCAEFF3EFAA4C7730AD5A21627D688A949156989995ED33AF98C5343831C936E1D8C0149849881C48567482940459EDD9625E9651E1FFBADF03D9DD7666602		
ALS cBOD20_11-19-15.PDF	Other	2015-12-23T15:11:30-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	CC3A5B40E6EA03E3E32A1A931169B2A051A433240BADDD8A675E325744A24C8C90B8D66665CF26E57B0C7CF29750875DB7E0DA4FFE7C106546EDC6C23B1		
ALS cBOD20_11-15-15.PDF	Other	2015-12-23T15:01:42-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	3D282611D33096D9DA4FEEDCAF8MAD00956F2A82BD2C77E2EF0ED0F3A73D40F0ACEB8A857435CE7762522085D9CD3FC1769D4977F00C7542AD443C86E7		
ALS cBOD20_11-3-15.PDF	Other	2015-12-23T15:02:32-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	8F8E4D330655D689B8C9C7704FBEABCE4A4E5C3B6642D17AA4345880AE53A7608FA9BC60A8B9393CD3AA384D984B58796F775A18213A2CE07DAD3A4453E3E372		
ALS cBOD20_11-10-15.PDF	Other	2015-12-23T15:07:17-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	B063C2D6B86D8611B85E501E113254E2A2FAD47CCAFB7364B64521A8B62DC8D59882EF9323644E08D3399F4E8A7D50FD7F5C0009D90E50E3AC58D8BFA3C8E6D6		
ALS cBOD20_11-12-15.PDF	Other	2015-12-23T15:08:22-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	E84307768F075862A4B4C2ABE62B2528AB565C60C223D1031F307065728481A37B0388A6987D8F5908615F50F7E704D8E57AD6FF7A48EE55D5C05462D158C5AAC		
ALS Biweekly_Nov 2015.PDF	Other	2015-12-23T15:00:39-05:00	Laboratory Report
Cryptographic Hash Value of File (SHA-512)	AI ED97905E20AAB71365857BEDF8926AF5C482886CC85ACF4C0B269C85489E8DCC4F4202F734635B96802463A71E20C8A16ACEB3AE29FC94168F50A60FE08		
DMR Laboratory Accreditation-WRTP-NOV 2015.doc	DMR Laboratory Accreditation Form	2015-12-23T15:23:14-05:00	
Cryptographic Hash Value of File (SHA-512)	2756A3330619B4E42492812B2433A88604B10B28D656A852EE342C2D80CF5A1A0388E263521856D970E6251E700319652370F1F3B5BEE81732CC1B2BB842D4		
Daily Influent Monitoring Nov 2015.xlsx	Daily Effluent Monitoring Form	2015-12-23T15:24:42-05:00	
Cryptographic Hash Value of File (SHA-512)	91868866D769741213407567C803C4232E8DE7C4BEA9B1B10166C7F112FEB38376C14BACAF4491D2C7467CA4FADABB7096052992F0CADC996CDDDE5CF20CAD4		
Hauled-in Municipal Waste_NOV2015.xls	Hauled-in Municipal Waste Form	2015-12-23T15:25:11-05:00	
Cryptographic Hash Value of File (SHA-512)	5675FE6957685E28F924791E3A7E5B6C4F15A1B1EA945E6A48979C5A17C172C421FED53942F09611B2A381FA2D18A741BBA097D6AE807F0902368C6644359		
Hauled In Residual Wastes_NOV2015.xls	Hauled-in Residual Waste Form	2015-12-23T15:25:41-05:00	
Cryptographic Hash Value of File (SHA-512)	57963601C3C04DD7418D574A60901E8E61D3D06805FB126806F390D005E2B2E0D3C9FC118DA77045F234BD434587579EC1CC398E7163FDEF91162B2B1388F661B		
Influent and Process Control NOV2015.xls	Influent and Process Control Form	2015-12-23T15:26:12-05:00	
Cryptographic Hash Value of File (SHA-512)	DA2C318EA27F55F8CA49211F9EDEC983EE2FC6B989393714911E0DD524729B59C839FAA0FFC48D5C98EA76F5F02035E616516412B69FB776BD		
November 2015 SWMM Report.xlsx	Other	2015-12-23T15:27:18-05:00	SWMM Report

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

Cryptographic Hash Value of File (SHA-512)	51AD73438BC1368B9108B012DF8C330653E1043611D78E264189F86CD82C42ACD36E372D484E154FD7FA9E79A9DE9862CA18EA9E71ADAC6C16FCAAAD942B7D9
Sludge Production and Disposal_Nov 2015.xlsx	Sewage Sludge / Biosolids Production and Disposal Form 2015-12-23T15:27:46-05:00
Cryptographic Hash Value of File (SHA-512)	797FEB87F1AE6CA62D6FAA90EE55BC1692AF09880BA846D578612E78C28ACC4AFF5DDA6E3AF32DAE797FF863AE322EC3478659609342B428CD3FE865C4C9828D

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

PERMIT VIOLATIONS											
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments

UNAUTHORISED DISCHARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORMATION			
<p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p>			
Submitted By GreenPort User	DISANTISM	Submitted By Full Name	Michael DiSantis
Email Address	disantism@delcora.org	Document Generated	12/26/2015



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	11	01	TO	15	11	30
PARAMETER		ANALYSIS METHOD		LAB NAME		LAB ID NUMBER²				
Copper, Total		EPA 200.7		ALS Environmental		PA 22-293				
Lead, Total		EPA 200.7		ALS Environmental		PA 22-293				
Zinc, Total		EPA 200.7		ALS Environmental		PA 22-293				
Dichlorobromomethane		EPA 624		ALS Environmental		PA 22-293				
BOD20/cBOD20		SM5210 B		ALS Environmental		PA 22-293				
Chlorodibromomethane		EPA 624		ALS Environmental		PA 22-293				
TKN-N		EPA 351.2		ALS Environmental		PA 22-293				
Ammonia as N		D6919-09		ALS Environmental		PA 22-293				
Nitrate as N		EPA 300.0		ALS Environmental		PA 22-293				
Total Cyanide		EPA 335.4		ALS Environmental		PA 22-293				
Total Cadmium		200.7		ALS Environmental		PA 22-293				
Nitrite as N		EPA 300.0		ALS Environmental		PA 22-293				

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 12/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<u>19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0027103				15	11	01	TO	15	11	30
PARAMETER	ANALYSIS METHOD	LAB NAME		LAB ID NUMBER²						
BOD5/cBOD5	SM5210 B	DELCORA - Central Laboratory		23-00671						
TSS	SM 2540 D	DELCORA - Central Laboratory		23-00671						
O&G	EPA 1664 A	DELCORA - Central Laboratory		23-00671						
Total Residual Cl	SM4500-Cl G	DELCORA - Central Laboratory		23-00671						
N-Nitrite	SM4500-NO2 B	DELCORA - Central Laboratory		23-00671						
NH3-N	EPA 350.1	DELCORA - Central Laboratory		23-00671						
TKN-N	SM4500-N-org B/SM4500-NH3 C	DELCORA - Central Laboratory		23-00671						
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory		23-00671						
BOD20/cBOD20	SM5210 B	DELCORA - Central Laboratory		23-00671						
pH	SM 4500 H+B	DELCORA - Central Laboratory		23-00671						
Ammonia as N	EPA 350.1	DELCORA - Central Laboratory		23-00671						
TDS	SM 2540 C	DELCORA - Central Laboratory		23-00671						

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610.876.5523

**Signature of Principal Executive Officer or
Authorized Agent**

Michael J. DiSantis

Date: 12/28/15

¹ Submit this form with each Discharge Monitoring Report (DMR), Annual Report or Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes.

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