EXHIBIT N5

DISCHARGE MONITORING REPORTS -
CORINNE VILLAGE WWTF

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

February 20, 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for January 2015**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for January 2015.

There were no violations during this reporting period. Effluent was discharged to the drip fields for 26 of the 31 days of the reporting period. Drip field failures occurred during extreme cold temperatures and the drip fields were temporarily shut down.

A total of 378,234 gallons of effluent was recorded and distributed to the twelve zones in the drip fields during the reporting period. It was necessary to add six gallons of an algaecide inhibitor to the Storage Lagoon to treat the process for elevated Total Suspended Solids.

A total of 337,926 gallons of influent was metered at the Facility during the reporting period.

Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis smf

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosures

cc: G. Chase, Toll Brothers
S. Simone, Pocopson Twp.
J. DiMatteo, DELCORA
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

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
P.O. Box 1, Pocopson, PA 19366

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
15	01	01		15	01	31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.010901	0.014142		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		**XXXX**	**XXXX**	**XXXX**			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	4	4	MG/L	0	*2/MONTH*	*Grab*
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**50**			**2/MONTH**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	28	48	MG/L	0	*4/MONTH*	*Grab*
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**60**			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	**XXXX**		6.7	XXXX	8.3	SU	0	*1/Day*	*Grab*
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	**XXXX**	**9.0**			**1/DAY**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Authorized Agent for Pocopson Township**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC .1001 AND 33 USC .1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	15/02/20
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments he* Please see attachment

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP
PERMIT # 1507415

MONTH JANUARY
YEAR 2015

DATE	Influent gallons	Inf. pH	Inf. BOD5	Inf. TSS	Daily Rain fall	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent CBOD5	Effluent TSS
1	10,500	8.5				16,892	1,648	1,648	1,648	1,648	1,648	1,236	1,236	1,236	1,236	1,236	1,236	1,236	7.9		
2	10,757					16,892	1,236	1,236	1,236	1,236	1,236	1,648	1,648	1,648	1,648	1,648	1,236	1,236	6.7		
3	11,774	8.2			0.5	17,304	1,648	1,648	1,648	1,648	1,236	1,236	1,236	1,236	1,236	1,236	1,648	1,648	7.9		
4	10,665				0.3	16,892	1,236	1,236	1,236	1,236	1,648	1,648	1,648	1,648	1,648	1,236	1,236	1,236	8.3		
5	9,373	8.3				16,892	1,648	1,648	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,648	1,648	1,648	7.0		
6	10,336					16,892	1,236	1,236	1,648	1,648	1,648	1,648	1,648	1,236	1,236	1,236	1,236	1,236	7.6		
7	11,702	8.5				13,571	1,257	1,310	1,293	1,236	1,236	1,236	393	694	739	1,621	1,320	1,236	7.1		
8	9,672					13,432	1,316	1,648	1,236	1,236	1,236	1,281	602	1,026	1,030	758	633	1,430	7.0		
9	14,142	8.5				15,586	1,106	1,155	1,648	1,659	1,648	1,236	1,150	1,236	1,236	1,150	1,128	1,234	7.4		
10	8,927					12,394	1,442	1,442	1,642	1,643	1,671	1,671	379	700	719	384	294	407	7.3		
11	9,029	8.3				15,141	1,854	1,854	1,854	1,854	2,060	2,060	155	155	824	824	824	823	8.1	4	48
12	12,629				0.3	16,480	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,648	1,648	1,648	1,648	7.1		
13	9,627	8.4				13,268	1,236	1,236	1,236	812	703	1,236	1,213	1,236	1,098	1,209	1,232	821	7.0		
14	8,314					14,660	1,236	1,161	1,128	1,201	1,236	1,216	1,204	1,211	1,193	1,118	1,116	1,640	6.9		
15	10,487	8.5				16,449	1,648	1,648	1,648	1,648	1,236	1,236	1,236	1,236	1,236	1,206	1,236	1,235	6.9		
16	11,299					4,621	411	329	405	399	412	412	387	384	279	380	412	411	6.9		
17	10,946	8.2				0	0	0	0	0	0	0	0	0	0	0	0	0			
18	14,118				1.6	0	0	0	0	0	0	0	0	0	0	0	0	0			
19	8,661					0	0	0	0	0	0	0	0	0	0	0	0	0			
20	9,677	8.0				15,438	1,648	1,639	1,236	1,201	1,191	1,236	1,201	1,191	1,236	1,187	1,236	1,236	6.8		27
21	13,678					12,083	1,235	361	717	696	1,648	1,236	765	1,202	549	1,202	1,236	1,236	6.8		
22	9,915	8.0	150	153		16,348	1,254	1,293	1,248	1,236	1,520	1,648	1,643	1,639	1,277	1,236	1,118	1,236	7.0	4	19
23	13,755	8.4			0.1	13,829	1,236	1,236	1,247	1,233	1,239	1,236	1,242	372	1,648	788	704	1,648	7.2		
24	10,834				0.4	15,947	2,065	2,060	2,060	2,063	283	2,060	2,060	0	1,648	0	0	1,648	7.6		
25	11,079	8.2				16,892	1,648	1,648	1,648	1,648	824	1,648	1,648	824	2,060	824	824	1,648	7.7		
26	9,626					14,894	1,648	1,648	1,648	1,236	797	695	791	1,236	1,236	1,199	1,112	1,648	6.9		18
27	10,774	8.4				17,375	1,647	1,574	1,236	1,648	1,206	1,236	1,198	1,648	1,648	1,448	1,238	1,648	7.1		
28	10,385					9,512	1,234	824	802	781	702	393	495	1,161	636	1,150	1,236	98	6.9		
29	10,684					8,550	411	758	823	798	792	854	825	822	822	822	412	411	7.0		
30	13,079	7.9				0	0	0	0	0	0	0	0	0	0	0	0	0			
31	11,482					0	0	0	0	0	0	0	0	0	0	0	0	0			
Total	**337,926**					**378,234**															
Avg	**10,901**																			**4**	**28**
Min	**8,314**																		**6.7**		
Max	**14,142**																		**8.3**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 740 DENTON HOLLOW ROAD, P.O. BOX 1
POCOPSON, PA 19366

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	15	1	01	TO	15	1	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5	SM 5210B	DELCORA-Central Laboratory	23-00671
TSS	SM 2540D	DELCORA-Central Laboratory	23-00671
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

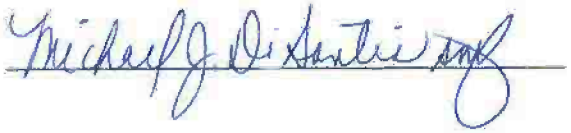
Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 2/20/15

Signature of Principal Executive Officer or Authorized Agent



[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.

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

March 18, 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for February 2015**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for February 2015.

There were no violations during this reporting period, however, we were not able to obtain two sets of the required effluent samples which is explained below.

Effluent was discharged to the drip fields in only 4 of the 28 days of the reporting period. Late in January, a force main had ruptured and was repaired on February 11th. After the repair, drip field operation was attempted from February 12th through February 15th but only limited flow could be pumped to the fields due to extreme cold temperatures freezing the distribution system. This also caused a failure of the lagoon pumps and microprocessor. The fields remained frozen through the remainder of the reporting period and at the time of this report are still not fully functional. As a result of these issues, we had notified you of our inability to perform the second set of monthly monitoring in the CBOD5 and TSS parameters.

A total of only 44,587 gallons of effluent was recorded and distributed to the twelve zones in the drip fields during the reporting period. A total of 293,269 gallons of influent was metered at the Facility during the reporting period.

Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosures

cc: G. Chase, Toll Brothers
S. Simone, Pocopson Twp.
J. DiMatteo, DELCORA
File

ADMINISTRATION
☐610-876-5523
☐FAX: 610-876-2728

CUSTOMER SERVICE/BILLING
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☐610-876-5523
☐FAX: 610-497-7959

PLANT & MAINTENANCE
☐610-876-5523
☐FAX: 610-497-7950

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
P.O. Box 1, Pocopson, PA 19366

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
15/02/01				15/02/28		

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.010474	0.014841		XXXX	XXXX	XXXX	gpd	0	CONT.	RECD.
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	5	5	MG/L	0	1/MONTH	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/MONTH	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	11	11	MG/L	0	1/MONTH	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.9	XXXX	7.0	SU	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/DAY	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis Authorized Agent for Pocopson Township	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319, (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis	610-876-5523 EXT 264	15/03/18
TYPE OR PRINT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *Only one set of samples taken due to frozen drip fields, DEP WQS was notiifed.*

NO effluent discharged

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Supplement S Form POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415 MONTH___FEBRUARY YEAR_____2015

DATE	Influent gallons	Inf. pH	Inf. BOD5	Inf. TSS	Daily Rain fall	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent CBOD5	Effluent TSS
1	8,870					0															
2	9,425				0.6	0															
3	10,417	8.1				0															
4	9,370					0															
5	9,956	8.1				0															
6	14,841					0															
7	9,334	8.0				0															
8	9,334					0															
9	9,607	7.8				0															
10	10,166					0															
11	9,930	7.9				0															
12	11,725					16,606	1,317	1,317	1,631	1,648	1,375	1,318	1,431	1,296	1,239	1,439	1,297	1,298	7.0	5	11
13	9,540	8.4				11,504	2,812	894	1,723	1,031	912	418	387	900	706	1,701	13	7	6.9		
14	12,042				0.1	11,489	2,058	694	1,423	1,421	1,498	161	7	792	1,236	1,084	704	411	6.9		
15	11,551					4,988	823	824	824	38	812	0	0	19	824	824	0	0	6.9		
16	11,550					0															
17	11,024	8.3			0.1	0															
18	8,987					0															
19	10,139	8.4				0															
20	11,122					0															
21	11,219	8.5			0.2	0															
22	11,220				0.2	0															
23	10,417	8.0				0															
24	10,583					0															
25	9,529	8.3	178	150		0															
26	8,870					0															
27	11,843	8.4				0															
28	10,658					0															
Total	**293,269**					44,587															
Avg	**10,474**																			5	11
Min	**8,870**																		6.9		
Max	**14,841**																		7.0		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 740 DENTON HOLLOW ROAD, P.O. BOX 1
POCOPSON, PA 19366

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	15	2	01	TO	15	2	28

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5	SM 5210B	DELCORA-Central Laboratory	23-00671
TSS	SM 2540D	DELCORA-Central Laboratory	23-00671
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 3/18/15

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis

[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.

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

April 22, 2015

FEDERAL EXPRESS

Mr. Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for March 2015**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for March 2015.

There were no violations during this reporting period. Effluent was discharged to the drip fields for 25 of the 31 days of the reporting period. Drip field failures occurred during extreme cold temperatures and the drip fields were temporarily shut down. Due to the extent of the shut downs, the minimum free board for the storage lagoon was encroached upon on March 4, 2015. As a result, pumping and hauling from the Facility occurred from March 6th through March 17th. A total of 176,000 gallons of Storage Lagoon effluent was trucked off site to the West Chester Goose Creek WWTP.

A total of 344,313 gallons of effluent was recorded and distributed to the twelve zones in the drip fields during the reporting period. As noted above a total of 176,000 gallons was hauled from the Storage Lagoon also.

A total of 338,518 gallons of influent was metered at the Facility during the reporting period.

Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosures

cc: G. Chase, Toll Brothers
S. Simone, Pocopson Twp.
J. DiMatteo, DELCORA
File

Supplement S Form POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 150705 MONTH MARCH YEAR 2015

DATE	Influent gallons	Inf. pH	Inf. BOD5	Inf. TSS	Daily Rain fall	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent CBOD5	Effluent TSS
1	16,300				0.3	0															
2	8,499	7.4				0															
3	12,300				0.4	1,200	100	100	100	100	100	100	100	100	100	100	100	100	6.9		
4	7,099	7.9			0.3	2,004	167	167	167	167	167	167	167	167	167	167	167	167	7.0		
5	11,890				0.5	0															
6	13,956	8.4				0															
7	8,456					0															
8	13,496	8.1				0															
9	9,424					7,458	1,788	1,789	98	99	74	74	32	31	32	32	1,704	1,705	7.0		
10	11,782	8.5			0.5	7,193	1,749	1,750	152	152	104	105	90	90	78	78	1,422	1,423	6.9		
11	9,397					8,545	1,910	1,911	58	58	95	95	60	60	64	64	2,085	2,085	6.9		
12	10,000	8.4				8,293	1,854	1,854	69	70	50	50	49	50	63	64	2,060	2,060	7.0	16	12
13	14,379					6,239	1,368	1,368	17	18	30	30	50	51	5	6	1,648	1,648	7.1		
14	9,222	8.0			0.8	7,024	1,648	1,648	0	0	10	10	0	0	0	0	1,854	1,854	7.1		
15	10,899					7,989	2,060	2,060	33	33	22	22	9	9	16	17	1,854	1,854	6.9		
16	10,200	8.4				15,833	1,648	1,648	1,453	1,453	1,366	1,365	270	269	1,527	1,526	1,654	1,654	6.8		
17	9,891					15,833	1,648	1,648	1,453	1,453	1,366	1,365	270	269	1,527	1,526	1,654	1,654	6.9		
18	9,614	8.5				900	75	75	75	75	75	75	75	75	75	75	75	75	6.9		
19	11,212	8.7				16,094	1,442	1,442	1,236	1,236	1,204	1,203	1,282	1,281	1,442	1,442	1,442	1,442	6.8		
20	13,518				0.4	20,188	1,648	1,648	1,854	1,854	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	6.7		
21	10,934	7.9				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.4		
22	14,078					19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.4		
23	11,232	8.0				20,128	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,824	1,824	7.5		
24	11,078					19,814	1,648	1,648	1,648	1,648	1,648	1,648	1,667	1,667	1,648	1,648	1,648	1,648	7.4		
25	8,243	7.9	238	124		20,109	1,648	1,648	1,648	1,648	1,815	1,814	1,648	1,648	1,648	1,648	1,648	1,648	7.5	14	5
26	10,073				0.2	19,292	1,648	1,648	1,442	1,442	1,648	1,648	1,648	1,648	1,612	1,612	1,648	1,648	6.8		
27	12,770	8.5			0.2	21,329	1,860	1,860	1,854	1,854	1,854	1,854	1,648	1,648	1,648	1,648	1,800	1,801	6.9		
28	13,368					19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.0		
29	9,450	7.8				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.4		
30	9,258					19,872	1,656	1,656	1,656	1,656	1,656	1,656	1,656	1,656	1,656	1,656	1,656	1,656	7.0		
31	6,500	8				19,872	1,656	1,656	1,656	1,656	1,656	1,656	1,656	1,656	1,656	1,656	1,656	1,656	7.0		
Total	**338,518**					**344,313**															
Avg	**10,920**																			**15**	**9**
Min	**6,500**																		**6.7**		
Max	**16,300**																		**7.5**		

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
P.O. Box 1, Pocopson, PA 19366

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township

COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
15	03	01		15	03	31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.010920	0.016300		XXXX	XXXX	XXXX		0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		**XXXX**	**XXXX**	**XXXX**	**gpd**		**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	15	16		0	*2/MONTH*	*Grab*
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**50**	**MG/L**		**2/MONTH**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	9	12		0	*2/MONTH*	*Grab*
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**60**	**MG/L**		**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	**XXXX**		6.7	XXXX	7.5		0	*1/Day*	*Grab*
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	**XXXX**	**9.0**	**SU**		**1/DAY**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Michael J. DiSantis

Authorized Agent for Pocopson Township

TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 610-876-5523 EXT 264 (AREA CODE NUMBER)

DATE: 15/04/22 (YEAR MO DAY)

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments he* Please see attachment

NO effluent discharged

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 740 DENTON HOLLOW ROAD, P.O. BOX 1
POCOPSON, PA 19366

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	15	3	01	TO	15	3	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5	SM 5210B	DELCORA-Central Laboratory	23-00671
TSS	SM 2540D	DELCORA-Central Laboratory	23-00671
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 4/22/15

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis mjf

[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.

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

DELCORA

May 19, 2015

CERTIFIED MAIL
<u>RETURN RECEIPT REQUESTED</u>

Mr. Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation <u>Form for the Pocopson Corrine Village WWTF Permit #1507415 for April 2015</u>**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for April 2015.

There were no violations during this reporting period. Effluent was discharged to the drip fields all thirty days of the reporting period.

A total of 537,845 gallons of effluent was recorded and distributed to the twelve zones in the drip fields during the reporting period. A total of 176,000 gallons was also hauled from the Storage Lagoon to an approved wastewater treatment facility. A total of 330,356 gallons of influent was metered at the Facility during the reporting period.

Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis /vm

Michael J. DiSantis
Director of Operations & Maintenance

MJD:vm
Enclosures

cc: G. Chase, Toll Brothers
S. Simone, Pocopson Twp.
J. DiMatteo, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
P.O. Box 1, Pocopson, PA 19366

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
15	04	01		15	04	30

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.010816	0.015549		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		**XXXX**	**XXXX**	**XXXX**			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	11	11	MG/L	0	*2/MONTH*	*Grab*
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**50**			**2/MONTH**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	8	9	MG/L	0	*2/MONTH*	*Grab*
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**60**			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	**XXXX**		6.7	XXXX	7.7	SU	0	*1/Day*	*Grab*
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	**XXXX**	**9.0**			**1/DAY**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Authorized Agent for Pocopson Township**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis/mm SIGNATURE OF PRINCIPAL EXECUTIVE	610-876-5523 EXT 264	15/05/19
TYPE OR PRINT		OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments he* Please see attachment

NO effluent discharged

Supplement S Form POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 150744 MONTH APRIL YEAR 2015

DATE	Influent gallons	Inf. pH	Inf. BOD5	Inf. TSS	Daily Rain fall	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent CBOD5	Effluent TSS
1	7,002					19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.1	11	7
2	8,979	8.5				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.0		
3	10,891				0.1	20,088	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,804	1,804	7.7		
4	9,812	8.2				20,014	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,767	1,767	1,648	1,648	7.2		
5	13,308					20,067	1,648	1,648	1,648	1,648	1,648	1,648	1,793	1,794	1,648	1,648	1,648	1,648	7.2		
6	8,689	7.7				20,092	1,648	1,648	1,648	1,648	1,806	1,806	1,648	1,648	1,648	1,648	1,648	1,648	7.3		
7	9,777				0.2	20,097	1,648	1,648	1,808	1,809	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.1		
8	9,954	8.2				18,458	1,607	1,607	1,648	1,648	1,648	1,648	1,442	1,442	1,442	1,442	1,442	1,442	6.8		
9	12,904					17,613	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,596	1,597	7.1		
10	9,186	8.0			0.1	17,130	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,561	1,561	1,236	1,236	7.2		
11	15,398					16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.0		
12	12,062	7.9				17,523	1,442	1,442	1,442	1,442	1,601	1,602	1,392	1,392	1,442	1,442	1,442	1,442	7.1		
13	8,750	7.8				17,213	1,442	1,442	1,603	1,602	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.4		
14	10,190				0.1	17,638	1,403	1,403	1,442	1,442	1,648	1,648	1,442	1,442	1,442	1,442	1,442	1,442	7.0		
15	11,390	8.0	125	196		17,193	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,387	1,386	7.3	11	9
16	9,300					17,126	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,353	1,353	1,442	1,442	6.8		
17	14,084	7.9			0.1	16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	6.8		
18	13,194					17,628	1,442	1,442	1,442	1,442	1,604	1,604	1,442	1,442	1,442	1,442	1,442	1,442	7.4		
19	11,011	8.0			1.7	17,529	1,442	1,442	1,608	1,608	1,236	1,236	1,595	1,594	1,442	1,442	1,442	1,442	7.2		
20	11,351				0.4	17,234	1,613	1,613	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	6.9		
21	10,906	8.3			0.1	17,202	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,597	1,597	6.7		
22	10,643					17,126	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,559	1,559	1,236	1,236	6.8		
23	15,549	8.3				16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.0		
24	7,138					17,197	1,442	1,442	1,442	1,442	1,594	1,595	1,236	1,236	1,442	1,442	1,442	1,442	6.8		
25	12,984	8.2				17,623	1,442	1,442	1,601	1,602	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.4		
26	11,212	8.0				17,464	1,602	1,602	1,442	1,442	1,236	1,236	1,568	1,568	1,442	1,442	1,442	1,442	7.7		
27	10,770					17,171	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,582	1,581	7.0		
28	10,920	8.3				17,121	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,557	1,556	1,442	1,442	6.9		
29	11,822					16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	6.9		
30	11,180	8.4				17,178	1,442	1,442	1,442	1,442	1,585	1,585	1,442	1,442	1,236	1,236	1,442	1,442	6.8		
Total	**330,356**					**537,845**															
Avg	**10,816**																			**11**	**8**
Min	**6,500**																		**6.7**		
Max	**15,549**																		**7.7**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 740 DENTON HOLLOW ROAD, P.O. BOX 1
POCOPSON, PA 19366

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	15	4	01	TO	15	4	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5	SM 5210B	DELCORA-Central Laboratory	23-00671
TSS	SM 2540D	DELCORA-Central Laboratory	23-00671
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 5/19/15

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis

[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.

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

June 16, 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for May 2015**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for May 2015.

There were no violations during this reporting period. Effluent was discharged to the Drip fields twenty five of the thirty one days during the reporting period. An algae inhibitor was added to the system twice during the reporting period to address the high concentration of total suspended solids that was reported on May 1st.

A total of 413,910 gallons of effluent was recorded and distributed to the twelve zones in the drip fields during the reporting period. A total of 360,233 gallons of influent was metered at the Facility during the reporting period.

Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis smf

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosures

cc: G. Chase, Toll Brothers
S. Simone, Pocopson Twp.
J. DiMatteo, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
P.O. Box 1, Pocopson, PA 19366

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
15	05	01		15	05	31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011620	0.018188		XXXX	XXXX	XXXX	gpd	0	CONT.	RECD.
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	15	18	MG/L	0	2/MONTH	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/MONTH	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	26	53	MG/L	0	5/MONTH	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.8	XXXX	8.0	SU	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/DAY	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Authorized Agent for Pocopson Township**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis /mf	610-876-5523 EXT 264	15/06/16
TYPE OR PRINT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments he* Please see attachment

NO effluent discharged

Supplement S Form POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415 MONTH MAY YEAR 2015

DATE	Influent gallons	Inf. pH	Inf. BOD5	Inf. TSS	Daily Rain fall	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent CBOD5	Effluent TSS
1	13,094					17,177	1,442	1,442	1,584	1,585	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	6.8	18	53
2	10,916	7.9				17,599	1,590	1,589	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.4		
3	10,780					17,432	1,442	1,442	1,442	1,442	1,236	1,236	1,576	1,576	1,442	1,442	1,578	1,578	7.3		
4	10,182	7.8				5,730	412	412	412	412	618	618	494	493	518	517	412	412	7.0		
5	11,624					0	0	0	0	0	0	0	0	0	0	0	0	0			
6	9,114	8.2			0.1	0	0	0	0	0	0	0	0	0	0	0	0	0			
7	14,749					0	0	0	0	0	0	0	0	0	0	0	0	0			
8	11,532	7.7				0	0	0	0	0	0	0	0	0	0	0	0	0			
9	10,544					0	0	0	0	0	0	0	0	0	0	0	0	0			
10	12,132	7.9				0	0	0	0	0	0	0	0	0	0	0	0	0			
11	10,230					14,862	1,457	1,457	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,030	1,030	7.3		
12	8,423	7.7				17,801	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,396	1,396	1,737	1,736	7.2		
13	10,607					17,127	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,560	1,559	1,236	1,236	7.2		
14	10,893	7.9	300	249		17,577	1,442	1,442	1,442	1,442	1,442	1,442	1,579	1,578	1,442	1,442	1,442	1,442	7.2	11	41
15	13,687					17,188	1,442	1,442	1,442	1,442	1,384	1,384	1,442	1,442	1,442	1,442	1,442	1,442	7.5		
16	10,266	7.8			0.5	17,205	1,442	1,442	1,393	1,392	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.8		
17	14,932				0.2	17,217	1,399	1,398	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.8		
18	10,786	7.7				17,193	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,387	1,386	7.8		
19	11,404				0.1	17,120	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,350	1,350	1,442	1,442	7.8		
20	8,925	7.5				17,146	1,442	1,442	1,442	1,442	1,442	1,442	1,363	1,363	1,442	1,442	1,442	1,442	8.0		
21	8,900					17,566	1,442	1,442	1,442	1,442	1,573	1,573	1,442	1,442	1,442	1,442	1,442	1,442	7.7		18
22	14,665	7.8				17,177	1,442	1,442	1,584	1,585	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.8		
23	9,560					17,186	1,589	1,589	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.5		10
24	18,188	7.5				17,157	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,574	1,575	8.0		8
25	15,994					17,106	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,549	1,549	1,236	1,236	7.6		
26	8,863	7.4			0.3	16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.2		
27	10,200					17,472	1,442	1,442	1,442	1,442	1,578	1,578	1,390	1,390	1,442	1,442	1,442	1,442	7.3		
28	10,945	8.4				17,602	1,442	1,442	1,591	1,591	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.2		
29	14,044					16,784	1,594	1,594	1,236	1,236	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.0		
30	10,960	7.8				15,531	1,236	1,236	1,442	1,442	1,236	1,236	1,236	1,236	1,236	1,236	1,380	1,379	7.5		
31	13,094					15,063	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,351	1,352	1,236	1,236	7.4		
Total	**360,233**					**413,910**															
Avg	**11,620**																			**15**	**26**
Min	**8,423**																		**6.8**		
Max	**18,188**																		**8.0**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 740 DENTON HOLLOW ROAD, P.O. BOX 1
POCOPSON, PA 19366

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	15	5	01	TO	15	5	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5	SM 5210B	DELCORA-Central Laboratory	23-00671
TSS	SM 2540D	DELCORA-Central Laboratory	23-00671
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 6/16/15

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis

[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.

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

July 20, 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for June 2015**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for June 2015.

There were no violations during this reporting period. Effluent was discharged to the Drip fields twenty six of the thirty days during the reporting period.

A total of 372,015 gallons of effluent was recorded and distributed to the twelve zones in the drip fields during the reporting period. A total of 342,282 gallons of influent was metered at the Facility during the reporting period.

Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis/vm

Michael J. DiSantis
Director of Operations & Maintenance

MJD:vm
Enclosures

cc: G. Chase, Toll Brothers
S. Simone, Pocopson Twp.
S. Gober, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
P.O. Box 1, Pocopson, PA 19366

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township

COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
15	06	01		15	06	30

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011409	0.015306		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		**XXXX**	**XXXX**	**XXXX**			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	9	9	MG/L	0	*2/MONTH*	*Grab*
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**50**			**2/MONTH**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	10	12	MG/L	0	*2/MONTH*	*Grab*
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**60**			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	**XXXX**		6.2	XXXX	7.5	SU	0	*1/Day*	*Grab*
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	**XXXX**	**9.0**			**1/DAY**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Authorized Agent for Pocopson Township**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis/mm	610-876-5523 EXT 264	15/07/20
TYPE OR PRINT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments he* Please see attachment

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: June YEAR: 2015

DATE	Influent gallons	Inf. pH	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent CBOD5	Effluent TSS
1	13,440	7.7			15,242	1,236	1,236	1,236	1,236	1,442	1,440	1,236	1,236	1,236	1,236	1,236	1,236	7.2	9	7
2	7,238				16,868	1,442	1,442	1,442	1,442	1,374	1,374	1,442	1,442	1,442	1,442	1,142	1,442	7.5		
3	11,220	8.6			15,335	1,142	1,142	1,380	1,380	1,142	1,142	1,569	1,570	1,142	1,142	1,442	1,142	7.3		
4	10,359				16,792	1,392	1,392	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.5		
5	10,115	7.9			15,530	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,582	1,588	7.0		
6	15,306				15,058	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,349	1,349	1,236	1,236	7.0		
7	9,417	7.8			14,832	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,236	7.3		
8	11,200				13,862	1,236	1,236	1,236	1,236	1,369	1,369	1,030	1,030	1,030	1,030	1,030	1,030	7.2		
9	11,400	7.0			13,694	1,030	1,030	1,170	1,169	1,030	1,030	1,352	1,351	1,236	1,236	1,030	1,030	7.1		
10	12,961		278	200	13,456	1,372	1,372	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,236	1,236	7.0	9	12
11	10,039	8.4			13,423	1,030	1,030	1,236	1,236	1,236	1,236	1,030	1,030	1,030	1,030	1,150	1,149	7.2		
12	13,169				13,364	1,030	1,030	1,030	1,030	1,030	1,030	1,236	1,236	1,326	1,326	1,030	1,030	7.0		
13	11,232	8.2			13,184	1,236	1,236	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,236	1,236	7.5		
14	11,988				13,433	1,030	1,030	1,236	1,236	1,361	1,360	1,030	1,030	1,030	1,030	1,030	1,030	7.0		
15	9,840	8.3			13,679	1,030	1,030	1,166	1,166	1,030	1,030	1,348	1,347	1,236	1,236	1,030	1,030	6.8		
16	10,690				13,448	1,368	1,368	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,236	1,236	6.9		
17	13,381	8.4			13,421	1,030	1,030	1,236	1,236	1,236	1,236	1,030	1,030	1,030	1,030	1,149	1,148	6.9		
18	10,095				13,363	1,030	1,030	1,030	1,030	1,030	1,030	1,236	1,236	1,120	1,119	1,236	1,236	6.7		
19	11,482	8.3			13,431	1,236	1,236	1,236	1,236	1,030	1,030	1,030	1,030	1,030	1,030	1,153	1,154	6.6		
20	15,044				13,364	1,030	1,030	1,030	1,030	1,236	1,236	1,236	1,236	1,120	1,120	1,030	1,030	6.2		
21	11,020				13,409	1,030	1,030	1,030	1,030	1,030	1,030	1,143	1,142	1,236	1,236	1,236	1,236	6.8		
22	10,558	7.7			15,488	1,442	1,442	1,236	1,236	1,358	1,358	1,236	1,236	1,236	1,236	1,236	1,236	6.7		
23	12,162				17,146	1,236	1,236	1,569	1,569	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	6.8		
24	9,102				5,647	764	763	412	412	412	412	412	412	412	412	412	412	6.4		
25	10,440	8.3																		
26	13,796																			
27	13,040	8.4																		
28	9,601																			
29	11,559	8.9			15,842	1,442	1,442	1,398	1,398	1,236	1,236	1,236	1,236	1,236	1,236	1,373	1,373	7.1		
30	11,388				19,704	1,642	1,642	1,642	1,642	1,642	1,642	1,642	1,642	1,642	1,642	1,642	1,642	7.3		
					0															
Total	**342,282**				**372,015**															
Avg	**11,409**																		**9**	**10**
Min	**7,238**																	**6.2**		
Max	**15,306**																	**7.5**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 740 DENTON HOLLOW ROAD, P.O. BOX 1
POCOPSON, PA 19366

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	15	6	01	TO	15	6	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5	SM 5210B	DELCORA-Central Laboratory	23-00671
TSS	SM 2540D	DELCORA-Central Laboratory	23-00671
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 7/20/15

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis /pm

[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.

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

August 18, 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for July 2015**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for July 2015.

There were no violations during this reporting period. Effluent was discharged to the Drip fields twenty two of the thirty one days during the reporting period.

A total of 370,227 gallons of effluent was recorded and distributed to the twelve zones in the drip fields during the reporting period. A total of 331,726 gallons of influent was metered at the Facility during the reporting period.

Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:vm
Enclosures

cc: G. Chase, Toll Brothers
S. Simone, Pocopson Twp.
S. Gober, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
P.O. Box 1, Pocopson, PA 19366

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
15	07	01		15	07	31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.010701	0.015197		XXXX	XXXX	XXXX	gpd	0	CONT.	RECD.
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	2	2	MG/L	0	2/MONTH	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/MONTH	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	20	20	MG/L	0	2/MONTH	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.8	XXXX	8.6	SU	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/DAY	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Authorized Agent for Pocopson Township**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis/km SIGNATURE OF PRINCIPAL EXECUTIVE	610-876-5523 EXT 264	15/08/18
TYPE OR PRINT		OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments he* Please see attachment

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: July YEAR: 2015

DATE	Influent gallons	Inf. pH	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	11,472	8.4	299	279	19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.1	2	20
2	13,132				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.2		
3	8,168	8.4			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.4		
4	11,780				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.0		
5	13,072	8.1			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.3		
6	10,902				17,082	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,537	1,537	1,442	1,442	6.9		
7	9,957	8.0			17,096	1,442	1,442	1,442	1,442	1,442	1,442	1,544	1,544	1,442	1,442	1,236	1,236	7.4		
8	9,445				5,594	412	412	412	412	531	531	412	412	412	412	618	618	6.8		
9	15,197	8.1			0															
10	11,488				0															
11	10,143	8.0			0															
12	9,554				0															
13	8,480	7.8			0															
14	8,845				12,772	1,236	1,236	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	7.6		
15	11,597	8.0			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.2		
16	9,695				7,706	618	618	618	618	618	618	618	618	618	618	763	763	8.1		
17	9,154	7.9			0															
18	9,267				0															
19	12,392	8.0			0															
20	9,922				0															
21	10,556	7.6			12,625	994	993	1,196	1,196	1,184	1,184	1,180	1,179	936	935	824	824	7.5		
22	10,741				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.6		
23	9,857	8.4			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.4	2	20
24	9,620				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.5		
25	11,442	8.6			19,364	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,442	1,442	1,648	1,648	8.4		
26	13,153				17,716	1,442	1,442	1,442	1,442	1,442	1,442	1,648	1,648	1,442	1,442	1,442	1,442	8.3		
27	10,782	8.5			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	8.2		
28	10,694				17,192	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,592	1,592	8.3		
29	11,245	8.2			16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.5		
30	10,218				16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.3		
31	9,756	8.4			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	8.6		
Total	**331,726**				**370,227**															
Avg	**10,701**																		**2**	**20**
Min	**8,168**																	**6.8**		
Max	**15,197**																	**8.6**	**2**	**20**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 740 DENTON HOLLOW ROAD, P.O. BOX 1
POCOPSON, PA 19366

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	15	7	01	TO	15	7	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5	SM 5210B	DELCORA-Central Laboratory	23-00671
TSS	SM 2540D	DELCORA-Central Laboratory	23-00671
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 8/18/15

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis for

[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.

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

September 15, 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for August 2015**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for August 2015.

There were no violations during this reporting period. Effluent was discharged to the drip fields on twenty one days during the reporting period.

A total of 329,909 gallons of effluent was recorded and distributed to the twelve zones in the drip fields during the reporting period. A total of 330,106 gallons of influent was metered at the Facility during the reporting period.

Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:vm
Enclosures

cc: G. Chase, Toll Brothers
S. Simone, Pocopson Twp.
S. Gober, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
P.O. Box 1, Pocopson, PA 19366

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MONTH DAY	**TO YEAR MONTH DAY**
15/08/01	15/08/31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY OR INST. MINIMUM	CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.010649	0.015645		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		**XXXX**	**XXXX**	**XXXX**			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	8	11	MG/L	0	*2/MONTH*	*Grab*
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**50**			**2/MONTH**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	18	27	MG/L	0	*2/MONTH*	*Grab*
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**60**			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	**XXXX**		7.9	XXXX	8.8	SU	0	*1/Day*	*Grab*
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	**XXXX**	**9.0**			**1/DAY**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis/pm	610-876-5523 EXT 264	15/09/15
Authorized Agent for Pocopson Township		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY
TYPE OR PRINT				

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments he* Please see attachment

NO effluent discharged

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: AUGUST YEAR: 2015

DATE	Influent gallons	Inf. pH	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	10,817	8.2			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	8.6		
2	10,051	8.0			18,536	1,602	1,603	1,602	1,602	1,592	1,592	1,587	1,588	1,442	1,442	1,442	1,442	8.4		
3	10,941				17,110	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,551	1,551	1,442	1,442	8.5		
4	9,031	8.2			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	8.6		
5	9,956				16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.3		
6	7,615	8.4			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.5		
7	10,271				7,828	824	824	618	618	618	618	618	618	618	618	618	618	8.8		
8	8,978	7.8			0															
9	12,349				0															
10	9,993	7.5			8,286	1,221	1,221	638	638	824	824	636	636	412	412	412	412	8.3		
11	9,501				16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.9		
12	10,142	7.8	225	1659	16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.9	4	8
13	10,288				16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.9		
14	8,214	7.8			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.0		
15	13,193				16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	8.1		
16	11,285	7.7			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	8.1		
17	10,268				17,594	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,587	1,587	8.2		
18	10,384	7.5			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	8.4		
19	9,931				17,387	1,442	1,442	1,442	1,442	1,236	1,236	1,583	1,583	1,548	1,549	1,442	1,442	8.6		
20	9,037	8.0			17,184	1,442	1,442	1,236	1,236	1,588	1,588	1,442	1,442	1,442	1,442	1,442	1,442	8.7	11	27
21	11,929				17,196	1,236	1,236	1,594	1,594	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.5		
22	9,005	8.1			17,208	1,600	1,600	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	8.8		
23	15,645				5,768	618	618	412	412	412	412	412	412	412	412	618	618	8.6		
24	10,922	7.7			0															
25	10,735				0															
26	10,933	7.9			0															
27	13,914				0															
28	9,435	7.6			0															
29	11,385				0															
30	12,936	7.8			0															
31	11,022				0															
Total	**330,106**				**329,909**															
Avg	**10,649**																		**8**	**18**
Min	**7,615**																	**7.9**		
Max	**15,645**																	**8.8**	**11**	**27**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 740 DENTON HOLLOW ROAD, P.O. BOX 1
POCOPSON, PA 19366

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	15	8	01	TO	15	8	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5	SM 5210B	DELCORA-Central Laboratory	23-00671
TSS	SM 2540D	DELCORA-Central Laboratory	23-00671
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 9/15/15

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis/pm

[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.

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

October 13, 2015

CERTIFIED MAIL
<u>RETURN RECEIPT REQUESTED</u>

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **<u>Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for September 2015</u>**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for September 2015.

There were no violations during this reporting period as there was no discharge to the drip fields during the month due to low lagoon level. A total of 335,708 gallons of influent was metered at the facility during the reporting period.

Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:vm
Enclosures

cc: G. Chase, Toll Brothers
S. Simone, Pocopson Twp.
S. Gober, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
P.O. Box 1, Pocopson, PA 19366

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
15	09	01		15	09	30

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	CONCENTRATION OR MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011190	0.018305		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	XXXX	XXXX	MG/L	0	XXXX	XXXX
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/MONTH	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	XXXX	XXXX	MG/L	0	XXXX	XXXX
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		XXXX	N/A	XXXX	SU	0	XXXX	XXXX
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/DAY	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Authorized Agent for Pocopson Township**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 33 USC 1319, (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis/mm	610-876-5523 EXT 264	15/10/05
TYPE OR PRINT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: No samples taken as there was no drip field discharge during the month due to low lagoon level.

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: September YEAR: 2015

DATE	Influent gallons	Inf. pH	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	10,554	7.7			0	0	0	0	0	0	0	0	0	0	0	0	0			
2	11,057				0	0	0	0	0	0	0	0	0	0	0	0	0			
3	8,180	7.8			0	0	0	0	0	0	0	0	0	0	0	0	0			
4	11,073				0	0	0	0	0	0	0	0	0	0	0	0	0			
5	10,115	7.8			0	0	0	0	0	0	0	0	0	0	0	0	0			
6	8,735				0	0	0	0	0	0	0	0	0	0	0	0	0			
7	18,305	8.6			0	0	0	0	0	0	0	0	0	0	0	0	0			
8	10,213				0	0	0	0	0	0	0	0	0	0	0	0	0			
9	10,989	7.6			0	0	0	0	0	0	0	0	0	0	0	0	0			
10	11,081				0	0	0	0	0	0	0	0	0	0	0	0	0			
11	12,540	7.2			0	0	0	0	0	0	0	0	0	0	0	0	0			
12	8,628				0	0	0	0	0	0	0	0	0	0	0	0	0			
13	12,153	8.6			0	0	0	0	0	0	0	0	0	0	0	0	0			
14	16,100				0	0	0	0	0	0	0	0	0	0	0	0	0			
15	11,095	7.8			0	0	0	0	0	0	0	0	0	0	0	0	0			
16	10,485				0	0	0	0	0	0	0	0	0	0	0	0	0			
17	10,478	7.5			0	0	0	0	0	0	0	0	0	0	0	0	0			
18	9,146				0	0	0	0	0	0	0	0	0	0	0	0	0			
19	15,073	8.5			0	0	0	0	0	0	0	0	0	0	0	0	0			
20	11,992				0	0	0	0	0	0	0	0	0	0	0	0	0			
21	9,710	8.0			0	0	0	0	0	0	0	0	0	0	0	0	0			
22	10,773				0	0	0	0	0	0	0	0	0	0	0	0	0			
23	12,455	8.4			0	0	0	0	0	0	0	0	0	0	0	0	0			
24	10,104		295	309	0	0	0	0	0	0	0	0	0	0	0	0	0			
25	11,659	8.3			0	0	0	0	0	0	0	0	0	0	0	0	0			
26	11,660				0	0	0	0	0	0	0	0	0	0	0	0	0			
27	12,580	7.7			0	0	0	0	0	0	0	0	0	0	0	0	0			
28	10,067				0	0	0	0	0	0	0	0	0	0	0	0	0			
29	10,415	8.0			0	0	0	0	0	0	0	0	0	0	0	0	0			
30	8,293				0	0	0	0	0	0	0	0	0	0	0	0	0			
Total	**335,708**				**0**															
Avg	**11,190**																		**#DIV/0!**	**#DIV/0!**
Min	**8,180**																	**0.0**		
Max	**18,305**																	**0.0**	**0**	**0**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 740 DENTON HOLLOW ROAD, P.O. BOX 1
POCOPSON, PA 19366

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	15	9	01	TO	15	9	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5	SM 5210B	DELCORA-Central Laboratory	23-00671
TSS	SM 2540D	DELCORA-Central Laboratory	23-00671
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 10/5/15

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis/sm

[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.

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

November 13, 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for October 2015**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for October 2015.

There were no violations during this reporting period. A total of 612,796 gallons was discharged to the drip fields during the month. A total of 372,490 gallons of influent was metered at the facility during the reporting period.

Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:vm
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
P.O. Box 1, Pocopson, PA 19366

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township

COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
15	10	01		15	10	31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.012016	0.015750		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		XXXX	XXXX	XXXX			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	**3**	**3**	MG/L	0	**2/month**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**50**			**2/month**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	**5**	**5**	MG/L	0	**2/month**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**60**			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	**XXXX**		**7.1**	N/A	**8.9**	SU	0	**1/Day**	**Grab**
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	**XXXX**	**9.0**			**1/Day**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Authorized Agent for Pocopson Township**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis/pm SIGNATURE OF PRINCIPAL EXECUTIVE	610-876-5523 EXT 264	15/11/16
TYPE OR PRINT		OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: October YEAR: 2015

DATE	Influent gallons	Inf. pH	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	15,567	8.6			15,936	1,411	1,411	1,393	1,393	1,177	1,177	1,175	1,175	1,397	1,397	1,415	1,415	8.1		
2	13,122				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.1		
3	12,260	7.9			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.1		
4	14,579				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.2		
5	10,111	8.0			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.1		
6	11,251				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.1		
7	11,427	7.8			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.1		
8	9,014		229	212	19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.0	2	5
9	9,151	8.3			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.0		
10	12,802	8.6			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.2		
11	13,713				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.1		
12	11,686	7.9			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.2		
13	15,006				21,599	1,822	1,823	1,810	1,810	1,797	1,798	1,798	1,798	1,763	1,763	1,808	1,809	7.8		
14	13,707	8.1			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.6		
15	11,094				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.0		
16	10,034	8.3			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.5		
17	14,299				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.6		
18	10,304	8.3			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.9		
19	13,464	8.3			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.7		
20	10,345				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.7		
21	11,414	7.8			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.3	3	5
22	10,556				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.3		
23	9,195	7.9			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.0		
24	11,830	8.6			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.0		
25	15,750				21,533	1,816	1,816	1,806	1,806	1,791	1,792	1,792	1,792	1,757	1,757	1,804	1,804	7.9		
26	11,840	8.1			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.8		
27	8,103				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.2		
28	14,867	8.0			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.5		
29	12,092				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.1		
30	11,680	8.2			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.5		
31	12,227				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.7		
Total	**372,490**				**612,796**															
Avg	**12,016**																		**3**	**5**
Min	**8,103**																	**7.1**		
Max	**15,750**																	**8.9**	**3**	**5**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 740 DENTON HOLLOW ROAD, P.O. BOX 1
POCOPSON, PA 19366

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	15	10	01	TO	15	10	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 11/17/15

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis/mm

[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.

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

December 3, 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for November 2015**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for November 2015.

There were no violations during this reporting period. A total of 623,970 gallons was discharged to the drip fields during the month. A total of 445,708 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:vm
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
15/11/01				15/11/30		

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.014857	0.021103		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		**XXXX**	**XXXX**	**XXXX**			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	3	3	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**50**			**2/month**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	5	5	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**60**			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.8	N/A	8.0	SU	0	1/Day	Grab
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	XXXX	**9.0**			**1/Day**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J DiSantis/mm SIGNATURE OF PRINCIPAL EXECUTIVE	610-876-5523 EXT 264	15/12/03
TYPE OR PRINT		OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

NO effluent discharged

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: November YEAR: 2015

DATE	Influent gallons	Inf.. pH	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	12,854	8.0			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.5		
2	13,960				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.2		
3	10,796	8.1			19,364	1,545	1,545	1,545	1,545	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.6		
4	10,715				19,364	1,545	1,545	1,545	1,545	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.3		
5	11,880	8.1	199	109	17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.5	2	5
6	10,498				16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.6		
7	18,387	8.4			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.5		
8	18,703				18,811	1,605	1,605	1,599	1,599	1,587	1,588	1,586	1,586	1,442	1,442	1,586	1,586	7.7		
9	14,470	8.2			33,892	2,781	2,781	2,781	2,781	2,781	2,781	2,781	2,781	2,938	2,938	2,884	2,884	7.7		
10	17,098				33,892	2,781	2,781	2,781	2,781	2,781	2,781	2,781	2,781	2,938	2,938	2,884	2,884	7.7		
11	16,602	8.0			33,892	2,781	2,781	2,781	2,781	2,781	2,781	2,781	2,781	2,938	2,938	2,884	2,884	7.8		
12	16,360				33,892	2,781	2,781	2,781	2,781	2,781	2,781	2,781	2,781	2,938	2,938	2,884	2,884	7.4		
13	17,016	7.9			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.3		
14	15,442				16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.7		
15	15,636	8.3			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.6		
16	14,166				16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.9		
17	11,278	7.9			16,892	1,442	1,442	1,339	1,339	1,339	1,339	1,339	1,339	1,545	1,545	1,442	1,442	7.6		
18	15,951				16,892	1,442	1,442	1,339	1,339	1,339	1,339	1,339	1,339	1,545	1,545	1,442	1,442	7.3		
19	16,500	8.0			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.4	3	5
20	11,963				16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.7		
21	11,779	8.5			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.5		
22	18,091				17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.0		
23	13,327	8.2			33,784	2,884	2,884	2,884	2,884	2,678	2,678	2,678	2,678	2,884	2,884	2,884	2,884	8.0		
24	15,079				33,784	2,884	2,884	2,884	2,884	2,678	2,678	2,678	2,678	2,884	2,884	2,884	2,884	6.9		
25	16,713	8.0			16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.5		
26	17,199				18,348	1,393	1,393	1,594	1,594	1,584	1,583	1,579	1,578	1,442	1,442	1,583	1,583	7.5		
27	14,166	8.1			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.4		
28	14,545				16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.4		
29	21,103	8.4			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.5		
30	13,431				16,995	1,442	1,442	1,442	1,442	1,339	1,339	1,339	1,339	1,493	1,494	1,442	1,442	6.8		
					0															
Total	**445,708**				**623,970**															
Avg	**14,857**																		**3**	**5**
Min	**10,498**																	**6.8**		
Max	**21,103**																	**8.0**	**3**	**5**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	15	11	01	TO	15	11	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 12/3/15

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis

[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.

DELCORA

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

January 13, 2015

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for December 2015**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for December 2015.

There were no violations during this reporting period. A total of 520,626 gallons was discharged to the drip fields during the month. A total of 456,000 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:vm
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR MONTH DAY	TO	YEAR MONTH DAY
15/12/01		15/12/31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.014710	0.018778		XXXX	XXXX	XXXX	gpd	0	CONT.	RECD.
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	3	3	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	5	5	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.5	N/A	8.6	SU	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis / mr	610-876-5523 EXT 264	16/01/13
TYPE OR PRINT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

NO effluent discharged

Supplement S Form POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415 MONTH: December YEAR: 2015

DATE	Influent gallons	Inf. pH	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	15,971	8.1			16,995	1,442	1,442	1,442	1,442	1,339	1,339	1,339	1,339	1,493	1,494	1,442	1,442	6.9		
2	16,242				16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.4		
3	15,071	8.0	274	194	16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.2	2	5
4	13,391				16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.8		
5	17,050	7.9			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.8		
6	17,498				17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.7		
7	14,540	7.8			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.5		
8	15,363				16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	6.9		
9	14,551	8.0			18,305	1,596	1,596	1,384	1,384	1,576	1,577	1,577	1,577	1,442	1,442	1,577	1,577	7.1		
10	13,193				16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	6.9		
11	13,887	7.9			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.2		
12	17,256				16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.3		
13	14,785	8.0			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.4		
14	14,583				16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.0		
15	16,105	7.6			17,101	1,442	1,442	1,236	1,236	1,442	1,442	1,546	1,547	1,442	1,442	1,442	1,442	7.7		
16	11,756				16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.2		
17	18,778	8.0			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.1	3	5
18	14,046				16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.6		
19	15,002	8.1			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.5		
20	16,530				17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.5		
21	15,016	7.9			18,284	1,594	1,595	1,587	1,587	1,577	1,577	1,367	1,367	1,442	1,442	1,574	1,575	7.9		
22	13,749				16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	8.6		
23	16,341	8.0			14,849	1,236	1,236	1,236	1,236	1,244	1,245	1,236	1,236	1,236	1,236	1,236	1,236	6.9		
24	15,023				2,079	206	206	206	206	9	10	206	206	206	206	206	206	6.5		
25	16,029	8.1			10,712	824	824	824	824	824	824	1,030	1,030	1,030	1,030	824	824	6.8		
26	17,978				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.0		
27	12,135	8.0			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	6.9		
28	10,952				18,747	1,648	1,648	1,648	1,648	1,442	1,442	1,442	1,442	1,545	1,546	1,648	1,648	7.2		
29	11,093	8.3			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.5		
30	11,793				19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.5		
31	10,293	8.3			19,158	1,442	1,442	1,442	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.2		
Total	**456,000**				**520,626**															
Avg	**14,710**																		**3**	**5**
Min	**10,293**																	**6.5**		
Max	**18,778**																	**8.6**	**3**	**5**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	15	12	01	TO	15	12	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 1/4/16

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis/sw

[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.

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

February 22, 2016

FEDERAL EXPRESS

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for January 2016**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for January 2016.

There were no violations during this reporting period. A total of 457,067 gallons was discharged to the drip fields during the month. A total of 357,751 gallons of influent was metered at the facility during the reporting period. Please note that due to the significant snow event during the month, the drip fields were not utilized January 22nd through January 24th and the influent flow for those days were averaged based on the influent meter totalizer readings before and after the event. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township

COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR MONTH DAY	TO	YEAR MONTH DAY
16/01/01		16/01/31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011540	0.016966		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		XXXX	XXXX	XXXX			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	5	6	MG/L	0	**2/month**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**50**			**2/month**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	5	5	MG/L	0	**2/month**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**60**			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.2	N/A	8.3	SU	0	**1/Day**	**Grab**
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	XXXX	9.0			**1/Day**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)		610-876-5523 EXT 264	16/02/22
TYPE OR PRINT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

NO effluent discharged

Supplement S Form POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415 MONTH: January YEAR: 2016

DATE	Influent gallons	Inf. pH	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	16,966				17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.2		
2	12,294	7.5			18,285	1,588	1,589	1,588	1,588	1,578	1,578	1,576	1,576	1,442	1,442	1,370	1,370	7.1		
3	11,997				17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.4		
4	9,975	7.7			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	8.0		
5	10,449				16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.4		
6	10,918	8.4			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.5		
7	10,547		240	124	16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.4	3	5
8	8,573	8.0			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	6.8		
9	14,318				17,087	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,540	1,539	1,236	1,236	6.2		
10	12,819	8.1			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.2		
11	11,711				16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.3		
12	9,688	7.9			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.3		
13	12,233				16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.4		
14	12,503	8.2			17,961	1,583	1,583	1,375	1,375	1,569	1,569	1,569	1,570	1,442	1,442	1,442	1,442	7.2		
15	11,009				16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.3		
16	11,022	7.9			17,144	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,362	1,362	7.3		
17	10,753				17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.3		
18	10,356	7.8			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.5		
19	11,492				16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.4		
20	10,345	8.2			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.9		
21	12,709		340	684	17,088	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,540	1,540	1,442	1,442	7.3	6	5
22	11,533	8.0			0															
23	11,533				0															
24	11,533				0															
25	8,845				456							206	206	22	22			7.3		
26	13,605				11,965	1,267	1,267	961	962	950	950	950	950	824	824	1,030	1,030	7.2		
27	12,695	8.0			17,346	1,442	1,442	1,648	1,648	1,648	1,648	1,237	1,236	1,257	1,256	1,442	1,442	7.4		
28	9,203				16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.6		
29	8,224	7.5			17,139	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,565	1,566	7.8		
30	14,489				16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	6.9		
31	13,414	7.6			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	8.1		
Total	**357,751**				**457,067**															
Avg	**11,540**																		**5**	**5**
Min	**8,224**																	**6.2**		
Max	**16,966**																	**8.3**	**6**	**5**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	16	1	01	TO	16	1	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 2/22/16

Signature of Principal Executive Officer or Authorized Agent

[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.

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

March 17, 2016

FEDERAL EXPRESS

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for February 2016**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for February 2016.

There were no violations during this reporting period. A total of 496,118 gallons was discharged to the drip fields during the month. A total of 344,331 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:vm
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
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

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township

COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR MONTH DAY	TO	YEAR MONTH DAY
16/02/01		16/02/29

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	OR MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011873	0.014881		XXXX	XXXX	XXXX		0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX	gpd		CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	8	8		0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50	MG/L		2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	6	7		0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60	MG/L		2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		7.1	N/A	8.3		0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0	SU		1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael DiSantis /mm SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	16/03/17
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: March YEAR: 2016

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	10,570			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	8.3		
2	10,763			17,083	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,537	1,538	1,442	1,442	7.6		
3	11,348			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.6		
4	12,358	225	234	17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.4	8	5
5	11,931			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.7		
6	9,405			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.9		
7	12,884			17,705	1,582	1,582	1,579	1,580	1,571	1,571	1,442	1,442	1,442	1,442	1,236	1,236	7.7		
8	10,493			17,637	1,442	1,442	1,442	1,442	1,442	1,442	1,564	1,565	1,486	1,486	1,442	1,442	7.5		
9	12,484			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.7		
10	11,393			17,552	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,566	1,566	7.6		
11	11,509			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.7		
12	11,480			16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.1		
13	12,789			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.3		
14	9,612			17,081	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,536	1,537	1,236	1,236	8.0		
15	12,183			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	8.3		
16	11,666			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.7		
17	11,317			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.2		
18	13,506			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.8	8	7
19	9,716			17,801	1,634	1,634	1,377	1,377	1,563	1,564	1,442	1,442	1,442	1,442	1,442	1,442	7.8		
20	12,086			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.0		
21	13,297			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.3		
22	8,513			17,383	1,442	1,442	1,442	1,442	1,442	1,442	1,564	1,564	1,236	1,236	1,565	1,566	8.1		
23	13,842			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.7		
24	14,881			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.7		
25	14,584			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.3		
26	12,336			17,084	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,538	1,538	1,442	1,442	7.2		
27	12,924			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.7		
28	11,924			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	8.1		
29	12,537			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	8.2		
Total	**344,331**			**496,118**															
Avg	**11,873**																	**8**	**6**
Min	**8,513**																**7.1**		
Max	**14,881**																**8.3**	**8**	**7**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	16	2	01	TO	16	2	29

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 3/3/16

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis

[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.

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

April 12, 2016

FEDERAL EXPRESS

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for March 2016**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for March 2016.

We regret to report that there was one violation during the reporting period for exceeding the instantaneous maximum TSS concentration due to a result of 62 mg/L on 3/10. We attribute this result due to continuing to discharge to the drip fields at a very low storage lagoon level. Due to low storage lagoon levels, the drip fields only received flow on 21 days during the month. A total of 319,942 gallons was discharged to the drip fields during the month. A total of 330,320 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
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

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR MONTH DAY	TO	YEAR MONTH DAY
16/03/01		16/03/31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.010655	0.015368		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	9	25	mg/L	0	3/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	21	62	mg/L	1	3/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.7	N/A	8.2	S.U.	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis	610-876-5523 EXT 264	16/04/12
TYPE OR PRINT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

NO effluent discharged

Supplement S Form POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415 MONTH: March YEAR: 2016

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	12,025			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.8		
2	10,985			17,688	1,579	1,580	1,576	1,577	1,362	1,362	1,442	1,442	1,442	1,442	1,442	1,442	7.7		
3	11,052			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.9		
4	11,255			16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.0		
5	13,780			17,137	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,565	1,564	8.1		
6	12,409			17,133	1,442	1,442	1,442	1,442	1,442	1,442	1,562	1,563	1,442	1,442	1,236	1,236	8.2		
7	12,156			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.8		
8	10,863			9,064	824	824	824	824	618	618	618	618	824	824	824	824	7.8		
9	11,250			8,061	618	618	618	618	618	618	824	824	734	735	618	618	6.7		
10	10,267	188	164	16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.5	21	62
11	11,150			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	6.8		
12	11,885			14,420	1,236	1,236	1,030	1,030	1,236	1,236	1,236	1,236	1,236	1,236	1,236	1,236	8.0		
13	12,521			11,948	824	824	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	7.6		
14	9,699			17,563	1,442	1,442	1,571	1,572	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.8		
15	12,286			17,437	1,578	1,578	1,442	1,442	1,578	1,579	1,442	1,442	1,442	1,442	1,236	1,236	7.7		
16	10,515			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.8		
17	8,719			14,557	1,236	1,236	1,236	1,236	1,030	1,030	1,030	1,030	1,236	1,236	1,360	1,661	7.3		
18	7,283			9,724	618	618	618	618	824	824	948	948	1,236	1,236	618	618	7.7		
19	9,315			3,296	412	412	206	206	206	206	206	206	206	206	412	412	7.6		
20	10,294			0															
21	9,224			0															
22	8,474			0															
23	9,559			0															
24	8,475			0															
25	8,925			0															
26	9,799			0															
27	15,368			0															
28	9,262			0															
29	9,454			0															
30	11,870			19,569	1,648	1,648	1,591	1,591	1,579	1,580	1,561	1,562	1,756	1,757	1,648	1,648	7.5	2	7
31	10,201	220	122	23,689	2,060	2,060	2,003	2,003	1,991	1,992	1,973	1,974	1,962	1,963	1,854	1,854	7.8	3	5
Total	**330,320**			**319,942**															
Avg	**10,655**																	**9**	**25**
Min	**7,283**																**6.7**		
Max	**15,368**																**8.2**	**21**	**62**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	16	3	01	TO	16	3	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

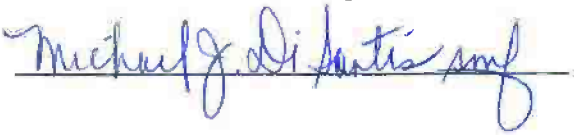
Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 4/5/16

Signature of Principal Executive Officer or Authorized Agent



[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.

3800-FM-BPNPSM0440 3/2012

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report all permit violations and any other non-compliance that may endanger health or the environment, in accordance with your permit. Complete all sections that apply. If you are reporting violations of permit limits, monitoring requirements or schedules that do not pose an immediate threat to health or the environment, you may attach this form to the Discharge Monitoring Report (DMR). **Title 25, Pa. Code §§ 91.33 and 91.34 (regarding incidents causing or threatening pollution and activities utilizing pollutants, respectively), in part requires immediate notification by telephone to the Department of pollution incidents, remediation, and may require an additional report on the incident or plan of pollution prevention measures.** If you are reporting other non-compliance events, and the reporting deadline does not coincide with your submission of the DMR, it should be submitted separately to the Department by the reporting deadline set forth in the permit. See instructions for more information.

Facility Name: Corrine Village WWTP Month: March Year: 2016

Municipality: Pocopson Township County: Chester Permit No.: WQM1507415

☒ **Violations of Permit Effluent Limitations***

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
3/10/16	TSS Instantaneous Maximum	60	mg/L		62	mg/L	Continuing drip field discharge at very low lagoon level.	Discontinued discharge until lagoon level increased.

☐ **Sanitary Sewer Overflows and Other Unauthorized Discharges***

Event Date	Substance Discharged	Location	Volume (gals)	Duration (hrs)	Receiving Waters	Impact on Waters	Cause of Discharge	Date DEP Notified

☐ **Other Permit Violations***

- ☐ Sample collection less frequent than required — Explain
- ☐ Sample type not in compliance with permit — Explain
- ☐ Violation of permit schedule — Explain
- ☐ Other — Explain
- ☐ Other — Explain

***If the space provided is not sufficient to record all information, please attach additional sheets.**

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 Signature: Michael J. DiSantis

Title: Director of Operations and Maiintenance Date: 04/12/2016

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

May 10, 2016

FEDERAL EXPRESS

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for April 2016**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for April 2016.

A total of 331,574 gallons of influent was metered at the facility during the reporting period. Due to low storage lagoon levels, there was no discharge to the drip fields during the month. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
File

PERMITTEE NAME/ADDRESS:

DELCORA

PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF

Pocopson Township

COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MONTH DAY TO	YEAR MONTH DAY
16/04/01	16/04/30

Southeast Region

Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011052	0.016832		XXXX	XXXX	XXXX	gpd	0	CONT.	RECD.
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	N/A	N/A	mg/L	0	N/A	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	N/A	N/A	mg/L	0	N/A	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		N/A	N/A	N/A	S.U.	0	N/A	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis	610-876-5523 EXT 264	16/05/10
Director of Operations and Maintenance		SIGNATURE OF PRINCIPAL EXECUTIVE		
TYPE OR PRINT		OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: Due to low lagoon levels there was no discharge to the drip fields during the month.

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: April YEAR: 2016

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	8,556			0															
2	13,590			0															
3	12,941			0															
4	10,417			0															
5	10,476			0															
6	10,190			0															
7	11,529	256	114	0															
8	10,682			0															
9	11,507			0															
10	11,545			0															
11	9,058			0															
12	10,718			0															
13	10,111			0															
14	10,644			0															
15	7,446			0															
16	14,423			0															
17	13,757			0															
18	10,578			0															
19	10,653			0															
20	10,100			0															
21	10,830			0															
22	11,611			0															
23	11,676			0															
24	12,006			0															
25	7,729			0															
26	12,776			0															
27	10,742			0															
28	10,595			0															
29	7,856			0															
30	16,832			0															
				0															
Total	**331,574**			**0**															
Avg	**11,052**																	#DIV/0!	#DIV/0!
Min	**7,446**																0.0		
Max	**16,832**																0.0	0	0

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	16	4	01	TO	16	4	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 5/5/16

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis smf

[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.

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

June 16, 2016

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for May 2016**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for May 2016.

We regret to report that there was a violation during the month for exceeding the monthly average TSS concentration due to excessive algae. The drip fields were utilized on 30 days during the month with a total of 582,504 gallons discharged. A total of 374,941 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
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

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
16	05	01		16	05	31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.012095	0.016426		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		**XXXX**	**XXXX**	**XXXX**			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	**3**	**5**	MG/L	0	**3/month**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**50**			**2/month**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	**42**	**47**	MG/L	1	**3/month**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**60**			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	**XXXX**		**6.0**	N/A	**8.0**	SU	0	**1/Day**	**Grab**
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	**XXXX**	**9.0**			**1/Day**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis	610-876-5523 EXT 264	16/06/16
TYPE OR PRINT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

NO effluent discharged

Supplement S Form POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415 MONTH: May YEAR: 2016

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	9,342			0															
2	15,038			14,700	1,201	1,201	1,182	1,182	1,164	1,164	1,164	1,164	1,431	1,432	1,207	1,208	8.0		
3	12,243			19,364	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,442	1,442	1,648	1,648	7.1		
4	10,013			14,720	1,201	1,201	1,182	1,182	1,169	1,169	1,169	1,169	1,431	1,432	1,207	1,208	7.3		
5	14,809			20,188	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,854	1,854	1,648	1,648	6.0		
6	13,714			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	6.5		
7	15,560			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	6.9		
8	13,467			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.3		
9	10,482			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.8		
10	11,545			19,364	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,442	1,442	1,648	1,648	7.3		
11	12,250			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.3		
12	12,295	243	188	19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.2	5	40
13	10,199			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.3		
14	14,213			21,339	1,837	1,836	1,806	1,806	1,795	1,794	1,791	1,790	1,648	1,648	1,794	1,794	7.5		
15	14,891			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.3		
16	11,788			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	6.3		
17	12,322			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.3		
18	11,117			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.7		
19	11,679			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.8	3	47
20	7,640			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	6.7		
21	16,426			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.0		
22	11,701			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.9		
23	11,326			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.5		
24	10,553			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.4		
25	12,120			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	6.1		
26	9,160	172	118	21,277	1,811	1,811	1,805	1,805	1,793	1,794	1,791	1,791	1,648	1,648	1,790	1,790	7.4	2	40
27	10,342			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.7		
28	14,553			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.3		
29	8,206			19,364	1,648	1,648	1,648	1,648	1,648	1,648	1,442	1,442	1,648	1,648	1,648	1,648	6.9		
30	14,428			18,540	1,442	1,442	1,442	1,442	1,442	1,442	1,648	1,648	1,648	1,648	1,648	1,648	7.0		
31	11,519			18,128	1,648	1,648	1,648	1,648	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	6.9		
Total	**374,941**			**582,504**															
Avg	**12,095**																	**3**	**42**
Min	**7,640**																**6.0**		
Max	**16,426**																**8.0**	**5**	**47**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	16	5	01	TO	16	5	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 6/3/16

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis

[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.

3800-FM-BPNPSM0440 3/2012

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report all permit violations and any other non-compliance that may endanger health or the environment, in accordance with your permit. Complete all sections that apply. If you are reporting violations of permit limits, monitoring requirements or schedules that do not pose an immediate threat to health or the environment, you may attach this form to the Discharge Monitoring Report (DMR). **Title 25, Pa. Code §§ 91.33 and 91.34 (regarding incidents causing or threatening pollution and activities utilizing pollutants, respectively), in part requires immediate notification by telephone to the Department of pollution incidents, remediation, and may require an additional report on the incident or plan of pollution prevention measures.** If you are reporting other non-compliance events, and the reporting deadline does not coincide with your submission of the DMR, it should be submitted separately to the Department by the reporting deadline set forth in the permit. See instructions for more information.

Facility Name: Corrine Village WWTP Month: May Year: 2016

Municipality: Pocopson Township County: Chester Permit No.: WQM1507415

☒ **Violations of Permit Effluent Limitations***

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
5/1/16-5/31/16	Monthly average TSS concentration	30	mg/L		42	mg/L	Excessive algae.	Addition of algaecide, recirculation of storage lagoon to treatment lagoon, and adjustment of aeration cycle to change D.O. concentration.

☐ **Sanitary Sewer Overflows and Other Unauthorized Discharges***

Event Date	Substance Discharged	Location	Volume (gals)	Duration (hrs)	Receiving Waters	Impact on Waters	Cause of Discharge	Date DEP Notified

☐ **Other Permit Violations***

- ☐ Sample collection less frequent than required — Explain
- ☐ Sample type not in compliance with permit — Explain
- ☐ Violation of permit schedule — Explain
- ☐ Other — Explain
- ☐ Other — Explain

***If the space provided is not sufficient to record all information, please attach additional sheets.**

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	Signature:	Michael J DiSantis
Title:	Director of Operations and Maiintenance	Date:	06/16/2016

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

July 18, 2016

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for June 2016**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for June 2016.

There were no violations during the month. The drip fields were utilized throughout the month with a total of 493,003 gallons discharged. A total of 333,037 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
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

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township

COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MONTH DAY	TO YEAR MONTH DAY
16/06/01	16/06/30

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011101	0.016497		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		XXXX	XXXX	XXXX			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	9	XXXX	MG/L	0	**2/month**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	XXXX			**2/month**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	**25**	XXXX	MG/L	0	**6/month**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	XXXX			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	XXXX		**6.5**	N/A	**8.0**	SU	0	**1/Day**	**Grab**
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	XXXX	**9.0**			**1/Day**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Michael J. DiSantis

Director of Operations and Maintenance

TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

Michael J. DiSantis mjf

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
610-876-5523 EXT 264	16/07/18
AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

NO effluent discharged

Supplement S Form POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415 MONTH: June YEAR: 2016

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	10,180			16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.3		
2	10,949			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.2		
3	11,014			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.4		
4	12,340			17,156	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,368	1,368	1,442	1,442	7.8		
5	15,799			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.3		
6	11,577			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.6		
7	10,729			18,109	1,604	1,604	1,590	1,591	1,369	1,369	1,442	1,442	1,442	1,442	1,607	1,607	7.4		
8	8,583			17,210	1,442	1,442	1,236	1,236	1,442	1,442	1,601	1,601	1,442	1,442	1,442	1,442	7.0		
9	10,753			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.0	14	76
10	9,355			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.0		
11	16,497			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.0		
12	9,744			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	6.5		
13	11,755			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.0		
14	9,664			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.2		
15	12,543			16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.5		
16	9,858			17,247	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,619	1,620	1,442	1,442	8.0		
17	9,751			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	6.8		
18	12,307			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.7		
19	8,605			19,234	1,613	1,613	1,601	1,601	1,590	1,590	1,736	1,736	1,442	1,442	1,636	1,634	7.6		
20	11,888			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.8		
21	10,436			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.4		
22	10,350			17,239	1,442	1,442	1,236	1,236	1,442	1,442	1,616	1,615	1,442	1,442	1,442	1,442	7.5	4	29
23	9,820			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.6		
24	9,496			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.7		
25	14,038			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.7		
26	10,413			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	6.9		
27	11,788			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.6		12
28	10,771			17,244	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,618	1,618	1,442	1,442	7.6		11
29	11,428			8,652	618	618	618	618	824	824	824	824	824	824	618	618	7.4		9
30	10,606			4,532	412	412	412	412	412	412	412	412	206	206	412	412	7.5		13
				0															
Total	**333,037**			**493,003**															
Avg	**11,101**																	**9**	**25**
Min	**8,583**																**6.5**		
Max	**16,497**																**8.0**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	16	6	01	TO	16	6	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 7/5/16

Signature of Principal Executive Officer or Authorized Agent

[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.

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

August 15, 2016

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for July 2016**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for July 2016.

There were no violations during the month as due to low storage lagoon level, the drip fields were not utilized throughout the month. A total of 345,883 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
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

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MONTH DAY TO	YEAR MONTH DAY
16/07/01	16/07/31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011158	0.016747		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		**XXXX**	**XXXX**	**XXXX**			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	XXXX	XXXX	MG/L	0	**XXXX**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**XXXX**			**2/month**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	XXXX	XXXX	MG/L	0	**XXXX**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**XXXX**			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	XXXX		XXXX	N/A	XXXX	SU	0	**XXXX**	**Grab**
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	**XXXX**	**9.0**			**1/Day**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)		610-876-5523 EXT 264	16/08/15
Director of Operations and Maintenance				
TYPE OR PRINT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: There was no discharge during the month due to low storage lagooon level.

NO effluent discharged

Supplement S Form POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415 MONTH: July YEAR: 2016

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals..	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	9,864			0															
2	8,717			0															
3	7,641			0															
4	9,166			0															
5	10,954			0															
6	13,102			0															
7	7,117			0															
8	11,451			0															
9	16,747			0															
10	11,487			0															
11	13,898			0															
12	11,345			0															
13	9,606			0															
14	11,144			0															
15	12,026			0															
16	14,600			0															
17	11,377			0															
18	9,130			0															
19	9,814			0															
20	10,792			0															
21	7,868	199	111	0															
22	10,597			0															
23	14,919			0															
24	10,986			0															
25	11,158			0															
26	11,593			0															
27	11,505			0															
28	12,173			0															
29	10,084			0															
30	10,715			0															
31	14,307			0															
Total	**345,883**			**0**															
Avg	**11,158**																	**#DIV/0!**	**#DIV/0!**
Min	**7,117**																**0.0**		
Max	**16,747**																**0.0**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	16	7	01	TO	16	7	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 8/4/16

Signature of Principal Executive Officer or Authorized Agent

[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.

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

September 19, 2016

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for August 2016**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for August 2016.

There were no violations during the month. The drip fields were utilized twenty nine days during the month with a total of 519,521 gallons discharged. A total of 392,452 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
16	08	01		16	08	31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.012660	0.024380		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	3	XXXX	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	XXXX			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	17	XXXX	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	XXXX			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		7.2	N/A	8.8	SU	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis	610-876-5523 EXT 264	16/09/19
TYPE OR PRINT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

NO effluent discharged

Supplement S Form POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415 MONTH: August YEAR: 2016

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	11,318			10,528	803	802	816	816	780	779	765	765	1,084	1,084	1,017	1,017	7.7		
2	9,672			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.7		
3	9,672			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.6		
4	9,357	125	124	19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.6	2	13
5	10,355			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.4		
6	14,743			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.6		
7	9,898			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.2		
8	11,499			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.4		
9	12,845			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.4		
10	15,207			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.5		
11	15,650			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.6		
12	10,166			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.9		
13	14,767			23,145	1,923	1,923	1,934	1,935	1,935	1,935	1,925	1,925	1,921	1,921	1,934	1,934	8.1		
14	7,926			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.0		
15	14,631			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.7		
16	13,381			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.8		
17	12,386			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.1		
18	11,066	292	205	19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.7	3	20
19	11,347			7,828	824	824	618	618	618	618	618	618	618	618	618	618	8.8		
20	24,380			0	0	0	0	0	0	0	0	0	0	0	0	0			
21	12,128			0	0	0	0	0	0	0	0	0	0	0	0	0			
22	11,205			11,124	824	824	824	824	1,030	1,030	1,030	1,030	1,030	1,030	824	824	8.0		
23	20,583			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.1		
24	12,625			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.2		
25	13,345			1,436	365	365	0	0	0	0	0	0	0	0	353	353	8.2		
26	11,183	.		11,831	882	883	1,247	1,248	1,104	1,105	885	886	892	893	903	903	7.7		
27	10,296			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.2		
28	13,654			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.5		
29	14,179			18,557	1,447	1,447	1,445	1,446	1,442	1,442	1,648	1,648	1,648	1,648	1,648	1,648	8.6		
30	11,089			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.6		
31	11,899			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.7		
Total	**392,452**			**519,521**															
Avg	**12,660**																	**3**	**17**
Min	**7,926**																**7.2**		
Max	**24,380**																**8.8**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	16	8	01	TO	16	8	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 9/7/16

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis

[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.

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

October 20, 2016

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for September 2016**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for September 2016.

There were no violations during the month. The drip fields were utilized twenty eight days during the month with a total of 414,616 gallons discharged. A total of 347,103 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
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

PERMITTEE NAME/ADDRESS:
Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016
PRIMARY FACILITY
Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MONTH DAY TO	YEAR MONTH DAY
16/09/01	16/09/30

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011570	0.015620		XXXX	XXXX	XXXX	gpd	0	CONT.	RECD.
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	7	XXXX	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	XXXX			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	23	XXXX	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	XXXX			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		7.2	N/A	8.7	SU	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis Director of Operations and Maintenance	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis	610-876-5523 EXT 264	16/10/18
TYPE OR PRINT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: September YEAR: 2016

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	9,552			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.7		
2	9,540			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.5		
3	15,620			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.1		
4	12,804			18,540	1,442	1,442	1,442	1,442	1,648	1,648	1,648	1,648	1,648	1,648	1,442	1,442	7.5		
5	12,923			17,716	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,648	1,648	7.7		
6	11,436			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.6		
7	10,376			1,450	369	370	0	0	0	0	0	0	0	0	355	366	7.6		
8	12,980.			3,768	0	0	362	363	353	353	355	356	458	458	355	355	7.7		
9	7,348			2,421	369	369	501	501	340	341	0	0	0	0	0	0	7.8		
10	13,048			0	0	0	0	0	0	0	0	0	0	0	0	0			
11	12,173			0	0	0	0	0	0	0	0	0	0	0	0	0			
12	14,691			12,713	1,466	1,466	1,030	1,030	1,108	1,108	824	824	824	824	1,104	1,105	7.3		
13	9,600			18,952	1,442	1,442	1,442	1,442	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.4		
14	11,565			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.2		
15	9,076	171	90	16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.4	4	17
16	9,149			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.5		
17	14,077			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.5		
18	14,504			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.3		
19	11,918			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.4		
20	12,184			18,262	1,442	1,442	1,442	1,442	1,442	1,442	1,648	1,648	1,718	1,718	1,442	1,442	7.3		
21	11,132			17,856	1,442	1,442	1,718	1,718	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.5		
22	12,136	185	373	16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.6	10	28
23	10,860			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.5		
24	11,293			18,374	1,689	1,688	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,731	1,730	7.8		
25	14,427			3,475	206	206	206	206	708	707	206	206	206	206	206	206	7.7		
26	10,315			3,265	206	206	206	206	358	358	455	456	206	206	206	206	7.4		
27	11,095			12,084	1,030	1,030	1,030	1,030	1,102	1,101	936	937	1,030	1,030	914	914	7.5		
28	10,425			16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.1		
29	11,211			18,128	1,442	1,442	1,545	1,545	1,545	1,545	1,545	1,545	1,545	1,545	1,442	1,442	8.0		
30	9,645			18,128	1,442	1,442	1,545	1,545	1,545	1,545	1,545	1,545	1,545	1,545	1,442	1,442	8.1		
Total	**347,103**			**414,616**															
Avg	**11,570**																	**7**	**23**
Min	**7,348**																**7.2**		
Max	**15,620**																**8.7**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	16	9	01	TO	16	9	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 10/4/16

Signature of Principal Executive Officer or Authorized Agent

Michael J DiSantis mjd

[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.

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

November 15, 2016

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for October 2016**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for October 2016.

There were no violations during the month. The drip fields were utilized throughout the month with a total of 503,726 gallons discharged. A total of 344,104 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR MONTH DAY	TO	YEAR MONTH DAY
16/10/01		16/10/31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011100	0.015308		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	6	XXXX	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	XXXX			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	10	XXXX	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	XXXX			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		7.5	N/A	8.6	SU	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis	610-876-5523 EXT 264	16/11/15
TYPE OR PRINT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

NO effluent discharged

Supplement S Form POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415 MONTH: October YEAR: 2016

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	14,118			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.2		
2	10,558			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	8.6		
3	12,565			2,824	206	206	347	347	92	92	206	206	355	355	206	206	8.3		
4	8,313			1,537	206	206	357	356	0	0	0	0	0	0	206	206	8.1		
5	10,530			15,066	1,030	1,030	1,276	1,277	1,236	1,236	1,236	1,236	1,518	1,519	1,236	1,236	8.3		
6	7,836			6,085	676	676	412	412	412	412	412	412	412	412	719	718	8.5		
7	9,779			20,458	2,111	2,111	632	632	2,060	2,060	2,266	2,266	1,030	1,030	2,130	2,130	8.5		
8	14,743			19,776	2,472	2,472	0	0	2,472	2,472	2,472	2,472	0	0	2,472	2,472	8.5		
9	9,923			19,364	2,266	2,266	0	0	2,472	2,472	2,472	2,472	0	0	2,472	2,472	7.5		
10	8,479			16,892	2,266	2,266	0	0	2,060	2,060	2,060	2,060	0	0	2,060	2,060	8.3		
11	10,707			16,892	2,060	2,060	0	0	2,266	2,266	2,060	2,060	0	0	2,060	2,060	7.9		
12	10,814			17,716	2,260	2,266	0	0	2,060	2,060	2,266	2,266	0	0	2,266	2,266	8.4		
13	9,772	315	213	16,892	2,060	2,060	0	0	2,266	2,266	2,060	2,060	0	0	2,060	2,060	7.8	6	**13**
14	7,805			19,659	2,060	2,060	824	824	1,854	1,854	2,060	2,060	824	824	2,208	2,207	8.0		
15	15,308			17,101	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,546	1,547	1,442	1,442	8.1		
16	13,259			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.9		
17	11,436			17,453	1,442	1,442	1,442	1,442	1,590	1,590	1,574	1,575	1,442	1,442	1,236	1,236	8.2		
18	10,071			17,174	1,442	1,442	1,583	1,583	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	8.2		
19	10,140			17,621	1,600	1,601	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.1		
20	9,699	191	448	16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	8.0	6	7
21	11,621			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	142	1,442	1,442	1,442	7.7		
22	11,423			16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.7		
23	13,488			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.2		
24	9,243			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.9		
25	12,157			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	8.3		
26	10,275			17,653	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,616	1,617	8.2		
27	10,114			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	8.3		
28	11,322			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.8		
29	13,527			17,625	1,442	1,442	1,236	1,236	1,573	1,574	1,573	1,573	1,546	1,546	1,442	1,442	8.0		
30	14,812			17,169	1,236	1,236	1,580	1,581	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.6		
31	10,267			17,189	1,590	1,591	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.8		
Total	**344,104**			**503,726**															
Avg	**11,100**																	**6**	**10**
Min	**7,805**																**7.5**		
Max	**15,308**																**8.6**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	16	10	01	TO	16	10	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

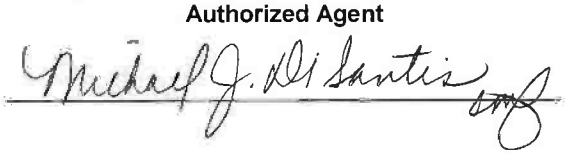
Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 11/4/16

Signature of Principal Executive Officer or Authorized Agent



[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.

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

December 19, 2016

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for November 2016**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for November 2016.

There were no violations during the month. The drip fields were utilized 18 days during the month with a total of 273,293 gallons discharged. A total of 342,120 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR MONTH DAY	TO	YEAR MONTH DAY
16/11/01		16/11/30

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011404	0.015080		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		**XXXX**	**XXXX**	**XXXX**			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	6	XXXX	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**XXXX**			**2/month**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	17	XXXX	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**XXXX**			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	XXXX		7.4	N/A	8.1	SU	0	1/Day	Grab
	PERMIT REQUIREMENT	**N/A**	**XXXX**		**6.0**	**XXXX**	**9.0**			**1/Day**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	16/12/19
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

NO effluent discharged

Supplement S Form POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415 MONTH: November YEAR: 2016

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	11,472			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.8		
2	12,928			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.6		
3	11,201			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.8		
4	10,469			8,464	618	618	618	618	618	618	824	824	824	824	730	730	8.1		
5	12,511			0	0	0	0	0	0	0	0	0	0	0	0	0			
6	11,061			0	0	0	0	0	0	0	0	0	0	0	0	0			
7	7,276			0	0	0	0	0	0	0	0	0	0	0	0	0			
8	12,926			14,014	1,236	1,236	1,133	1,133	1,133	1,133	1,133	1,133	1,239	1,239	1,240	1,240	7.4		
9	9,199	240	492	14,015	1,236	1,236	1,133	1,133	1,133	1,133	1,133	1,133	1,239	1,239	1,240	1,240	7.8	7	16
10	8,886			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.7		
11	9,799			6,592	618	618	618	618	618	618	618	618	412	412	412	412	7.7		
12	11,080			0	0	0	0	0	0	0	0	0	0	0	0	0			
13	14,798			0	0	0	0	0	0	0	0	0	0	0	0	0			
14	10,896			0	0	0	0	0	0	0	0	0	0	0	0	0			
15	10,561			0	0	0	0	0	0	0	0	0	0	0	0	0			
16	10,146			0	0	0	0	0	0	0	0	0	0	0	0	0			
17	12,327			0	0	0	0	0	0	0	0	0	0	0	0	0			
18	10,190			0	0	0	0	0	0	0	0	0	0	0	0	0			
19	11,488			0	0	0	0	0	0	0	0	0	0	0	0	0			
20	12,894			0	0	0	0	0	0	0	0	0	0	0	0	0			
21	12,475			13,359	1,131	1,131	1,105	1,105	1,098	1,098	1,095	1,095	1,120	1,120	1,030	1,030	7.6		
22	10,685	330	402	13,360	1,131	1,132	1,105	1,005	1,098	1,099	1,095	1,095	1,120	1,121	1,030	1,030	7.6	5	18
23	8,989			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.7		
24	13,023			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.9		
25	10,742			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.6		
26	15,080			16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.7		
27	13,322			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.8		
28	13,325			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,339	1,339	7.8		
29	11,255			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,339	1,339	7.8		
30	11,116			17,265	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,628	1,629	8.0		
Total	**342,120**			**273,293**															
Avg	**11,404**																	**6**	**17**
Min	**7,276**																**7.4**		
Max	**15,080**																**8.1**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	16	11	01	TO	16	11	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 12/5/16

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis

[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.

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

January 17, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for December 2016**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for December 2016.

There were no violations during the month. The drip fields were utilized 28 days during the month with a total of 437,911 gallons discharged. A total of 357,215 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:dds
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR MONTH DAY	TO	YEAR MONTH DAY
16/12/01		16/12/31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011523	0.016300		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		**XXXX**	**XXXX**	**XXXX**			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	7	XXXX	MG/L	0	**2/month**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**XXXX**			**2/month**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	12	XXXX	MG/L	0	**2/month**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**XXXX**			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	**XXXX**		**7.4**	N/A	**8.4**	SU	0	**1/Day**	**Grab**
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	**XXXX**	**9.0**			**1/Day**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)		610-876-5523 EXT 264	17/01/17
TYPE OR PRINT		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: December YEAR: 2016

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	9,245			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.5		
2	12,103			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.8		
3	11,221			16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.8		
4	13,590			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.5		
5	13,361			11,250	1,134	1,135	1,104	1,105	1,046	1,047	999	999	722	723	618	618	7.9		
6	10,561			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.9		
7	10,558			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.6		
8	10,357	212	295	16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.6	5	12
9	11,099			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.8		
10	12,522			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.0		
11	13,917			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	8.1		
12	9,925			17,168	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,580	1,580	7.8		
13	11,134			7,004	618	618	618	618	618	618	412	412	618	618	618	615	8.0		
14	8,518			0	0	0	0	0	0	0	0	0	0	0	0	0			
15	11,632			0	0	0	0	0	0	0	0	0	0	0	0	0			
16	11,009			0	0	0	0	0	0	0	0	0	0	0	0	0			
17	12,770			1,141	364	365	0	0	0	0	0	0	0	0	206	206	8.4		
18	13,949			9,208	854	854	882	883	753	753	763	763	733	734	618	618	8.0		
19	10,300			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.0		
20	15,600			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.6		
21	10,940			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.7		
22	11,386	216	195	16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.4	9	12
23	7,808			16,892	1,442	1,442	1,442	1,442	14,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.6		
24	16,300			17,335	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,663	1,664	7.9		
25	11,087			16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.1		
26	10,882			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.0		
27	9,953			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.9		
28	10,147			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.4		
29	13,021			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.5		
30	7,979			18,837	1,442	1,442	1,701	1,701	1,618	1,681	1,471	1,471	1,681	1,682	1,442	1,442	8.0		
31	14,341			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	8.1		
Total	**357,215**			**437,911**															
Avg	**11,523**																	**7**	**12**
Min	**7,808**																**7.4**		
Max	**16,300**																**8.4**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	16	12	01	TO	16	12	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 1/5/17

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis/bds

[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.

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

February 23, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for January 2017**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for January 2017.

There were no violations during the month. The drip fields were utilized 28 days during the month with a total of 437,911 gallons discharged. A total of 357,215 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:map
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

PERMITTEE NAME/ADDRESS:
Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY
Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MONTH DAY	TO YEAR MONTH DAY
17/01/01	17/01/31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.032830	0.018751		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		XXXX	XXXX	XXXX			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	10	XXXX	MG/L	0	**2/month**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	XXXX			**2/month**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	18	XXXX	MG/L	0	**2/month**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	XXXX			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	XXXX		7.3	N/A	8.1	SU	0	**1/Day**	**Grab**
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	XXXX	9.0			**1/Day**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis /bdr	610-876-5523 EXT 264	17/02/22
Director of Operations and Maintenance		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY
TYPE OR PRINT				

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

NO effluent discharged

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	17	1	01	TO	17	1	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 2/6/17

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis/lab

[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.

Supplement S Form | POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415 | MONTH: January YEAR: 2017

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	16,088			17,457	1,224	1,235	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.7		
2	13,202			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.6		
3	11,700			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.6		
4	12,211			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.7		
5	10,147	244	210	17,365	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,679	1,678	7.8	9	12
6	9,831			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.7		
7	19,448			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.8		
8	11,504			16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.8		
9	12,131			16,892	1,226	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.5		
10	11,926			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.9		
11	11,436			18,751	1,442	1,442	1,700	1,701	1,662	1,663	1,660	1,660	1,674	1,675	1,236	1,236	7.3		
12	10,904			8,652	824	824	824	824	618	618	618	618	618	618	824	824	7.4		
13	12,271			0	0	0	0	0	0	0	0	0	0	0	0	0			
14	9,991			0	0	0	0	0	0	0	0	0	0	0	0	0			
15	11,263			0	0	0	0	0	0	0	0	0	0	0	0	0			
16	16,838			0	0	0	0	0	0	0	0	0	0	0	0	0			
17	10,540			0	0	0	0	0	0	0	0	0	0	0	0	0			
18	11,638			0	0	0	0	0	0	0	0	0	0	0	0	0			
19	10,204			0	0	0	0	0	0	0	0	0	0	0	0	0			
20	12,658			0	0	0	0	0	0	0	0	0	0	0	0	0			
21	7,885			0	0	0	0	0	0	0	0	0	0	0	0	0			
22	16,639			0	0	0	0	0	0	0	0	0	0	0	0	0			
23	10,975			0	0	0	0	0	0	0	0	0	0	0	0	0	7.4		
24	14,567			13,968	1,107	1,107	1,068	1,068	1,077	1,077	1,415	1,416	1,265	1,266	1,056	1,056			
25	10,122	419	740	17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.5	11	23
26	13,415			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.8		
27	8,136			13,968	1,107	1,107	1,068	1,068	1,077	1,077	1,415	1,416	1,265	1,266	1,057	1,057	8.0		
28	17,859			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.1		
29	12,652			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.4		
30	13,748			16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.7		
31	11,883			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.1		
Total	**383,812**			**328,297**															
Avg	**12,381**																	**10**	**18**
Min	**7,885**															.	**7.3**		
Max	**19,448**																**8.1**		

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

3800-FM-BPNPSM0436 3/2012

Facility Name: **Pocopson Preserve**
Municipality: **Pocopson Township** County: **Delaware**
Watershed:

Month: **January** Year: **2017**
NPDES Permit No.: **1507415**
Renewal application due **180 days** prior to expiration.
This permit will expire on: **July 31, 2018**

	Influent					Process Control				
Day	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	0.016									
2	0.0132									
3	0.0117									
4	0.0122									
5	0.0101	244.0	21	210.0	18					
6	0.0098									
7	0.0194									
8	0.0115									
9	0.0121									
10	0.0119									
11	0.0114									
12	0.0109									
13	0.0122									
14	0.0099									
15	0.0112									
16	0.0168									
17	0.0105									
18	0.0116									
19	0.0102									
20	0.0126									
21	0.0078									
22	0.0166									
23	0.0109									
24	0.0145									
25	0.0101	419.0	35	740.0	62					
26	0.0134									
27	0.0081									
28	0.0178									
29	0.0126									
30	0.0137									
31	0.0118									
Avg	0.012	332	28	475	40					
Max	0.019	419	35	740	62					

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 J. DiSantis**
Title: **Dir. of Operations and Maintenance**

License No.: **T0403**
Date: **2/4/2017**

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

March 14, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for February 2017**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for February 2017.

There were two violations during the month, exceeding the monthly average and instantaneous TSS, due to an early algae bloom. Cooper sulfate and algaecide were added to combat the bloom. The drip fields were utilized 24 days during the month, with a total of 374,259 gallons discharged. A total of 335,811 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:map
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
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

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road

PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF

Pocopson Township

COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR MONTH DAY	TO	YEAR MONTH DAY
17/02/01		17/02/28

Southeast Region

Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011993	0.017053		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		**XXXX**	**XXXX**	**XXXX**			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	13	16	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**50**			**2/month**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	54	76	MG/L	0	3/month	Grab
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**60**			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	XXXX		7.3	N/A	8.3	SU	0	1/Day	Grab
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	**XXXX**	**9.0**			**1/Day**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis /bab	610-876-5523 EXT 264	17/03/14
Director of Operations and Maintenance		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY
TYPE OR PRINT				

COMMENT AND EXPLANATION OF ANY VIOLATIONS:

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: February
YEAR: 2017

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	12,823			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	8.0		
2	10,932			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	8.3		
3	9,836			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	7.8		
4	13,234			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.7		
5	17,053			19,287	1,705	1,705	1,688	1,689	1,460	1,461	1,442	1,442	1,669	1,670	1,678	1,678	7.3		
6	13,526			16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.0		
7	13,605			17,369	1,236	1,236	1,442	1,442	1,442	1,442	1,681	1,680	1,442	1,442	1,442	1,442	7.9		
8	12,690			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.6		
9	16,143	299	300	16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	8.2	16	41
10	10,893			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	8.1		
11	10,885			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.9		
12	14,914			16,892	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	7.8		
13	10,932			16,892	1,442	1,442	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.7		
14	11,604			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.9		
15	12,229			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.8		
16	12,396			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.6		
17	9,077			11,369	1,077	1,078	1,050	1,051	855	856	618	618	1,045	1,046	1,037	1,038	7.9		
18	14,144			0	0	0	0	0	0	0	0	0	0	0	0	0			
19	11,201			0	0	0	0	0	0	0	0	0	0	0	0	0			
20	11,038			0	0	0	0	0	0	0	0	0	0	0	0	0			
21	10,115			0	0	0	0	0	0	0	0	0	0	0	0	0			
22	9,873	148	112	700	0	0	0	700	0	0	0	0	0	0	0	0		10	46
23	11,305			9,118	824	824	618	618	618	618	851	851	824	824	824	824	7.3		
24	11,726			16,892	1,236	1,236	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	8.1		
25	8,146			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	7.9		
26	15,226			17,304	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	7.7		
27	10,315			16,892	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,236	1,236	1,442	1,442	7.8		
28	9,950			11,124	1,030	1,030	824	824	824	824	824	824	1,030	1,030	1,030	1,030	7.8		76
Total	**335,811**			**374,259**															
Avg	**11,993**																	**13**	**54**
Min	**8,146**																**7.3**		
Max	**17,053**																**8.3**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	17	2	01	TO	17	2	28

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 3/8/2017

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis /bda

[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.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

3800-FM-BPNPSM0436 3/2012

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: **Pocopson Preserve**
Municipality: **Pocopson Township** County: **Delaware**
Watershed:

Month: **February** Year: **2017**
NPDES Permit No.: **1507415**
Renewal application due **180 days** prior to expiration:
This permit will expire on: **July 31, 2018**

	Influent					Process Control				
Day	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	0.016									
2	0.0132									
3	0.0117									
4	0.0122									
5	0.0101									
6	0.0098									
7	0.0194									
8	0.0115									
9	0.0121	299.0	30	300.0	30					
10	0.0119									
11	0.0114									
12	0.0109									
13	0.0122									
14	0.0099									
15	0.0112									
16	0.0168									
17	0.0105									
18	0.0116									
19	0.0102									
20	0.0126									
21	0.0078									
22	0.0166	148.0	20	112.0	16					
23	0.0109									
24	0.0145									
25	0.0101									
26	0.0134									
27	0.0081									
28	0.0178									
29	0.0126									
30	0.0137									
31	0.0118									
Avg	0.012	224	25	206	23					
Max	0.019	299	30	300	30					

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 J. DiSantis** License No.: **T0403**
Title: **Dir. of Operations and Maintenance** Date: **3/8/2017**

3800-FM-BPNPSM0440 3/2012

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report all permit violations and any other non-compliance that may endanger health or the environment, in accordance with your permit. Complete all sections that apply. If you are reporting violations of permit limits, monitoring requirements or schedules that do not pose an immediate threat to health or the environment, you may attach this form to the Discharge Monitoring Report (DMR). **Title 25, Pa. Code §§ 91.33 and 91.34 (regarding incidents causing or threatening pollution and activities utilizing pollutants, respectively), in part requires immediate notification by telephone to the Department of pollution incidents, remediation, and may require an additional report on the incident or plan of pollution prevention measures.** If you are reporting other non-compliance events, and the reporting deadline does not coincide with your submission of the DMR, it should be submitted separately to the Department by the reporting deadline set forth in the permit. See instructions for more information.

Facility Name: Corrine Village WWTP Month: February Year: 2017

Municipality: Pocopson Township County: Chester Permit No.: WQM1507415

☒ **Violations of Permit Effluent Limitations***

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
2/1/17 to 2/28/17	TSS Monthly Average	30	mg/L		54	mg/L	Early algea bloom.	Chemicals added to combat algea bloom.
2/28/17	TSS Instantaneous Maximum	60	mg/l		76	mg/l	Early algea bloom	Chemicals added to combat algea bloom

☐ **Sanitary Sewer Overflows and Other Unauthorized Discharges***

Event Date	Substance Discharged	Location	Volume (gals)	Duration (hrs)	Receiving Waters	Impact on Waters	Cause of Discharge	Date DEP Notified

☐ **Other Permit Violations***

- ☐ Sample collection less frequent than required — Explain
- ☐ Sample type not in compliance with permit — Explain
- ☐ Violation of permit schedule — Explain
- ☐ Other — Explain
- ☐ Other — Explain

***If the space provided is not sufficient to record all information, please attach additional sheets.**

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 Signature: Michael J. DiSantis /lab

Title: Director of Operations and Maiintenance Date: 03/15/17

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

April 20, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for March 2017

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for March 2017.

There were no violations during the month due to low storage lagoon level; the drip fields were not utilized throughout the month. A total of 380,040 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:map
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
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

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road

PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF

Pocopson Township

COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ***(NPDES)***

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
17	03	01		17	03	31

Southeast Region

Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.012259	0.016790		XXXX	XXXX	XXXX			*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		**XXXX**	**XXXX**	**XXXX**	**gpd**		**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	XXXX	XXXX			XXXX	XXXX
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**50**	**MG/L**		**2/month**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	XXXX	XXXX			XXXX	XXXX
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**60**	**MG/L**		**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	XXXX		XXXX	N/A	XXXX			XXXX	XXXX
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	XXXX	**9.0**	**SU**		**1/Day**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	17/04/18
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: No samples taken during the month as there was no discharge due to low storage lagoon levels.

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: March
YEAR: 2017

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	10,357			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
2	10,997			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
3	11,687			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
4	12,947			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
5	13,099			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
6	11,250			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
7	8,519			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
8	13,896			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
9	12,138			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
10	9,476			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
11	12,600			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
12	14,164			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
13	9,991			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
14	13,134			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
15	13,660			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
16	10,943	296	568	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
17	11,031			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
18	15,200			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
19	14,799			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
20	10,751			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
21	11,163			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
22	16,790			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
23	12,378	325	280	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
24	10,692			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
25	12,279			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
26	16,185			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
27	10,397			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
28	11,635			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
29	11,587			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
30	12,225			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
31	14,070			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0	0
Total	**380,040**			**0**															
Avg	**12,259**																	**0**	**0**
Min	**8,519**																**0.0**		
Max	**16,790**																**0.0**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	17	3	01	TO	17	3	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 4/4/2017

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis /bab

[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.

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

May 18, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for April 2017**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for April 2017.

There were two violations during the month, exceeding the monthly average and instantaneous TSS, due to an algae bloom. Copper sulfate and algaecide were added to combat the bloom. The drip fields were utilized 24 days during the month, with a total of 473,093 gallons discharged. A total of 439,158 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road

PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF

Pocopson Township

COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR MONTH DAY	TO	YEAR MONTH DAY
17/04/01		17/04/30

Southeast Region

Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.014639	0.019316		XXXX	XXXX	XXXX	gpd	0	CONT.	RECD.
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		XXXX	XXXX	XXXX			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	11	13	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**50**			**2/month**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	66	78	MG/L	2	2/month	Grab
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**60**			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.5	N/A	7.9	SU	0	1/Day	Grab
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	XXXX	**9.0**			**1/Day**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)	Michael J. DiSantis	610-876-5523 EXT 264	17/05/18
Director of Operations and Maintenance		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY
TYPE OR PRINT				

COMMENT AND EXPLANATION OF ANY VIOLATIONS: No samples taken during the month as there was no discharge due to low storage lagoon levels.

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: April
YEAR: 2017

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	12,868			0	0	0	0	0	0	0	0	0	0	0	0	0			
2	15,442			800	0	0	0	0	0	0	0	0	0	0	0	0			
3	10,902			3,300	0	0	0	0	0	0	0	0	0	0	0	0	7.5		
4	17,490			1,500	0	0	0	0	0	0	0	0	0	0	0	0	7.6		
5	13,729			4,600	0	0	0	0	0	0	0	0	0	0	0	0	7.8		
6	17,177			0	1,150	1,151	1,462	1,463	887	888	845	845	864	864	796	797	7.7		
7	13,854			12,012	206	206	372	372	206	206	206	206	206	206	372	373	7.6		
8	18,288			2,600	1,030	1,030	0	0	1,236	1,236	1,030	1,030	1,030	1,030	0	0	7.8		
9	14,612			8,652	2,472	2,472	0	0	2,472	2,472	2,472	2,472	2,472	2,472	0	0	7.9		
10	13,677			19,776	2,472	2,472	0	0	2,472	2,472	2,472	2,472	2,472	2,472	0	0	7.5		
11	13,384			19,776	2,266	2,266	1,030	1,030	2,060	2,060	2,266	2,266	2,266	2,266	367	367	7.6		
12	12,508	219	740	20,510	2,060	2,060	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	0	0	7.5	8	53
13	16,689			20,188	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	0	0	7.3		
14	16,195			19,776	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	0	0	7.3		
15	12,411			19,776	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	0	0	7.2		
16	16,344			19,776	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	0	0	7.5		
17	12,909			19,776	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	0	0	7.3		
18	14,073			19,776	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	0	0	7.4		
19	15,951			19,776	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	0	0	7.2		
20	19,316	425	660	19,776	1,854	1,854	1,854	1,854	2,060	2,060	3,268	3,268	3,997	3,997	0	0	6.6	13	78
21	17,797			26,066	1,030	1,030	1,030	1,030	1,030	1,030	1,485	1,485	5,974	5,974	0	0	6.5		
22	13,771			21,098	1,854	1,854	1,854	1,854	3,269	3,269	3,914	3,914	1,854	1,854	0	0	7.1		
23	16,576			25,490	1,123	1,122	4,638	4,637	736	736	4,738	4,738	618	618	0	0	6.8		
24	12,888			23,704	739	739	4,532	4,532	1,089	1,088	4,738	4,738	412	412	0	0	7.0		
25	12,299			23,019	1,685	1,685	1,236	1,236	1,193	1,193	4,944	4,944	824	824	1,351	1,351	6.9		
26	12,836			22,466	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	6.7		
27	13,313			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	6.7		
28	12,654			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	6.6		
29	11,660			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	0	0	7.4		
30	17,545			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.4		
31																			
Total	**439,158**			**473,093**															
Avg	**14,639**																	**11**	**66**
Min	**10,902**																**6.5**		
Max	**19,316**																**7.9**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	17	4	01	TO	17	4	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 5/4/2017

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis Jr.

[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.

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

June 27, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for May 2017

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for May 2017.

There were no violations during the month. A total of 411,627 gallons of influent was metered at the facility during the reporting period. A total of 529,005 gallons was discharged to the drip fields during the month. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Very truly yours,

e-signature used per MJD/bab

Michael J. DiSantis
Director of Operations & Maintenance

MJD:
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
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

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	17	5	01	TO	17	5	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 6/6/2017

Signature of Principal Executive Officer or Authorized Agent

[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.

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR MONTH DAY	TO	YEAR MONTH DAY
17/05/01		17/05/31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.013278	0.018181		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	**0.020000**	**MONITOR/ REPORT**		**XXXX**	**XXXX**	**XXXX**			**CONT.**	**RECORDED**
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	3	3	MG/L	0	**2/month**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**25**	**50**			**2/month**	**Grab**
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	28	28	MG/L	0	**2/month**	**Grab**
	PERMIT REQUIREMENT	**XXXX**	**XXXX**		**XXXX**	**30**	**60**			**2/month**	**Grab**
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.9	N/A	7.8	SU	0	**1/Day**	**Grab**
	PERMIT REQUIREMENT	**N/A**	**XXXX**		6.0	**XXXX**	**9.0**			**1/Day**	**Grab**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	17/06/23
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: No samples taken during the month as there was no discharge due to low storage lagoon levels.

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: May
YEAR: 2017

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	14,654			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	6.9		
2	14,936			19,776	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	1,648	7.4		
3	15,415			21,588	1,648	1,648	1,648	1,648	1,648	1,648	1,442	1,442	1,442	1,442	2,966	2,960	7.0		
4	14,713			12,058	618	618	618	618	618	618	824	824	1,491	1,492	1,859	1,860	6.9		
5	14,619			6,916	412	412	412	412	412	412	741	742	741	741	730	740	6.9		
6	11,464			11,460	3,296	3,296	206	206	373	372	371	371	746	745	739	739	7.0		
7	18,181			21,040	8,652	8,652	375	375	374	374	374	373	373	372	373	373	7.5		
8	11,950			750	750	0	0	0	0	0	0	0	0	0	0	0	7.4		
9	12,909			0	0	0	0	0	0	0	0	0	0	0	0	0			
10	13,937			8,552	723	723	704	704	699	699	688	688	731	731	731	731	7.4		
11	12,261			10,390	979	979	1,030	1,030	1,030	1,030	824	824	964	964	368	368	7.6		
12	16,776			19,776	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	0	0	7.6		
13	15,701			19,776	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	0	0	7.8		
14	11,895			19,776	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	0	0	7.8		
15	12,379			19,776	1,854	1,854	1,854	18,554	2,060	2,060	2,060	2,060	2,060	2,060	0	0	7.5		
16	13,438			19,776	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	0	0	7.2		
17	13,601			19,776	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	0	0	7.8		
18	12,536	226	472	19,776	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	0	0	7.6	3	27
19	11,024			19,776	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	0	0	7.5		
20	10,046			19,776	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	0	0	7.7		
21	15,706			19,776	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	0	0	7.5		
22	12,594			20,376	2,060	2,060	2,059	2,058	1,854	1,854	2,206	2,205	2,060	2,060	0	0	7.4		
23	14,641			20,355	1,854	1,854	2,060	2,060	2,228	2,228	2,060	2,060	1,976	1,975	0	0	7.7		
24	14,701	280	872	19,776	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	0	0	7.4	3	28
25	13,074			19,776	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	0	0	7.1		
26	11,379			19,776	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	0	0	7.4		
27	10,721			19,776	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	0	0	7.1		
28	11,070			19,776	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	0	0	7.0		
29	9,932			19,776	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	0	0	7.4		
30	13,969			19,776	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	0	0	7.3		
31	11,405			19,776	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	0	0	7.2		
Total	**411,627**			**529,005**															
Avg	**13,278**																	**3**	**28**
Min	**9,932**																**6.9**		
Max	**18,181**																**7.8**		

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

3800-FM-BPNPSM0436 3/2012

Facility Name: **Pocopson Preserve**
Municipality: **Pocopson Township** County: **Delaware**
Watershed:

Month: **May** Year: **2017**
NPDES Permit No.: **1507415**
Renewal application due **180 days** prior to expiration.
This permit will expire on: **July 31, 2018**

	Influent					Process Control				
Day	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	0.0129									
2	0.0154									
3	0.0109									
4	0.0175									
5	0.0137									
6	0.0172									
7	0.0139									
8	0.0183									
9	0.0146									
10	0.0137									
11	0.0134									
12	0.0125									
13	0.0167									
14	0.0162									
15	0.0124									
16	0.0163									
17	0.0129									
18	0.0141	226.0	27	472.0	55					
19	0.016									
20	0.0193									
21	0.0178									
22	0.0138									
23	0.0166									
24	0.0129	280.0	30	872.0	94					
25	0.0123									
26	0.0128									
27	0.0133									
28	0.0127									
29	0.0117									
30	0.0175									
31										
Avg	0.015	253	28	672	75					
Max	0.019	280	30	872	94					

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 J. DiSantis**
Title: **Dir. of Operations and Maintenance**

License No.: **T0403**
Date: **6/6/2017**

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

July 17, 2017

Mr. Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for June 2017

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for June 2017.

There were no violations during the month. A total of 361,005 gallons of influent was metered at the facility during the reporting period. A total of 573,723 gallons was discharged to the drip fields during the month. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MONTH	DAY	TO	YEAR	MONTH DAY
17/06/01				17/06/30	

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.012034	0.016744		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	5	5	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	25	26	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.9	N/A	8.0	SU	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	17/07/14
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: No samples taken during the month as there was no discharge due to low storage lagoon levels.

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: June
YEAR: 2017

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	14,142			19,776	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	0	1,648	7.5		
2	12,711			19,776	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	0	0	7.5		
3	13,495			20,317	2,060	2,060	2,202	2,201	1,854	1,854	1,933	1,933	2,060	2,060	0	0	7.4		
4	16,744			20,333	1,854	1,854	1,854	1,854	2,223	2,222	2,060	2,060	2,171	2,171	0	0	7.4		
5	10,995			19,776	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	0	0	6.9		
6	12,608			19,776	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	0	0	7.2		
7	13,032			19,776	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	0	0	7.1		
8	13,996			19,776	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	0	0	8.0		
9	9,802			19,776	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	0	0	7.1		
10	15,658			17,830	2,117	2,117	1,854	1,854	1,648	1,648	1,648	1,648	1,648	1,648	0	0	7.3		
11	12,288			19,364	1,854	1,854	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	0	0	7.4		
12	12,768			19,776	2,060	2,060	1,854	1,854	1,854	1,854	2,060	1,060	2,060	2,060	0	0	7.7		
13	10,594			19,776	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	0	0	7.7		
14	13,858			19,776	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	0	0	8.0		
15	11,274	126	162	19,776	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	0	0	7.8	5	26
16	9,904			19,776	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	0	0	7.8		
17	6,170			19,776	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	0	0	7.8		
18	13,982			20,062	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	1,997	1,997	0	0	7.8		
19	13,842			20,106	2,060	2,060	2,060	2,060	1,854	1,854	2,019	2,019	2,060	2,060	0	0	7.0		
20	10,184			20,169	1,854	1,854	1,854	1,854	2,257	2,256	2,060	2,060	2,060	2,060	0	0	7.5		
21	11,370			20,107	2,060	2,060	2,226	2,225	2,060	2,060	1,854	1,854	1,854	1,854	0	0	7.5		
22	11,980	224	146	19,915	2,129	2,130	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	0	0	7.7	4	24
23	8,816			19,776	1,850	1,850	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	0	0	7.8		
24	12,122			19,776	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	0	0	7.9		
25	12,802			19,776	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	0	0	8.0		
26	11,292			19,776	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	0	0	7.8		
27	10,610			19,776	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	2,060	2,060	0	0	7.6		
28	10,880			19,776	1,854	1,854	2,060	2,060	2,060	2,060	2,060	2,060	1,854	1,854	0	0	8.0		
29	11,742			19,776	2,060	2,060	2,060	2,060	1,854	1,854	1,854	1,854	2,060	2,060	0	0	7.9		
30	11,344			0	0	0	0	0	0	0	0	0	0	0	0	0			
31																			
Total	**361,005**			**573,723**															
Avg	**12,034**																	**5**	**25**
Min	**6,170**																**6.9**		
Max	**16,744**																**8.0**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	17	6	01	TO	17	6	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 7/6/2017

Signature of Principal Executive Officer or Authorized Agent

[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.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Pocopson Preserve
Municipality: Pocopson Township County: Delaware
Watershed:

Month: June Year: 2017
NPDES Permit No.: 1507415
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2018

	Influent					Process Control				
Day	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	0.0141									
2	0.0127									
3	0.0135									
4	0.0167									
5	0.011									
6	0.0126									
7	0.013									
8	0.014									
9	0.0098									
10	0.0157									
11	0.0123									
12	0.0128									
13	0.0106									
14	0.0139									
15	0.0113	126.0	12	162.0	15					
16	0.0099									
17	0.0062									
18	0.014									
19	0.0138									
20	0.0102									
21	0.0114									
22	0.012	224.0	22	146.0	15					
23	0.0088									
24	0.0121									
25	0.0128									
26	0.0113									
27	0.0106									
28	0.0109									
29	0.0117									
30	0.0113									
31										
Avg	0.012	175	17	154	15					
Max	0.017	224	22	162	15					

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 J. DiSantis
Title: Dir. of Operations and Maintenance

License No.: T0403
Date: 7/6/2017

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

August 15, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for July 2017

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for July 2017.

There were no violations during the month due to low storage lagoon level; the drip fields were not utilized throughout the month. A total of 352,640 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
File

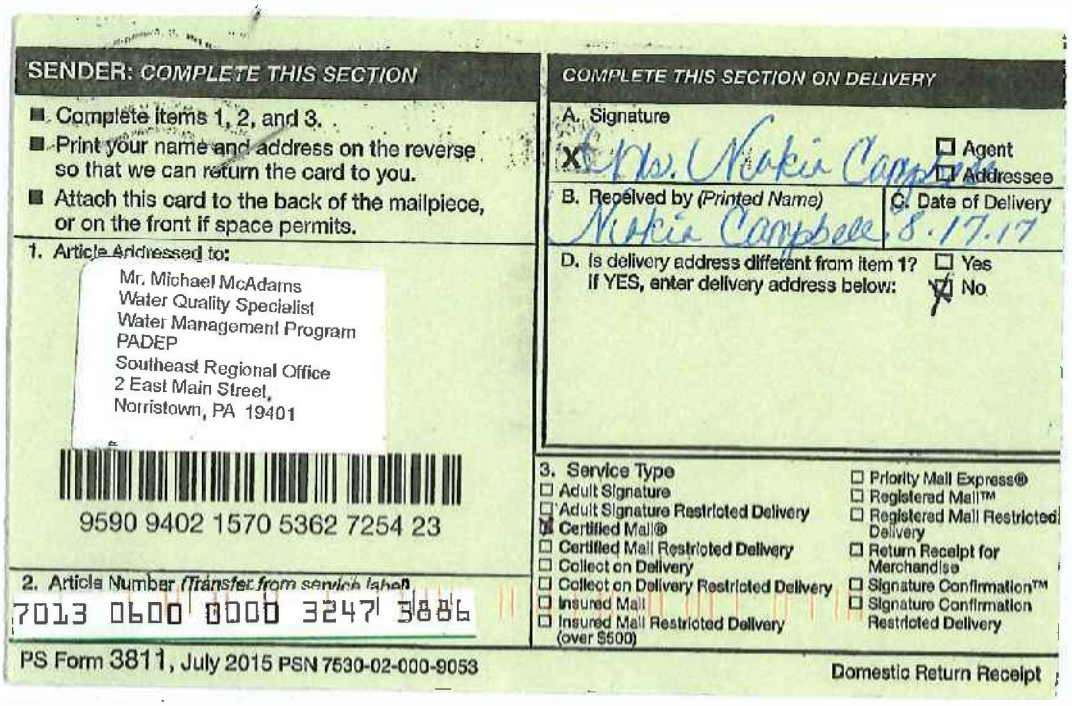
ADMINISTRATION
☐610-876-5523
☐FAX: 610-876-2728

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

Signed green card received 1/31/2018 - bab



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street,
Norristown, PA 19401

9590 9402 1570 5362 7254 23

2. Article Number (Transfer from service label)
7013 0600 0000 3247 3886

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Ms. Nakia Campbell ☐ Agent ☐ Addressee

B. Received by (Printed Name) Nakia Campbell
C. Date of Delivery 8.17.17

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MONTH DAY	TO YEAR MONTH DAY
17/07/01	17/07/31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011375	0.014982		XXXX	XXXX	XXXX			*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX	gpd		CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	XXXX	XXXX			XXXX	XXXX
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50	MG/L		2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	XXXX	XXXX			XXXX	XXXX
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60	MG/L		2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		XXXX	N/A	XXXX			XXXX	XXXX
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0	SU		1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	17/08/10
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: No samples taken during the month as there was no discharge due to low storage lagoon levels.

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: July
YEAR: 2017

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	11,198			0	0	0	0	0	0	0	0	0	0	0	0	0	6.9		
2	11,110			0	0	0	0	0	0	0	0	0	0	0	0	0	7.9		
3	8,266			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
4	14,030			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
5	8,260			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
6	13,240	154	244	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
7	12,228			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
8	12,228			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
9	9,434			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
10	13,832			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
11	8,814			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
12	11,456			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
13	14,982			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
14	11,330			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
15	14,164			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
16	10,386			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
17	9,036			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
18	11,024			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
19	11,630			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
20	10,490			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
21	10,666			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
22	12,322			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
23	10,082			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
24	11,504			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
25	11,868			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
26	10,666	192	124	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
27	11,744			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
28	10,918			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
29	11,116			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
30	12,308			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0		
31	12,308			0	0	0	0	0	0	0	0	0	0	0	0	0	0.0	0	0
Total	**352,640**			**0**															
Avg	**11,375**																	**0**	0
Min	8,260																**0.0**		
Max	14,982																7.9		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	17	7	01	TO	17	7	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 8/8/2017

Signature of Principal Executive Officer or Authorized Agent

[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.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

3800-FM-BPNPSM0436 3/2012

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: **Pocopson Preserve**
Municipality: Pocopson Township County: **Delaware**
Watershed:

Month: **July** Year: **2017**
NPDES Permit No.: **1507415**
Renewal application due **180 days** prior to expiration.
This permit will expire on: **July 31, 2018**

	Influent					Process Control				
Day	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	0.0112									
2	0.0111									
3	0.0083									
4	0.014									
5	0.0083									
6	0.0132	154.0	17	244.0	27					
7	0.0122									
8	0.0122									
9	0.0094									
10	0.0138									
11	0.0088									
12	0.0115									
13	0.015									
14	0.0113									
15	0.0142									
16	0.0104									
17	0.009									
18	0.011									
19	0.0116									
20	0.0105									
21	0.0107									
22	0.0123									
23	0.0101									
24	0.0115									
25	0.0119									
26	0.0107	192.0	17	124.0	11					
27	0.0117									
28	0.0109									
29	0.0111									
30	0.0123									
31	0.0123									
Avg	**0.011**	**173**	**17**	**184**	**19**					
Max	**0.015**	**192**	**17**	**244**	**27**					

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 J. DiSantis**
Title: **Dir. of Operations and Maintenance**

License No.: **T0403**
Date: **8/8/2017**

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

September 19, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for August 2017

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for August 2017.

There were no violations during the month. A total of 387,984 gallons were sent to the drip fields over 20 days during the month. A total of 443,296 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Very truly yours,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:
Enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
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

PERMITTEE NAME/ADDRESS:
Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY
Corrine Village WWTF
Pocopson Township

COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
17	08	01		17	08	31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.014300	0.027568		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	3	3	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	18	24	MG/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		7.5	N/A	8.9	SU	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	17/09/18
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: No samples taken during the month as there was no discharge due to low storage lagoon levels.

NO effluent discharged

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	17	8	01	TO	17	8	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 9/7/2017

Signature of Principal Executive Officer or Authorized Agent

[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.

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: August
YEAR: 2017

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	11,126			0	0	0	0	0	0	0	0	0	0	0	0	0			
2	13,352			0	0	0	0	0	0	0	0	0	0	0	0	0			
3	8,998			0	0	0	0	0	0	0	0	0	0	0	0	0			
4	14,170			0	0	0	0	0	0	0	0	0	0	0	0	0			
5	10,982			0	0	0	0	0	0	0	0	0	0	0	0	0			
6	7,482			0	0	0	0	0	0	0	0	0	0	0	0	0			
7	11,202			0	0	0	0	0	0	0	0	0	0	0	0	0			
8	10,822			0	0	0	0	0	0	0	0	0	0	0	0	0			
9	12,306			0	0	0	0	0	0	0	0	0	0	0	0	0			
10	12,242			0	0	0	0	0	0	0	0	0	0	0	0	0			
11	11,874			0	0	0	0	0	0	0	0	0	0	0	0	0			
12	11,748			3,782	423	423	416	416	423	423	206	206	211	212	211	212	8.6		
13	16,176			20,026	1,903	1,904	1,664	1,664	1,692	1,692	1,648	1,648	1,625	1,625	1,480	1,481	8.1		
14	10,874			20,232	1,692	1,692	1,684	1,664	1,692	1,692	1,648	1,648	1,728	1,728	1,692	1,692	7.5		
15	12,830			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.1		
16	13,732	176	114	20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.0	2	12
17	12,500			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.6		
18	12,404			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.8		
19	24,568			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.7		
20	13,754			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.8		
21	16,448			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.7		
22	16,016			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.6		
23	19,232			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.6		
24	27,568			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.6		
25	14,254			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.8		
26	14,194			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.5		
27	16,832			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.9		
28	11,212			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.0		
29	17,652			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.8		
30	20,002	272	127	20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.3	3	24
31	16,744			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.9		
Total	**443,296**			**387,984**															
Avg	14,300																	**3**	18
Min	7,482																**7.5**		
Max	27,568																**8.9**		

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

October 16, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for September 2017**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for September 2017.

There was one violation during the month for exceeding the monthly average TSS due to excessive algae. The drip fields were utilized 27 days during the month with a total of 525,079 gallons discharged. A total of 420,944 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
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

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
17	09	01		17	09	30

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.014033	0.021322		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	5	7	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	33	46	mg/L	1	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.5	XXXX	8.5	s.u.	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	17/10/16
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: A monthly average TSS exceedence was recorded due to an algea bloom.

NO effluent discharged

Supplement 5 Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: September
YEAR: 2017

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	14,372			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.8		
2	19,044			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.8		
3	21,322			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.9		
4	19,606			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	8.0		
5	14,148			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.9		
6	15,764			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.7		
7	12,156	170	48	20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.8	3	20
8	9,556			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.2		
9	15,842			0	0	0	0	0	0	0	0	0	0	0	0	0			
10	15,842			0	0	0		0	0	0	0	0	0	0	0	0			
11	10,092			0	0	0	0	0	0	0	0	0	0	0	0	0			
12	17,342			13,862	1,269	1,269	1,248	1,248	1,269	1,269	1,030	1,030	1,057	1,058	1,057	1,058	7.0		
13	10,028			20,232	1,692	1,692	1,664	1,664	1,692	1,692	1,684	1,684	1,692	1,692	1,692	1,692	6.8		
14	12,880			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.0		
15	16,714			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.3		
16	11,042			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	6.5		
17	16,998			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	6.7		
18	11,510			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.2		
19	12,282			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.3		
20	10,746			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.1		
21	15,266	407	140	20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	6.8	7	46
22	10,732			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.1		
23	15,874			20,232	1,728	1,728	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,692	1,692	7.3		
24	16,336			19,752	1,692	1,692	1,664	1,664	1,692	1,692	1,648	1,648	1,692	1,692	1,488	1,488	8.5		
25	12,834			18,471	1,692	1,692	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,684	1,685	7.3		
26	11,426			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.4		
27	14,752			17,640	1,481	1,480	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.4		
28	13,674			17,640	1,481	1,480	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.5		
29	9,774			18,026	1,481	1,480	1,648	1,649	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.8		
30	13,040			17,640	1,481	1,480	1,471	1,471	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	8.0		
31																			
Total	420,994			**525,079**															
Avg	14,033																	**5**	**33**
Min	9,556																**6.5**		
Max	21,322																8.5	**7**	**46**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	17	9	01	TO	17	9	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 10/3/2017

Signature of Principal Executive Officer or Authorized Agent

[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.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Pocopson Preserve
Municipality: Pocopson Township County: Delaware
Watershed:

Month: September Year: 2017
NPDES Permit No.: 1507415
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2018

	Influent					Process Control				
Day	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	0.0143									
2	0.019									
3	0.0213									
4	0.0196									
5	0.0141									
6	0.0158									
7	0.0122	170.0	17	48.0	5					
8	0.0096									
9	0.0158									
10	0.0158									
11	0.0101									
12	0.0173									
13	0.01									
14	0.0129									
15	0.0167									
16	0.011									
17	0.017									
18	0.0115									
19	0.0123									
20	0.0107									
21	0.0153	407.0	52	140.0	18					
22	0.0107									
23	0.0159									
24	0.0163									
25	0.0128									
26	0.0114									
27	0.0148									
28	0.0137									
29	0.0098									
30	0.013									
31										
Avg	**0.014**	**289**	**35**	**94**	**11**					
Max	**0.021**	**407**	**52**	**140**	**18**					

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 J. DiSantis License No.: T0403
Title: Dir. of Operations and Maintenance Date: 10/3/2017

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

November 16, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for October 2017**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for October 2017.

There were no violations during the month. The drip fields were utilized 24 days during the month with a total of 410,489 gallons discharged. A total of 422,989 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
17	10	01		17	10	31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.013645	0.018599		XXXX	XXXX	XXXX		0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX	gpd		CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	3	4		0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50	mg/L		2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	25	25		0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60	mg/L		2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		7.2	XXXX	8.6		0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0	s.u.		1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis **Director of Operations and Maintenance**	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	17/11/16
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

NO effluent discharged

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Supplement 5 Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: October
YEAR: 2017

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	16,066			17,646	1,480	1,481	1,456	1,456	1,483	1,484	1,442	1,442	1,480	1,481	1,480	1,481	7.6		
2	14,276			18,057	1,480	1,481	1,456	1,456	1,689	1,689	1,442	1,442	1,480	1,481	1,481	1,480	8.0		
3	11,288			17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,480	1,481	**8.1**		
4	13,442			18,052	1,481	1,480	1,456	1,456	1,481	1,480	1,648	1,648	1,480	1,481	1,481	1,480	7.9		
5	12,576	199	208	17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	7.9	2	24
6	13,558			17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	7.9		
7	16,592			17,750	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,535	1,536	1,481	1,480	7.9		
8	15,805			17,953	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,637	1,637	1,481	1,480	8.6		
9	13,530			17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	7.4		
10	12,635			17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	7.4		
11	12,081			17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	7.2		
12	13,324			18,063	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,480	1,481	1,692	1,692	7.7		
13	14,454			17,640	1,345	1,346	1,456	1,456	1,345	1,346	1,442	1,442	1,346	1,345	1,345	1,346	7.6		
14	8,792			18,063	1,692	1,692	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,480	1,480	1,481	7.7		
15	18,599			17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	7.6		
16	16,120			17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	7.8		
17	12,791			18,056	1,481	1,480	1,664	1,664	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	7.8		
18	13,573			0	0	0	0	0	0	0	0	0	0	0	0	0			
19	12,858			0	0	0	0	0	0	0	0	0	0	0	0	0			
20	11,210			0	0	0	0	0	0	0	0	0	0	0	0	0			
21	13,118			0	0	0	0	0	0	0	0	0	0	0	0	0			
22	16,986			0	0	0	0	0	0	0	0	0	0	0	0	0			
23	11,838			0	0	0	0	0	0	0	0	0	0	0	0	0			
24	11,347			0	0	0	0	0	0	0	0	0	0	0	0	0			
25	10,929			9,234	846	846	832	832	846	846	824	824	634	635	634	635	7.9		
26	15,601	160	132	17,640	1,480	1,481	1,456	1,465	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.2	4	25
27	9,046			17,792	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,556	1,557	1,480	1,481	8.2		
28	17,335			10,080	846	846	832	832	846	846	824	824	846	846	846	846	8.2		
29	15,630			17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	8.5		
30	14,403			18,063	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,692	1,692	8.4		
31	13,186			17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	8.3		
Total	**422,989**			**410,489**															
Avg	**13,645**																	**3**	**25**
Min	**8,792**																**7.2**		
Max	**18,599**																**8.6**	4	**25**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	17	10	01	TO	17	10	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 11/3/2017

Signature of Principal Executive Officer or Authorized Agent

[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.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

3800-FM-BPNPSM0436 3/2012

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: **Pocopson Preserve**
Municipality: **Pocopson Township** County: **Delaware**
Watershed:

Month: **October** Year: **2017**
NPDES Permit No.: **1507415**
Renewal application due **180 days** prior to expiration.
This permit will expire on: **July 31, 2018**

	Influent					Process Control				
Day	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	0.0161									
2	0.0143									
3	0.0113									
4	0.0134									
5	0.0126	199.0	21	208.0	22					
6	0.0136									
7	0.0166									
8	0.0158									
9	0.0135									
10	0.0126									
11	0.0121									
12	0.0133									
13	0.0145									
14	0.0088									
15	0.0186									
16	0.0161									
17	0.0128									
18	0.0136									
19	0.0129									
20	0.0112									
21	0.0131									
22	0.017									
23	0.0118									
24	0.0113									
25	0.0109									
26	0.0156	160.0	21	132.0	17					
27	0.009									
28	0.0173									
29	0.0156									
30	0.0144									
31	0.0132									
Avg	0.014	180	21	170	19					
Max	0.019	199	21	208	22					

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 J. DiSantis** License No.: **T0403**
Title: **Dir. of Operations and Maintenance** Date: **11/3/2017**

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

December 13, 2017

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for November 2017**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for November 2017.

There were no violations during the month. The drip fields were utilized 24 days during the month with a total of 350,697 gallons discharged. A total of 382,815 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

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

DELCORA

Address for US mail:

Susan Simone
Administrative Secretary
Pocopson Township
P. O. Box 1
Pocopson, PA 19366

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

PERMITTEE NAME/ADDRESS:
Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY
Corrine Village WWTF
Pocopson Township

COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
17	11	01		17	11	30

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.012761	0.016935		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	7	8	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	27	35	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		7.0	XXXX	8.4	s.u.	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Michael J. DiSantis

Director of Operations and Maintenance

TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
610-876-5523 EXT 264	17/12/13
AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

NO effluent discharged

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Supplement 5 Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: November
YEAR: 2017

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	12,673			17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	8.4		
2	14,373	242	100	17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	7.3	5	18
3	11,944			18,063	1,692	1,692	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	7.6		
4	16,935			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.4		
5	13,169			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.3		
6	10,329			18,056	1,480	1,481	1,664	1,664	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.6		
7	13,213			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.0		
8	12,401			18,063	1,480	1,481	1,456	1,456	1,692	1,692	1,442	1,442	1,480	1,481	1,480	1,481	8.2		
9	12,100			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.4		
10	12,132			18,052	1,480	1,481	1,456	1,456	1,480	1,481	1,648	1,648	1,480	1,481	1,480	1,481	8.0		
11	16,400			846	0	0	0	0	0	0	0	0	211	212	211	212	8.1		
12	16,087			0	0	0	0	0	0	0	0	0	0	0	0	0			
13	10,019			0	0	0	0	0	0	0	0	0	0	0	0	0			
14	12,877			8,399	846	846	832	832	635	634	618	618	634	635	634	635	8.2		
15	11,406			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.4		
16	11,947			17,933	1,480	1,481	1,456	1,456	1,627	1,627	1,442	1,442	1,480	1,481	1,480	1,481	8.3		
17	10,419			17,770	1,480	1,481	1,456	1,456	1,546	1,545	1,442	1,442	1,480	1,481	1,481	1,481	7.0		
18	16,445			17,980	1,480	1,481	1,456	1,456	1,480	1,481	1,612	1,612	1,480	1,481	1,480	1,481	7.9		
19	13,649			17,712	1,480	1,481	1,456	1,456	1,480	1,481	1,478	1,478	1,480	1,481	1,480	1,481	8.3		
20	12,640			17,747	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,534	1,534	1,480	1,481	7.8		
21	12,297	236	174	17,956	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,637	1,638	1,480	1,481	8.1	8	35
22	12,171			17,641	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,481	1,481	7.8		
23	13,788			0	0	0	0	0	0	0	0	0	0	0	0	0			
24	12,420			2,097	211	212	208	208	211	212	208	208	211	212	0	0	8.2		
25	12,650			7,983	846	846	624	624	634	635	618	618	634	635	634	635	8.4		
26	13,834			839	0	0	208	208	211	212	0	0	0	0	0	0	7.8		
27	9,572			0	0	0	0	0	0	0	0	0	0	0	0	0			
28	12,660			0	0	0	0	0	0	0	0	0	0	0	0	0			
29	9,714			0	0	0	0	0	0	0	0	0	0	0	0	0			
30	12,551			10,080	846	846	832	832	846	846	824	824	846	846	846	846	7.3		
31																			
Total	**382,815**			350,697															
Avg	**12,761**																	**7**	**27**
Min	**9,572**																**7.0**		
Max	**16,935**																**8.4**	**8**	**35**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: PO Box 999
Chester, PA 19016

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	17	11	01	TO	17	11	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 12/4/2017

Signature of Principal Executive Officer or Authorized Agent

[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.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

3800-FM-BPNPSM0436 3/2012

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: **Pocopson Preserve**
Municipality: **Pocopson Township** County: **Delaware**
Watershed:

Month: **November** Year: **2017**
NPDES Permit No.: **1507415**
Renewal application due **180 days** prior to expiration.
This permit will expire on: **July 31, 2018**

	Influent					Process Control				
Day	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	0.0127									
2	0.0144	242.0	29	100.0	12					
3	0.0119									
4	0.0169									
5	0.0132									
6	0.0103									
7	0.0132									
8	0.0124									
9	0.0121									
10	0.0121									
11	0.0164									
12	0.0161									
13	0.01									
14	0.0129									
15	0.0114									
16	0.0119									
17	0.0104									
18	0.0164									
19	0.0136									
20	0.0126									
21	0.0123	236.0	24	174.0	18					
22	0.0122									
23	0.0138									
24	0.0124									
25	0.0127									
26	0.0138									
27	0.0096									
28	0.0127									
29	0.0097									
30	0.0126									
31										
Avg	0.013	239	27	137	15					
Max	0.017	242	29	174	18					

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 J. DiSantis** License No.: **T0403**
Title: **Dir. of Operations and Maintenance** Date: **12/4/2017**

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

January 15, 2018

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for December 2017**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for December 2017.

There were no violations during the month. The drip fields were utilized 25 days during the month with a total of 371,807 gallons discharged. A total of 400,653 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

PERMITTEE NAME/ADDRESS:
Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY
Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
17	12	01		17	12	31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.012924	0.022676		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	12	15	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	17	21	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.7	XXXX	8.5	s.u.	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	Michael J. DiSantis	610-876-5523 EXT 264	18/1/15
Director of Operations and Maintenance		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY
TYPE OR PRINT				

COMMENT AND EXPLANATION OF ANY VIOLATIONS

NO effluent discharged

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: December
YEAR: 2017

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	22,676			18,100	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.9		
2	15,300			19,400	1,692	1,692	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	6.7		
3	14,680			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.2		
4	11,441			18,056	1,480	1,481	1,664	1,664	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.5		
5	11,410			1,681	0	0	0	0	211	212	206	206	211	212	211	212	7.6		
6	12,879			0	0	0	0	0	0	0	0	0	0	0	0	0			
7	10,754			0	0	0	0	0	0	0	0	0	0	0	0	0			
8	7,537			0	0	0	0	0	0	0	0	0	0	0	0	0			
9	12,231			0	0	0	0	0	0	0	0	0	0	0	0	0			
10	14,579			0	0	0	0	0	0	0	0	0	0	0	0	0			
11	10,470			0	0	0	0	0	0	0	0	0	0	0	0	0			
12	11,758			8,822	846	846	832	832	846	846	618	618	634	635	634	635	7.9		
13	11,307			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.4		
14	12,186	221	82	18,052	1,480	1,481	1,456	1,456	1,480	1,481	1,648	1,648	1,480	1,481	1,480	1,481	7.8	9	21
15	10,685			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.9		
16	13,091			18,063	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,692	1,692	1,480	1,481	7.9		
17	15,730			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.9		
18	8,946			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.3		
19	13,889			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.0		
20	13,233	207	328	17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.3	15	12
21	10,541			1,262	211	212	208	208	0	0	0	0	0	0	211	212	7.3		
22	15,761			8,822	846	846	832	832	846	846	618	618	634	635	634	635	8.1		
23	15,544			18,052	1,480	1,481	1,456	1,456	1,480	1,481	1,648	1,648	1,480	1,481	1,480	1,481	7.7		
24	14,573			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.1		
25	10,245			18,063	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,629	1,629	1,480	1,481	7.0		
26	14,354			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	6.9		
27	11,424			17,897	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,609	1,609	7.6		
28	11,436			17,799	1,692	1,692	1,664	1,664	1,480	1,481	1,442	1,442	1,269	1,269	1,352	1,352	7.5		
29	12,509			4,201	211	212	208	208	423	423	412	412	423	423	423	423	7.6		
30	11,994			7,137	634	635	624	624	634	635	618	618	634	635	423	423	7.7		
31	17,490			17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	7.4		
Total	**400,653**			**371,807**															
Avg	**12,924**																	12	17
Min	**7,537**																6.7		
Max	**22,676**																**8.5**	15	21

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 100 E. 5th Street
Chester, PA 19013

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	17	12	01	TO	17	12	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 1/9/2018

Signature of Principal Executive Officer or Authorized Agent

[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.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: **Pocopson Preserve**
Municipality: **Pocopson Township** County: **Delaware**
Watershed: _____

Month: **December** Year: **2017**
NPDES Permit No.: **1507415**
Renewal application due **180 days** prior to expiration.
This permit will expire on: **July 31, 2018**

	Influent					Process Control				
Day	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	0.0227									
2	0.0153									
3	0.0147									
4	0.0114									
5	0.0114									
6	0.0129									
7	0.0108									
8	0.0075									
9	0.0122									
10	0.0146									
11	0.0105									
12	0.0118									
13	0.0113									
14	0.0122	221.0	22	82.0	8					
15	0.0107									
16	0.0131									
17	0.0157									
18	0.0089									
19	0.0139									
20	0.0132	207.0	23	328.0	36					
21	0.0105									
22	0.0158									
23	0.0155									
24	0.0146									
25	0.0102									
26	0.0144									
27	0.0114									
28	0.0114									
29	0.0125									
30	0.012									
31	0.0175									
Avg	0.013	214	23	205	22					
Max	0.023	221	23	328	36					

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 J. DiSantis** License No.: **T0403**
Title: **Dir. of Operations and Maintenance** Date: **1/9/2018**

7015 0640 0007 1271 2027

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- ☐ Adult Signature Restricted Delivery $ ____

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Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

6.77

MK

See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

9590 9402 2778 6351 9173 38

2. Article Number *(Transfer from service label)*
7015 0640 0007 1271 2027

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* N Mates
C. Date of Delivery 01/26/18

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
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- ☐ Adult Signature Restricted Delivery
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- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over $500)
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

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

February 15, 2018

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for January 2018**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for January 2018.

There were no violations during the month. The drip fields were utilized 27 days during the month with a total of 356,643 gallons discharged. A total of 397,285 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
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

PERMITTEE NAME/ADDRESS:
Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016
PRIMARY FACILITY
Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
18	1	01		18	1	31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.012816	0.016905		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	17	18	mg/L	0	3/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	17	35	mg/L	0	3/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.8	XXXX	8.8	s.u.	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis Director of Operations and Maintenance	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	18/2/13
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: January
YEAR: 2018

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	16,511			0	0	0	0	0	0	0	0	0	0	0	0	0			
2	11,289			0	0	0	0	0	0	0	0	0	0	0	0	0			
3	11,961			6,771	649	649	626	627	637	637	620	620	425	425	428	428	6.9		
4	14,425	437	1100	17,651	1,692	1,692	1,456	1,456	1,481	1,480	1,236	1,236	1,481	1,480	1,481	1,480	6.8	18	35
5	14,260			18,056	1,480	1,481	1,664	1,664	1,480	1,481	1,442	1,442	1,481	1,480	1,481	1,480	7.6		
6	12,851			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.7		
7	14,504			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.1		
8	14,528			18,063	1,480	1,481	1,456	1,456	1,692	1,692	1,442	1,442	1,480	1,481	1,480	1,481	7.1		
9	11,841			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.5		
10	12,282			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.6		
11	12,897			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.0		
12	12,629			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.6		
13	13,573			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.2		
14	11,965			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.2		
15	12,900			1,681	211	212	0	0	0	0	206	206	211	212	211	212	7.7		
16	12,425			7,560	634	635	624	624	634	635	618	618	634	635	634	635	7.1		
17	12,717			18,063	1,692	1,693	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.3		
18	12,107	126	156	17,640	1,481	1,480	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.1	18	11
19	11,456			17,640	1,481	1,480	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.6		
20	11,811			18,056	1,481	1,480	1,664	1,664	1,481	1,480	1,442	1,442	1,480	1,481	1,480	1,481	7.8		
21	14,428			17,640	1,481	1,480	1,456	10,456	1,481	1,480	1,442	1,442	1,480	1,481	1,480	1,481	8.8		
22	12,516			1,681	0	0	0	0	211	212	206	206	211	212	211	212	7.2		
23	14,458			7,137	634	635	624	624	634	635	618	618	634	635	423	423	7.1		
24	9,142			2,097	211	212	208	208	211	212	206	206	0	0	211	212	7.3		
25	14,486	234	96	7,141	846	846	832	832	635	634	412	412	423	423	423	423	7.3	15	6
26	8,651			17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,480	1,481	1,480	1,481	7.2		
27	16,905			2,527	423	423	0	0	211	212	206	206	211	212	211	212	7.7		
28	14,055			7,124	634	635	624	624	634	635	618	618	628	628	423	423	7.5		
29	10,974			11,355	1,057	1,058	1,040	1,040	846	846	824	824	852	853	1,057	1,058	7.9		
30	11,708			0	0	0	0	0	0	0	0	0	0	0	0	0			
31	11,030			0	0	0	0	0	0	0	0	0	0	0	0	0			
Total	**397,285**			**356,643**															
Avg	**12,816**																	17	17
Min	**8,651**																6.8		
Max	16,905																**8.8**	18	35

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 100 E. 5th Street
Chester, PA 19013

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	18	01	01	TO	18	01	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 2/5/2018

Signature of Principal Executive Officer or Authorized Agent

[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.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

3800-FM-BPNPSM0436 3/2012

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: **Pocopson Preserve**
Municipality: **Pocopson Township** County: **Delaware**
Watershed:

Month: **January** Year: **2018**
NPDES Permit No.: **1507415**
Renewal application due **180 days** prior to expiration.
This permit will expire on: **July 31, 2018**

	Influent					Process Control				
Day	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	0.0165									
2	0.0113									
3	0.012									
4	0.0144	437.0	53	1,100.0	132					
5	0.0143									
6	0.0129									
7	0.0145									
8	0.0145									
9	0.0118									
10	0.0123									
11	0.0129									
12	0.0126									
13	0.0136									
14	0.012									
15	0.0129									
16	0.0124									
17	0.0127									
18	0.0121	126.0	13	156.0	16					
19	0.0115									
20	0.0118									
21	0.0144									
22	0.0125									
23	0.0145									
24	0.0091									
25	0.0145	234.0	28	96.0	12					
26	0.0087									
27	0.0169									
28	0.0141									
29	0.011									
30	0.0117									
31	0.011									
Avg	**0.013**	**266**	**31**	**451**	**53**					
Max	**0.017**	**437**	**53**	**1,100**	**132**					

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 J. DiSantis** License No.: **T0403**
Title: **Dir. of Operations and Maintenance** Date: **2/5/2018**

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

March 12, 2018

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for February 2018**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for February 2018.

There were no violations during the month. The drip fields were utilized 16 days during the month with a total of 273,834 gallons discharged. A total of 359,054 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road

PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF

Pocopson Township

COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MONTH	DAY	TO	YEAR	MONTH DAY
18/2/01				18/2/28	

Southeast Region

Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.012825	0.016995		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	17	20	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	23	23	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		7.1	XXXX	8.4	s.u.	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	18/3/12
Director of Operations and Maintenance				
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

NO effluent discharged

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Supplement 5 Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: February
YEAR: 2018

DATE	Influent gallons	Inf. BODs	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBODS	Effluent TSS
1	11,969			0	0	0	0	0	0	0	0	0	0	0	0	0			
2	9,971			0	0	0	0	0	0	0	0	0	0	0	0	0			
3	10,414			0	0	0	0	0	0	0	0	0	0	0	0	0			
4	16,794			0	0	0	0	0	0	0	0	0	0	0	0	0			
5	11,917			0	0	0	0	0	0	0	0	0	0	0	0	0			
6	10,762			0	0	0	0	0	0	0	0	0	0	0	0	0			
7	13,841			0	0	0	0	0	0	0	0	0	0	0	0	0			
8	10,849			0	0	0	0	0	0	0	0	0	0	0	0	0			
9	9,307			0	0	0	0	0	0	0	0	0	0	0	0	0			
10	13,380			0	0	0	0	0	0	0	0	0	0	0	0	0			
11	14,622			0	0	0	0	0	0	0	0	0	0	0	0	0			
12	13,007			0	0	0	0	0	0	0	0	0	0	0	0	0			
13	11,684			7,137	634	635	624	624	634	635	618	618	634	635	423	423	8.2		
14	12,343			18,063	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,492	1,692	8.0		
15	16,903	139	130	17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.3	14	23
16	10,686			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	148	1,480	1,481	8.2		
17	15,260			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.3		
18	16,995			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.4		
19	12,062			18,063	1,692	1,692	1,456	1,456	1,480	1,481	1,442	1,442	1,480	148	1,480	1,481	8.4		
20	10,909			17,640	1,480	1,481	1,456	1,456	1,480	148	1,442	1,442	1,480	1,481	1,480	1,481	8.2		
21	13,311	211	168	17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.4	20	23
22	14,233			18,056	1,480	1,481	1,664	1,664	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.1		
23	11,550			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.8		
24	12,119			18,063	1,480	1,481	1,456	1,456	1,692	1,692	1,442	1,442	1,480	1,481	1,480	1,481	7.6		
25	15,694			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.0		
26	12,592			18,052	1,480	1,481	1,456	1,456	1,480	1,481	1,648	1,648	1,480	1,481	1,480	1,481	8.2		
27	12,960			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.1		
28	12,960			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.0		
29																			
30																			
31																			
Total	**359,094**			**273,834**															
Avg	**12,825**																	**17**	**23**
Min	**9,307**																**7.1**		
Max	**16,995**																**8.4**	**20**	**23**

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 100 E. 5th Street
Chester, PA 19013

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	18	02	01	TO	18	02	28

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 3/6/2018

Signature of Principal Executive Officer or Authorized Agent

[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.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

3800-FM-BPNPSM0436 3/2012

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: **Pocopson Preserve**
Municipality: **Pocopson Township** County: **Delaware**
Watershed:

Month: **February** Year: **2018**
NPDES Permit No.: **1507415**
Renewal application due **180 days** prior to expiration.
This permit will expire on: **July 31, 2018**

	Influent					Process Control				
Day	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	0.012									
2	0.01									
3	0.0104									
4	0.0168									
5	0.0119									
6	0.0108									
7	0.0138									
8	0.0108									
9	0.0093									
10	0.0134									
11	0.0146									
12	0.013									
13	0.0117									
14	0.0123									
15	0.0169	139.0	20	130.0	18					
16	0.0107									
17	0.0153									
18	0.017									
19	0.0121									
20	0.0109									
21	0.0133	211.0	23	168.0	19					
22	0.0142									
23	0.0116									
24	0.0121									
25	0.0157									
26	0.0126									
27	0.013									
28	0.013									
29										
30										
31										
Avg	0.013	175	22	149	18					
Max	0.017	211	23	168	19					

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 J. DiSantis** License No.: **T0403**
Title: **Dir. of Operations and Maintenance** Date: **3/6/2018**

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

April 16, 2018

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for March 2018**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for March 2018.

There was one violation during the month for a TSS exceedance that was caused by an early algae bloom. We are treating the lagoon with copper sulfate to combat the issue. The drip fields were utilized 31 days during the month with a total of 550,228 gallons discharged. A total of 369,295 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc/smf
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

PERMITTEE NAME/ADDRESS:
Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016
PRIMARY FACILITY
Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MONTH DAY	TO YEAR MONTH DAY
18/03/01	18/03/31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011913	0.017674		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	18	23	mg/L	0	4/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	48	53	mg/L	1	4/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		7.0	XXXX	8.5	s.u.	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael J. DiSantis
Director of Operations and Maintenance
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC ,1319, (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 610-876-5523 EXT 264 (AREA CODE NUMBER)
DATE: 18/04/16 (YEAR MO DAY)

COMMENT AND EXPLANATION OF ANY VIOLATIONS

NO effluent discharged

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: March
YEAR: 2018

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS		
1	12,614			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.0				
2	11,406			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.1				
3	12,640			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.4				
4	15,626			17,725	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,523	1,523	1,480	1,481	7.8				
5	10,252			17,978	1,480	1,481	1,456	1,456	1,481	1,480	1,442	1,442	1,649	1,650	1,480	1,481	7.9				
6	10,053			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.3				
7	17,674			18,063	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.1				
8	11,513			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,692	1,692	7.0				
9	10,810			17,640	1,481	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.7				
10	13,879			18,063	1,692	1,692	1,456	1,456	1,480	1,481	1,442	1,422	1,480	1,481	1,480	1,481	7.1				
11	12,236			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.5				
12	11,343			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.4				
13	11,555			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.5				
14	11,761			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.2				
15	12,872	269	188	17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.3	18	42		
16	11,254			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.2				
17	10,223			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.6				
18	15,601			17,723	1,480	1,481	1,447	1,448	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.2				
19	11,570			17,973	1,692	1,481	1,623	1,622	1,481	1,480	1,442	1,442	1,480	1,481	1,480	1,481	8.4				
20	9,199			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.3				
21	16,562			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.4				
22	12,142	391	264	18,063	1,480	1,481	1,456	1,456	1,692	1,692	1,442	1,442	1,480	1,481	1,480	1,481	8.0	13	53		
23	12,913			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.2				
24	9,245			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.0				
25	11,918			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.4				
26	7,780			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.5				
27	11,529			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.3				
28	8,818			17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.4				
29	10,912			18,493	2,119	2,118	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,269	1,269	8.3	18	49		
30	13,151			18,067	1,692	1,692	1,664	1,664	1,692	1,692	1,236	1,236	1,269	1,269	1,480	1,481	8.5	23	47	3/30 CBOD was run	
31	10,244			17,640	1,692	1,692	1,456	1,456	1,269	1,269	1,442	1,442	1,480	1,481	1,480	1,481	8.3			out of hold time	
Total	**369,295**			**550,228**																	
Avg	**11,913**																	**18**	**48**		
Min	**7,780**																**7.0**				
Max	**17,674**																**8.5**	**23**	**53**		

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 100 E. 5th Street
Chester, PA 19013

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	18	03	01	TO	18	03	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 4/13/2018

Signature of Principal Executive Officer or Authorized Agent

[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.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

3800-FM-BPNPSM0436 3/2012

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: **Pocopson Preserve**
Municipality: **Pocopson Township** County: **Delaware**
Watershed:

Month: **March** Year: **2018**
NPDES Permit No.: **1507415**
Renewal application due **180 days** prior to expiration.
This permit will expire on: **July 31, 2018**

	Influent					Process Control				
Day	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	0.0126									
2	0.0114									
3	0.0126									
4	0.0156									
5	0.0103									
6	0.0101									
7	0.0177									
8	0.0115									
9	0.0108									
10	0.0139									
11	0.0122									
12	0.0113									
13	0.0116									
14	0.0118									
15	0.0129	269.0	29	188.0	20					
16	0.0113									
17	0.0102									
18	0.0156									
19	0.0116									
20	0.0092									
21	0.0166									
22	0.0121	391.0	40	264.0	27					
23	0.0129									
24	0.0092									
25	0.0119									
26	0.0078									
27	0.0115									
28	0.0082									
29	0.0109									
30	0.0132									
31	0.0102									
Avg	**0.012**	**330**	**34**	**226**	**23**					
Max	**0.018**	**391**	**40**	**264**	**27**					

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 J. DiSantis** License No.: **T0403**
Title: **Dir. of Operations and Maintenance** Date: **4/13/2018**

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

May 16, 2018

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for April 2018**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for April 2018.

There was one violation during the month for a TSS exceedance that was caused by an early algae bloom. We are treating the lagoon with copper sulfate to combat the issue. The drip fields were utilized 19 days during the month with a total of 297,876 gallons discharged. A total of 362,169 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc/smf
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

PERMITTEE NAME/ADDRESS:
Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016
PRIMARY FACILITY
Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
18	04	01		18	04	30

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.012072	0.016888		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	5	8	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	45	49	mg/L	1	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.6	XXXX	8.2	s.u.	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Michael J. DiSantis
Director of Operations and Maintenance
TYPE OR PRINT

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC .1001 AND 33 USC .1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 610-876-5523 EXT 264 (AREA CODE NUMBER)

DATE: 18/05/15 (YEAR MO DAY)

COMMENT AND EXPLANATION OF ANY VIOLATIONS

NO effluent discharged

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Supplement 5 Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: April
YEAR: 2018

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Daily Rain fall	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	12,129				18,056	1,480	1,481	1,664	1,664	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.0		
2	10,451				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.7		
3	13,491				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.7		
4	11,012				1,787	53	53	0	0	211	212	206	206	211	212	211	212	8.0		
5	10,178	257	124		2,338	1,169	1,169	0	0	0	0	0	0	0	0	0	0	8.1	2	49
6	9,874				0	0	0	0	0	0	0	0	0	0	0	0	0			
7	12,187				0	0	0	0	0	0	0	0	0	0	0	0	0			
8	14,910				0	0	0	0	0	0	0	0	0	0	0	0	0			
9	9,502				0	0	0	0	0	0	0	0	0	0	0	0	0			
10	13,167				0	0	0	0	0	0	0	0	0	0	0	0	0			
11	9,774				0	0	0	0	0	0	0	0	0	0	0	0	0			
12	11,756				0	0	0	0	0	0	0	0	0	0	0	0	0			
13	12,025				0	0	0	0	0	0	0	0	0	0	0	0	0			
14	8,010				0	0	0	0	0	0	0	0	0	0	0	0	0			
15	15,526				0	0	0	0	0	0	0	0	0	0	0	0	0			
16	12,037				0	0	0	0	0	0	0	0	0	0	0	0	0			
17	11,281				9,657	846	846	832	832	846	846	824	824	846	846	635	634	6.6		
18	13,805				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.8		
19	12,303	374	252		17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.5	8	41
20	10,699				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.0		
21	12,196				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.2		
22	15,768				18,063	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,692	1,692	7.8		
23	9,285				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.0		
24	11,735				18,063	1,692	1,692	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.8		
25	15,634				17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,480	1,481	1,480	1,481	7.8		
26	11,002				17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,480	1,481	1,480	1,481	8.2		
27	11,505				18,056	1,481	1,480	1,664	1,664	1,481	1,480	1,442	1,442	1,480	1,481	1,480	1,481	8.2		
28	10,944				17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	8.1		
29	16,888				17,640	1,481	1,480	1,456	1,456	1,481	1,480	1,442	1,442	1,481	1,480	1,481	1,480	7.7		
30	13,095				17,816	1,481	1,480	1,456	1,456	1,569	1,568	1,442	1,442	1,481	1,480	1,481	1,480	7.8		
31																				
Total	362,169				297,876															
Avg	12,072																		5	45
Min	8,010																	6.6		
Max	16,888																	8.2	8	49

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

3800-FM-BPNPSM0436 3/2012

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: **Pocopson Preserve**
Municipality: **Pocopson Township** County: **Delaware**
Watershed:

Month: **April** Year: **2018**
NPDES Permit No.: **1507415**
Renewal application due **180 days** prior to expiration.
This permit will expire on: **July 31, 2018**

	Influent					Process Control				
Day	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	0.0121									
2	0.0105									
3	0.0135									
4	0.011									
5	0.0102	257.0	22	124.0	11					
6	0.0099									
7	0.0122									
8	0.0149									
9	0.0095									
10	0.0132									
11	0.0098									
12	0.0118									
13	0.012									
14	0.008									
15	0.0155									
16	0.012									
17	0.0113									
18	0.0138									
19	0.0123	374.0	38	252.0	26					
20	0.0107									
21	0.0122									
22	0.0158									
23	0.0093									
24	0.0117									
25	0.0156									
26	0.011									
27	0.0115									
28	0.0109									
29	0.0169									
30	0.0131									
31										
Avg	**0.012**	**316**	**30**	**188**	**18**					
Max	0.017	374	38	**252**	**26**					

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 unswom falsification).

Prepared By: **Michael J. DiSantis** License No.: **T0403**
Title: **Dir. of Operations and Maintenance** Date: **5/3/2018**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 100 E. 5th Street
Chester, PA 19013

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	18	04	01	TO	18	04	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Operations & Maintenance Manager

Phone: 610-876-5523 ext 264

Date: 5/3/2018

Signature of Principal Executive Officer or Authorized Agent

[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.

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

June 18, 2018

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for May 2018**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for May 2018.

There were no violations during the reporting period. The drip fields were utilized 27 days during the month with a total of 463,506 gallons discharged. A total of 434,840 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:dds
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

PERMITTEE NAME/ADDRESS:

Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016

PRIMARY FACILITY

Corrine Village WWTF
Pocopson Township

COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
18	05	01		18	05	31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY OR INST. MINIMUM	CONCENTRATION MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.014027	0.023460		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	8	8	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	26	34	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.6	XXXX	8.2	s.u.	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis Director of Operations and Maintenance	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC 1001 AND 33 USC 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	18/06/14
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

NO effluent discharged

Supplement 5 Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: May
YEAR: 2018

DATE	Influent gallons	Inf. BODs	Inf. TSS	Daily Rain fall	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBODs	Effluent TSS
1	11,961				17,887	1,480	1,481	1,456	1,456	1,604	1,604	1,442	1,442	1,480	1,481	1,480	1,481	7.7		
2	13,474				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.8		
3	11,307				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,482	7.2		
4	12,094				8,395	634	635	624	624	634	635	824	824	846	846	634	635	7.3		
5	13,012				0	0	0	0	0	0	0	0	0	0	0	0	0			
6	13,129				0	0	0	0	0	0	0	0	0	0	0	0	0			
7	11,025				0	0	0	0	0	0	0	0	0	0	0	0	0			
8	11,123				0	0	0	0	0	0	0	0	0	0	0	0	0			
9	12,484				11,342	1,057	1,058	1,040	1,040	1,057	1,058	824	824	846	846	846	846	6.7		
10	13,684	456	176		17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.2	7	34
11	9,897				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.0		
12	14,771				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.0		
13	17,284				17,825	1,480	1,481	1,456	1,456	1,480	1,481	1,535	1,534	1,480	1,481	1,480	1,481	7.6		
14	12,704				17,867	1,480	1,481	1,456	1,456	1,480	1,481	1,556	1,555	1,480	1,481	1,480	1,481	7.6		
15	13,096				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.5		
16	13,869				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	14,480	1,481	1,480	1,481	7.3		
17	13,158	184	166		18,063	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,692	1,692	1,480	1,481	7.1	8	17
18	16,085				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.4		
19	17,154				18,063	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,692	1,692	7.4		
20	19,496				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.2		
21	15,279				18,063	1,692	1,692	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.0		
22	15,049				17,640	1,480	1,481	1,664	1,456	1,480	1,481	1,442	1,447	1,480	1,481	1,480	1,481	8.1		
23	14,485				17,223	1,480	1,481	1,456	1,664	1,692	1,692	1,236	1,236	1,269	1,269	1,269	1,269	6.6		
24	12,500				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.2		
25	23,460				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.3		
26	10,289				18,052	1,480	1,481	1,456	1,456	1,480	1,481	1,648	1,648	1,480	1,481	1,480	1,481	7.7		
27	13,375				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	6.9		
28	16,771				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,480	1,480	1,481	7.5		
29	14,584				18,063	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,692	1,692	1,480	1,481	7.6		
30	12,207				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.6		
31	16,034				18,063	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,692	1,692	7.0		
Total	**434,840**				**463,506**															
Avg	**14,027**																		**8**	**26**
Min	**9,897**																	**6.6**		
Max	**23,460**																	**8.2**	**8**	**34**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 100 E. 5th Street
Chester, PA 19013

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	18	05	01	TO	18	05	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Director of Operations & Maintenance

Phone: 610-876-5523 ext 264

Date: 6/11/2018

Signature of Principal Executive Officer or Authorized Agent

Michael J DiSantis /bab

[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.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

3800-FM-BPNPSM0436 3/2012

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: **Pocopson Preserve**
Municipality: **Pocopson Township** County: **Delaware**
Watershed:

Month: **May** Year: **2018**
NPDES Permit No.: **1507415**
Renewal application due 180 days prior to expiration.
This permit will expire on: **July 31, 2018**

	Influent					Process Control				
Day	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	0.012									
2	0.0135									
3	0.0113									
4	0.0121									
5	0.013									
6	0.0131									
7	0.011									
8	0.0111									
9	0.0125									
10	0.0137	456.0	52	176.0	20					
11	0.0099									
12	0.0148									
13	0.0173									
14	0.0127									
15	0.0131									
16	0.0139									
17	0.0132	184.0	20	166.0	18					
18	0.0161									
19	0.0172									
20	0.0195									
21	0.0153									
22	0.015									
23	0.0145									
24	0.0125									
25	0.0235									
26	0.0103									
27	0.0134									
28	0.0168									
29	0.0146									
30	0.0122									
31	0.016									
Avg	**0.014**	**320**	**36**	**171**	**19**					
Max	**0.023**	**456**	**52**	**176**	**20**					

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 J. DiSantis** License No.: **T0403**
Title: **Dir. of Operations and Maintenance** Date: **6/11/2018**

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

July 12, 2018

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for June 2018**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for June 2018.

There were no violations during the reporting period. The drip fields were utilized 28 days during the month with a total of 390,300 gallons discharged. A total of 470,450 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Sincerely,

e-signature used per MJD

Michael J. DiSantis
Director of Operations & Maintenance

MJD:dds
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

PERMITTEE NAME/ADDRESS:
Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016
PRIMARY FACILITY
Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MONTH DAY	TO YEAR MONTH DAY
18/06/01	18/06/30

Southeast Region
Facsimile

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.015682	0.025157		XXXX	XXXX	XXXX	gpd	0	CONT.	RECD.
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	15	22	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	22	39	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.9	XXXX	8.3	s.u.	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis Director of Operations and Maintenance	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC .1001 AND 33 USC .1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	18/07/12
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

NO effluent discharged

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: June
YEAR: 2018

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Daily Rain fall	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	14,554				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.2		
2	19,271				17,652	1,487	1,486	1,456	1,456	1,420	1,481	1,442	1,442	1,480	1,481	1,480	1,421	7.6		
3	20,474				11,742	1,051	1,052	1,040	1,040	1,057	1,058	1,030	1,030	846	846	846	846	7.4		
4	12,695				17,898	1,480	1,421	1,456	1,456	1,480	1,481	1,442	1,442	1,609	1,610	1,480	1,481	8.3		
5	14,140				17,085	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,563	1,563	1,480	1,481	8.1		
6	17,094				14,285	1,269	1,269	1,248	1,248	1,269	1,269	1,030	1,030	1,057	1,058	1,269	1,269	6.9		
7	13,549				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.7		
8	15,852				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.0		
9	12,320				18,063	1,692	1,692	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.2		
10	19,633				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.4		
11	16,627				18,056	1,480	1,481	1,664	1,660	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.5		
12	12,225				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.6		
13	25,157				18,063	1,480	1,481	1,456	1,456	1,692	1,692	1,442	1,442	1,480	1,481	1,480	1,481	7.3		
14	21,100				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.8		
15	16,770				1,258	0	0	0	0	0	0	206	206	211	212	211	212	**6.9**		
16	15,649				9,234	846	846	832	832	846	846	824	824	634	635	634	635	7.3		
17	19,440				18,063	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,692	1,692	1,480	1,481	7.3		
18	17,085				17,640	1,480	1,481	1,456	1,456	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.4		
19	18,328				2,101	423	423	416	416	0	0	0	0	0	0	211	212	7.7		
20	14,621	348	370		423	212	211	0	0	0	0	0	0	0	0	0	0	7.8	9	5
21	10,958				7,983	846	846	624	624	635	634	618	618	635	634	635	634	7.6		
22	14,581				17,782	1,480	1,481	1,527	1,527	1,480	1,481	1,442	1,442	1,480	1,481	1,480	1,481	8.0		
23	10,579				17,914	1,480	1,481	1,593	1,593	1,481	1,481	1,442	1,442	1,480	1,481	1,480	1,481	7.8		
24	14,444				17,855	1,480	1,481	1,456	1,456	1,588	1,588	1,442	1,442	1,480	1,481	1,480	1,481	7.7		
25	12,655				17,848	1,480	1,481	1,456	1,456	1,584	1,585	1,442	1,442	1,480	1,481	1,480	1,481	7.7		
26	12,712				17,707	1,480	1,481	1,456	1,456	1,480	1,481	1,475	1,476	1,480	1,481	1,480	1,481	7.6		
27	15,929	166	104		3,711	211	212	208	208	211	212	378	379	423	423	423	423	7.6	21.5	39
28	15,623				2,097	211	212	208	208	211	212	206	206	211	212	0	0	7.2		
29	16,979				0	0	0	0	0	0	0	0	0	0	0	0	0			
30	9,406				0	0	0	0	0	0	0	0	0	0	0	0	0			
31																				
Total	470,450				**390,300**															
Avg	**15,682**	**257**	**237**																**15**	**22**
Min	**9,406**																	**6.9**		
Max	**25,157**																	8.3	**22**	**39**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 100 E. 5th Street
Chester, PA 19013

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	18	06	01	TO	18	06	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Director of Operations & Maintenance

Phone: 610-876-5523 ext 264

Date: 7/9/2018

Signature of Principal Executive Officer or Authorized Agent

[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.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Pocopson Preserve
Municipality: Pocopson Township County: Delaware
Watershed:

Month: June Year: 2018
NPDES Permit No.: 1507415
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2018

	Influent					Process Control				
Day	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	0.0146									
2	0.0193									
3	0.0205									
4	0.0127									
5	0.0141									
6	0.0171									
7	0.0135									
8	0.0159									
9	0.0123									
10	0.0196									
11	0.0166									
12	0.0122									
13	0.0252									
14	0.0211									
15	0.0168									
16	0.0156									
17	0.0194									
18	0.0171									
19	0.0183									
20	0.0146	348.0	42	370.0	45					
21	0.011									
22	0.0146									
23	0.0106									
24	0.0144									
25	0.0127									
26	0.0127									
27	0.0159	166.0	22	104.0	14					
28	0.0156									
29	0.017									
30	0.0094									
31										
Avg	**0.016**	**257**	**32**	**237**	**29**					
Max	**0.025**	**348**	**42**	**370**	**45**					

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 J. DiSantis License No.: T0403
Title: Dir. of Operations and Maintenance Date: 7/9/2018

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

August 20, 2018

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for July 2018**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village Preserve Wastewater Treatment Facility for July 2018.

There were no violations during the reporting period. Due to low storage lagoon levels, the drip fields were not used during the month. A total of 369,998 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

PERMITTEE NAME/ADDRESS:
Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016
PRIMARY FACILITY
Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
18	07	01		18	07	31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY OR INST. MINIMUM	QUALITY OR MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.011935	0.019663		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	N/A	N/A	mg/L	0	N/A	N/A
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	N/A	N/A	mg/L	0	N/A	N/A
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		N/A	XXXX	N/A	s.u.	0	N/A	N/A
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis Director of Operations and Maintenance	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC .1001 AND 33 USC .1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	18/08/20
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: No discharge during month due to low storage lagoon levels.

NO effluent discharged

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: July
YEAR: 2018

DATE	Influent gallons	Inf. BOD5	Inf. TSS	Daily Rain fall	Effluent total gallons	Drip zone #1 gals.	Drip zone #2 gals.	Drip Zone #3 gals.	Drip zone #4 gals.	Drip zone #5 gals.	Drip zone #6 gals.	Drip zone #7 gals.	Drip zone #8 gals.	Drip zone #9 gals.	Drip zone #10 gals.	Drip zone #11 gals.	Drip Zone #12 gals.	Effluent pH	Effluent cBOD5	Effluent TSS
1	15,385				0	0	0	0	0	0	0	0	0	0	0	0	0			
2	8,658				0	0	0	0	0	0	0	0	0	0	0	0	0			
3	10,764				0	0	0	0	0	0	0	0	0	0	0	0	0			
4	11,850				0	0	0	0	0	0	0	0	0	0	0	0	0			
S	19,663	176	100		0	0	0	0	0	0	0	0	0	0	0	0	0			
6	13,193				0	0	0	0	0	0	0	0	0	0	0	0	0			
7	9,560				0	0	0	0	0	0	0	0	0	0	0	0	0			
8	10,642				0	0	0	0	0	0	0	0	0	0	0	0	0			
9	9,685				0	0	0	0	0	0	0	0	0	0	0	0	0			
10	12,184				0	0	0	0	0	0	0	0	0	0	0	0	0			
11	19,607				0	0	0	0	0	0	0	0	0	0	0	0	0			
12	10,483				0	0	0	0	0	0	0	0	0	0	0	0	0			
13	11,038				0	0	0	0	0	0	0	0	0	0	0	0	0			
14	11,503				0	0	0	0	0	0	0	0	0	0	0	0	0			
15	15,406				0	0	0	0	0	0	0	0	0	0	0	0	0			
16	9,933				0	0	0	0	0	0	0	0	0	0	0	0	0			
17	11,057				0	0	0	0	0	0	0	0	0	0	0	0	0			
18	12,489				0	0	0	0	0	0	0	0	0	0	0	0	0			
19	10,084				0	0	0	0	0	0	0	0	0	0	0	0	0			
20	13,627				0	0	0	0	0	0	0	0	0	0	0	0	0			
21	10,532				0	0	0	0	0	0	0	0	0	0	0	0	0			
22	11,224				0	0	0	0	0	0	0	0	0	0	0	0	0			
23	11,688				0	0	0	0	0	0	0	0	0	0	0	0	0			
24	10,787				0	0	0	0	0	0	0	0	0	0	0	0	0			
25	14,837				0	0	0	0	0	0	0	0	0	0	0	0	0			
26	10,054				0	0	0	0	0	0	0	0	0	0	0	0	0			
27	10,018				0	0	0	0	0	0	0	0	0	0	0	0	0			
28	12,569				0	0	0	0	0	0	0	0	0	0	0	0	0			
29	11,097				0	0	0	0	0	0	0	0	0	0	0	0	0			
30	11,501				0	0	0	0	0	0	0	0	0	0	0	0	0			
31	8,880				0	0	0	0	0	0	0	0	0	0	0	0	0		0	0
Total	**369,998**				**0**															
Avg	11,935	**176**	**100**																**0**	**0**
Min	**8,658**																	0.0		
Max	19,663																	**0.0**	**0**	**0**

3800-FM-WSFR0189 6/2006

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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM[1]

Permittee Name: POCOPSON CORRINE VILLAGE WWTF

Address: 100 E. 5th Street
Chester, PA 19013

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1507415	18	07	01	TO	18	07	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER[2]
28cBOD5/BOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
pH	Meter	DELCORA-Operations Meter	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 possibly of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Michael J. DiSantis, Director of Operations & Maintenance

Phone: 610-876-5523 ext 264

Date: 8/6/2018

Signature of Principal Executive Officer or Authorized Agent

[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.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Pocopson Preserve
Municipality: Pocopson Township County: Delaware
Watershed:

Month: July Year: 2018
NPDES Permit No.: 1507415
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2018

	Influent					Process Control				
Day	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	0.0154									
2	0.0087									
3	0.0108									
4	0.0119									
5	0.0197	176.0	29	100.0	16					
6	0.0132									
7	0.0096									
8	0.0106									
9	0.0097									
10	0.0122									
11	0.0196									
12	0.0105									
13	0.011									
14	0.0115									
15	0.0154									
16	0.0099									
17	0.0111									
18	0.0125									
19	0.0101									
20	0.0136									
21	0.0105									
22	0.0112									
23	0.0117									
24	0.0108									
25	0.0148									
26	0.0101									
27	0.01									
28	0.0126									
29	0.0111									
30	0.0115									
31	0.0089									
Avg	**0.012**	**176**	**29**	**100**	**16**					
Max	**0.02**	**176**	**29**	**100**	**16**					

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 J. DiSantis
Title: Dir. of Operations and Maintenance

License No.: T0403
Date: 8/6/2018

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

September 24, 2018

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Michael McAdams
Water Quality Specialist
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: **Discharge Monitoring Report, Supplemental S Form, Laboratory Accreditation Form for the Pocopson Corrine Village WWTF Permit #1507415 for August 2018**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village/ Preserve at Chadds Ford Wastewater Treatment Facility for August 2018.

There were no violations during the reporting period. The drip fields were utilized throughout the month with a total of 562,551 gallons discharged. A total of 382,411 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:bab
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober, DELCORA
S. Babylon, DELCORA
File

PERMITTEE NAME/ADDRESS:
Pocopson Township 740 Denton Hollow Road
PO Box 999, Chester, PA 19016
PRIMARY FACILITY
Corrine Village WWTF
Pocopson Township
COUNTY: CHESTER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

1507415	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR MONTH DAY	TO	YEAR MONTH DAY
18/08/01		18/08/31

Southeast Region
Facsimilie

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY MONTHLY AVERAGE	QUANTITY OR INST. MAXIMUM	LOADING UNITS	QUALITY INST. MINIMUM	QUALITY OR MONTHLY AVERAGE	CONCENTRATION INSTANTANEOUS MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	SAMPLE MEASUREMENT	0.012336	0.018345		XXXX	XXXX	XXXX	gpd	0	*CONT.*	*RECD.*
	PERMIT REQUIREMENT	0.020000	MONITOR/ REPORT		XXXX	XXXX	XXXX			CONT.	RECORDED
cBOD5	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	9	19	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50			2/month	Grab
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	13	24	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60			2/month	Grab
pH	SAMPLE MEASUREMENT	N/A	XXXX		7.1	XXXX	8.3	s.u.	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0			1/Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Michael J. DiSantis Director of Operations and Maintenance	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC ,1001 AND 33 USC .1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO $10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	610-876-5523 EXT 264	18/09/24
TYPE OR PRINT			AREA CODE NUMBER	YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS: No discharge during month due to low storage lagoon levels.

NO effluent discharged

EPA FORM 3320-1 (REV. 9-88) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)