Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: August
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 | 9,611 | | | | 20,232 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 7.5 | | |
| 2 | 9,991 | | | | 20,232 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 7.4 | | |
| 3 | 10,190 | | | | 20,232 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 7.6 | | |
| 4 | 8,393 | | | | 20,232 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 7.5 | | |
| 5 | 12,022 | | | | 20,232 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 7.6 | | |
| 6 | 10,283 | | | | 20,232 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 1,686 | 7.5 | | |
| 7 | 9,634 | | | | 13,624 | 1,480 | 1,481 | 1,456 | 1,456 | 1,373 | 1,373 | 1,236 | 1,236 | 1,269 | 1,269 | 0 | 0 | 7.5 | | |
| 8 | 13,986 | 220 | 171 | | 17,954 | 1,756 | 1,756 | 1,664 | 1,664 | 1,799 | 1,800 | 1,854 | 1,854 | 1,903 | 1,904 | 0 | 0 | 7.6 | 19 | 24 |
| 9 | 9,986 | | | | 17,910 | 1,839 | 1,840 | 1,872 | 1,872 | 1,903 | 1,904 | 1,648 | 1,648 | 1,692 | 1,692 | 0 | 0 | 7.6 | | |
| 10 | 9,715 | | | | 17,748 | 1,760 | 1,761 | 1,664 | 1,664 | 1,692 | 1,692 | 1,854 | 1,854 | 1,903 | 1,904 | 0 | 0 | 7.2 | | |
| 11 | 14,036 | | | | 17,901 | 1,835 | 1,835 | 1,872 | 1,872 | 1,903 | 1,904 | 1,648 | 1,648 | 1,692 | 1,694 | 0 | 0 | 7.3 | | |
| 12 | 13,700 | | | | 17,611 | 1,692 | 1,692 | 1,664 | 1,664 | 1,692 | 1,692 | 1,854 | 1,854 | 1,903 | 1,904 | 0 | 0 | 8.1 | | |
| 13 | 7,934 | | | | 17,615 | 1,903 | 1,904 | 1,872 | 1,872 | 1,692 | 1,692 | 1,648 | 1,648 | 1,692 | 1,692 | 0 | 0 | 8.1 | | |
| 14 | 11,954 | | | | 17,920 | 1,692 | 1,692 | 1,664 | 1,664 | 1,903 | 1,904 | 1,854 | 1,854 | 1,846 | 1,847 | 0 | 0 | 8.0 | | |
| 15 | 13,284 | | | | 17,729 | 1,903 | 1,904 | 1,872 | 1,872 | 1,692 | 1,692 | 1,648 | 1,648 | 1,749 | 1,749 | 0 | 0 | 8.3 | | |
| 16 | 11,890 | | | | 17,611 | 1,692 | 1,692 | 1,664 | 1,664 | 1,903 | 1,904 | 1,854 | 1,854 | 1,692 | 1,692 | 0 | 0 | 8.1 | | |
| 17 | 11,266 | | | | 17,640 | 1,903 | 1,904 | 1,456 | 1,456 | 1,480 | 1,481 | 1,442 | 1,442 | 1,692 | 1,692 | 846 | 846 | 8.2 | | |
| 18 | 13,349 | | | | 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 | | |
| 19 | 18,345 | | | | 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 | | |
| 20 | 12,070 | | | | 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 | | |
| 21 | 11,264 | | | | 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 | 7.5 | | |
| 22 | 15,183 | 444 | 591 | | 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 | 7.1 | 7 | 16 |
| 23 | 13,798 | | | | 17,866 | 1,480 | 1,481 | 1,456 | 1,456 | 1,480 | 1,481 | 1,442 | 1,442 | 1,593 | 1,594 | 1,480 | 1,481 | 7.2 | | |
| 24 | 10,325 | | | | 17,837 | 1,480 | 1,481 | 1,456 | 1,456 | 1,480 | 1,481 | 1,442 | 1,442 | 1,579 | 1,579 | 1,480 | 1,481 | 7.2 | | |
| 25 | 15,100 | | | | 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 | 7.2 | | |
| 26 | 16,419 | | | | 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 | | |
| 27 | 11,317 | | | | 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 | 7.7 | | |
| 28 | 17,171 | | | | 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 | | |
| 29 | 12,484 | | | | 17,968 | 1,644 | 1,645 | 1,456 | 1,456 | 1,480 | 1,481 | 1,442 | 1,442 | 1,480 | 1,481 | 1,480 | 1,481 | 8.1 | | |
| 30 | 14,248 | | | | 17,735 | 1,528 | 1,528 | 1,456 | 1,456 | 1,480 | 1,481 | 1,442 | 1,442 | 1,480 | 1,481 | 1,480 | 1,481 | 8.2 | | |
| 31 | 13,463 | | | | 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 | 8.2 | 0 | 0 |
| **Total** | **382,411** | | | | **562,551** | | | | | | | | | | | | | | | |
| **Avg** | **12,336** | 332 | **381** | | | | | | | | | | | | | | | | 9 | **13** |
| **Min** | **7,934** | | | | | | | | | | | | | | | | | **7.1** | | |
| **Max** | **18,345** | | | | | | | | | | | | | | | | | **8.3** | 19 | **24** |

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 | 08 | 01 | TO | 18 | 08 | 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 |
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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:** 9/7/2018

**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.

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

# SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

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

Month: **August** 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 | 0.0096 | | | | | | | | | |
| 2 | 0.01 | | | | | | | | | |
| 3 | 0.0102 | | | | | | | | | |
| 4 | 0.0084 | | | | | | | | | |
| 5 | 0.012 | | | | | | | | | |
| 6 | 0.0103 | | | | | | | | | |
| 7 | 0.0096 | | | | | | | | | |
| 8 | 0.014 | 220.0 | 26 | 171.0 | 20 | | | | | |
| 9 | 0.01 | | | | | | | | | |
| 10 | 0.0097 | | | | | | | | | |
| 11 | 0.014 | | | | | | | | | |
| 12 | 0.0137 | | | | | | | | | |
| 13 | 0.0079 | | | | | | | | | |
| 14 | 0.012 | | | | | | | | | |
| 15 | 0.0133 | | | | | | | | | |
| 16 | 0.0119 | | | | | | | | | |
| 17 | 0.0113 | | | | | | | | | |
| 18 | 0.0133 | | | | | | | | | |
| 19 | 0.0183 | | | | | | | | | |
| 20 | 0.0121 | | | | | | | | | |
| 21 | 0.0113 | | | | | | | | | |
| 22 | 0.0152 | 444.0 | 56 | 592.0 | 75 | | | | | |
| 23 | 0.0138 | | | | | | | | | |
| 24 | 0.0103 | | | | | | | | | |
| 25 | 0.0151 | | | | | | | | | |
| 26 | 0.0164 | | | | | | | | | |
| 27 | 0.0113 | | | | | | | | | |
| 28 | 0.0172 | | | | | | | | | |
| 29 | 0.0125 | | | | | | | | | |
| 30 | 0.0142 | | | | | | | | | |
| 31 | 0.0135 | | | | | | | | | |
| Avg | **0.012** | **332** | **41** | **382** | **47** | | | | | |
| Max | **0.018** | **444** | **56** | **592** | **75** | | | | | |

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: **9/7/2018**

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

October 25, 2018

FED EX – NEXT DAY

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 2018**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village/ Preserve at Chadds Ford Wastewater Treatment Facility for September 2018.

There were no violations during the reporting period. The drip fields were utilized throughout the month with a total of 572,632 gallons discharged. A total of 387,875 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 via email
S. Babylon via email
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
18/09/01 18/09/30

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 | 0.012929 | 0.018101 | | 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 | 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 | 7 | 14 | mg/L | 0 | 2/month | Grab |
| | PERMIT REQUIREMENT | XXXX | XXXX | | XXXX | 30 | 60 | | | 2/month | Grab |
| pH | SAMPLE MEASUREMENT | N/A | XXXX | | 6.5 | XXXX | 8.4 | s.u. | 0 | 1/Day | Grab |
| | PERMIT REQUIREMENT | N/A | XXXX | | 6.0 | XXXX | 9.0 | | | 1/Day | Grab |
| | | | | | | | | | | | |
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| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | DATE |
|---|---|---|---|---|
| Michael J. DiSantis<br>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 | 18/10/15 |
| 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 5 Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: September
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 | 7,972 | | | | 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 | | |
| 2 | 10,606 | | | | 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 | 6.5 | | |
| 3 | 15,823 | | | | 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 | | |
| 4 | 12,505 | | | | 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 | 11,786 | | | | 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 | | |
| 6 | 13,172 | | | | 18,052 | 1,480 | 1,481 | 1,452 | 1,452 | 1,480 | 1,481 | 1,648 | 1,648 | 1,480 | 1,481 | 1,480 | 1,481 | 7.3 | | |
| 7 | 12,818 | | | | 17,640 | 1,480 | 1,481 | 1,452 | 1,452 | 1,480 | 1,481 | 1,442 | 1,442 | 1,480 | 1,481 | 1,480 | 1,482 | 6.8 | | |
| 8 | 8,996 | | | | 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 | | |
| 9 | 13,961 | | | | 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 | | |
| 10 | 12,636 | | | | 17,793 | 1,480 | 1,480 | 1,456 | 1,456 | 1,480 | 1,481 | 1,442 | 1,442 | 1,557 | 1,557 | 1,480 | 1,481 | 7.4 | | |
| 11 | 10,272 | | | | 17,910 | 1,480 | 1,481 | 1,456 | 1,456 | 1,480 | 1,481 | 1,442 | 1,442 | 1,615 | 1,616 | 1,480 | 1,481 | 7.7 | | |
| 12 | 14,202 | 284 | 241 | | 19,470 | 1,633 | 1,633 | 1,608 | 1,609 | 1,633 | 1,633 | 1,594 | 1,595 | 1,633 | 1,633 | 1,633 | 1,633 | 8.0 | 8 | 7 |
| 13 | 10,880 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 8.2 | | |
| 14 | 11,308 | | | | 20,202 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 8.3 | | |
| 15 | 16,025 | | | | 19,978 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,582 | 1,582 | 1,694 | 1,694 | 7.9 | | |
| 16 | 14,228 | | | | 19,942 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,564 | 1,564 | 1,694 | 1,694 | 8.0 | | |
| 17 | 11,218 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 8.3 | | |
| 18 | 11,103 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,655 | 1,666 | 1,694 | 1,694 | 1,694 | 1,694 | 8.4 | | |
| 19 | 15,605 | 580 | 864 | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 8.3 | 9 | 14 |
| 20 | 11,204 | | | | 20,202 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.9 | | |
| 21 | 12,656 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.0 | | |
| 22 | 10,425 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 6.6 | | |
| 23 | 17,315 | | | | 20,202 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,665 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 8.4 | | |
| 24 | 11,742 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,694 | 1,694 | 7.9 | | |
| 25 | 11,686 | | | | 20,202 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 8.3 | | |
| 26 | 12,439 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 8.1 | | |
| 27 | 17,613 | | | | 20,202 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.7 | | |
| 28 | 15,906 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.8 | | |
| 29 | 13,672 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.8 | | |
| 30 | 18,101 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 31 | | | | | | | | | | | | | | | | | | | 0 | 0 |
| **Total** | **387,875** | | | | **572,632** | | | | | | | | | | | | | | | |
| **Avg** | **12,929** | **432** | **553** | | | | | | | | | | | | | | | | 6 | **7** |
| **Min** | **7,972** | | | | | | | | | | | | | | | | | 6.5 | | |
| **Max** | **18,101** | | | | | | | | | | | | | | | | | 8.4 | **9** | **14** |

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 | 09 | 01 | TO | 18 | 09 | 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 |
| | | | |
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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:** 10/9/2018

**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: **September** 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 | 0.008 | | | | | | | | | |
| 2 | 0.0106 | | | | | | | | | |
| 3 | 0.0158 | | | | | | | | | |
| 4 | 0.0125 | | | | | | | | | |
| 5 | 0.0118 | | | | | | | | | |
| 6 | 0.0132 | | | | | | | | | |
| 7 | 0.0128 | | | | | | | | | |
| 8 | 0.009 | | | | | | | | | |
| 9 | 0.014 | | | | | | | | | |
| 10 | 0.0126 | | | | | | | | | |
| 11 | 0.0103 | | | | | | | | | |
| 12 | 0.0142 | 284.0 | 34 | 241.0 | 29 | | | | | |
| 13 | 0.0109 | | | | | | | | | |
| 14 | 0.0113 | | | | | | | | | |
| 15 | 0.016 | | | | | | | | | |
| 16 | 0.0142 | | | | | | | | | |
| 17 | 0.0112 | | | | | | | | | |
| 18 | 0.0111 | | | | | | | | | |
| 19 | 0.0156 | 580.0 | 75 | 864.0 | 112 | | | | | |
| 20 | 0.0112 | | | | | | | | | |
| 21 | 0.0127 | | | | | | | | | |
| 22 | 0.0104 | | | | | | | | | |
| 23 | 0.0173 | | | | | | | | | |
| 24 | 0.0117 | | | | | | | | | |
| 25 | 0.0117 | | | | | | | | | |
| 26 | 0.0124 | | | | | | | | | |
| 27 | 0.0176 | | | | | | | | | |
| 28 | 0.0159 | | | | | | | | | |
| 29 | 0.0137 | | | | | | | | | |
| 30 | 0.0181 | | | | | | | | | |
| 31 | | | | | | | | | | |
| Avg | **0.013** | **432** | **55** | **553** | **70** | | | | | |
| Max | **0.018** | **580** | **75** | **864** | **112** | | | | | |

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: **10/9/2018**

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

November 26, 2018

FED EX – NEXT DAY

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 2018**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village/ Preserve at Chadds Ford Wastewater Treatment Facility for October 2018.

There were no violations during the reporting period. The drip fields were utilized throughout the month with a total of 606,435 gallons discharged. A total of 412,116 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 via email
S. Babylon via email
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 | 10 | 01 | | 18 | 10 | 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 | UNITS | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| FLOW | SAMPLE MEASUREMENT | 0.013294 | 0.017016 | | 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 | 12 | 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 | 33 | 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 | 7.7 | s.u. | 0 | 1/Day | Grab |
| | PERMIT REQUIREMENT | N/A | XXXX | | 6.0 | XXXX | 9.0 | | | 1/Day | Grab |
| | | | | | | | | | | | |
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| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | DATE |
|---|---|---|---|---|
| Michael J. DiSantis<br>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 | 18/11/15 |
| 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 5 Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: October
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 | 16,294 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,656 | 1,655 | 1,694 | 1,694 | 1,452 | 1,452 | 7.6 | | |
| 2 | 12,099 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,656 | 1,655 | 1,452 | 1,452 | 1,694 | 1,694 | 7.5 | | |
| 3 | 15,254 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.6 | | |
| 4 | 14,159 | | | | 19,928 | 1,694 | 1,694 | 1,669 | 1,670 | 1,557 | 1,557 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.6 | | |
| 5 | 10,537 | | | | 19,992 | 1,694 | 1,694 | 1,669 | 1,670 | 1,689 | 1,689 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.4 | | |
| 6 | 15,177 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.4 | | |
| 7 | 14,253 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 8 | 14,090 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.6 | | |
| 9 | 11,815 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,694 | 1,694 | 7.6 | | |
| 10 | 13,124 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.7 | | |
| 11 | 13,457 | | | | 19,241 | 1,694 | 1,694 | 1,431 | 1,431 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.6 | | |
| 12 | 10,777 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.7 | | |
| 13 | 8,586 | | | | 19,234 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 7.7 | | |
| 14 | 17,016 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.6 | | |
| 15 | 13,057 | | | | 19,241 | 1,694 | 1,694 | 1,431 | 1,431 | 1,457 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 16 | 10,237 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 17 | 12,804 | 278 | 93 | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.5 | 9 | 32.8 |
| 18 | 12,933 | | | | 19,333 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,463 | 1,463 | 1,452 | 1,452 | 1,694 | 1,694 | 7.5 | | |
| 19 | 14,225 | | | | 19,630 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,452 | 1,452 | 1,611 | 1,612 | 1,694 | 1,694 | 7.4 | | |
| 20 | 14,247 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.4 | | |
| 21 | 14,150 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.4 | | |
| 22 | 11,161 | | | | 19,234 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,656 | 1,655 | 1,452 | 1,452 | 1,452 | 1,452 | 7.6 | | |
| 23 | 11,984 | | | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.4 | | |
| 24 | 11,533 | 201 | 162 | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.4 | 12 | 28 |
| 25 | 12,069 | | | | 19,234 | 1,452 | 1,452 | 1,670 | 1,669 | 1,694 | 1,694 | 1,656 | 1,655 | 1,694 | 1,694 | 1,452 | 1,452 | 7.5 | | |
| 26 | 13,216 | | | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,452 | 1,452 | 1,694 | 1,694 | 7.3 | | |
| 27 | 14,511 | | | | 19,241 | 1,694 | 1,694 | 1,431 | 1,431 | 1,452 | 1,452 | 1,656 | 1,655 | 1,694 | 1,694 | 1,694 | 1,694 | 7.4 | | |
| 28 | 15,625 | | | | 19,718 | 1,452 | 1,452 | 1,670 | 1,669 | 1,694 | 1,694 | 1,656 | 1,655 | 1,694 | 1,694 | 1,694 | 1,694 | 7.3 | | |
| 29 | 16,247 | | | | 19,234 | 1,694 | 1,694 | 1,670 | 1,669 | 1,694 | 1,694 | 1,656 | 1,655 | 1,452 | 1,452 | 1,452 | 1,452 | 7.1 | | |
| 30 | 14,103 | | | | 19,245 | 1,694 | 1,694 | 1,670 | 1,669 | 1,452 | 1,452 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.2 | | |
| 31 | 13,376 | | | | 19,616 | 1,640 | 1,639 | 1,431 | 1,431 | 1,694 | 1,694 | 1,656 | 1,655 | 1,694 | 1,694 | 1,694 | 1,694 | 7.3 | | 21 |
| **Total** | **412,116** | | | | 606,435 | | | | | | | | | | | | | | | |
| **Avg** | **13,294** | **240** | **128** | | | | | | | | | | | | | | | | **11** | **27** |
| **Min** | **8,586** | | | | | | | | | | | | | | | | | **7.1** | | |
| **Max** | **17,016** | | | | | | | | | | | | | | | | | **7.7** | **12** | 33 |

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 | 10 | 01 | TO | 18 | 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 |
| | | | |
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**Name/Title Principal Executive Officer**

Michael J. DiSantis, Director of Operations & Maintenance

**Phone:** 610-876-5523 ext 264

**Date:** 11/9/2018

**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

# SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

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

Month: **October** 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 | 0.0163 | | | | | | | | | |
| 2 | 0.0121 | | | | | | | | | |
| 3 | 0.0153 | | | | | | | | | |
| 4 | 0.0142 | | | | | | | | | |
| 5 | 0.0105 | | | | | | | | | |
| 6 | 0.0152 | | | | | | | | | |
| 7 | 0.0143 | | | | | | | | | |
| 8 | 0.0141 | | | | | | | | | |
| 9 | 0.0118 | | | | | | | | | |
| 10 | 0.0131 | | | | | | | | | |
| 11 | 0.0135 | | | | | | | | | |
| 12 | 0.0108 | | | | | | | | | |
| 13 | 0.0086 | | | | | | | | | |
| 14 | 0.017 | | | | | | | | | |
| 15 | 0.0131 | | | | | | | | | |
| 16 | 0.0102 | | | | | | | | | |
| 17 | 0.0128 | 278.0 | 30 | 93.0 | 10 | | | | | |
| 18 | 0.0129 | | | | | | | | | |
| 19 | 0.0142 | | | | | | | | | |
| 20 | 0.0142 | | | | | | | | | |
| 21 | 0.0142 | | | | | | | | | |
| 22 | 0.0112 | | | | | | | | | |
| 23 | 0.012 | | | | | | | | | |
| 24 | 0.0115 | 201.0 | 19 | 162.0 | 16 | | | | | |
| 25 | 0.0121 | | | | | | | | | |
| 26 | 0.0132 | | | | | | | | | |
| 27 | 0.0145 | | | | | | | | | |
| 28 | 0.0156 | | | | | | | | | |
| 29 | 0.0162 | | | | | | | | | |
| 30 | 0.0141 | | | | | | | | | |
| 31 | 0.0134 | | | | | | | | | |
| Avg | **0.013** | **240** | **25** | **128** | **13** | | | | | |
| Max | **0.017** | **278** | **30** | **162** | **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** License No.: **T0403**
Title: **Dir. of Operations and Maintenance** Date: **11/9/2018**

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

December 26, 2018

FED EX – NEXT DAY

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 2018**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village/ Preserve at Chadds Ford Wastewater Treatment Facility for November 2018.

There were no violations during the reporting period. The drip fields were utilized throughout the month with a total of 606,435 gallons discharged. A total of 412,116 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 via email
S. Babylon via email
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/ | 11/ | 01 | | 18/ | 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 | 0.014225 | 0.023438 | | 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 | 10 | 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 | 23 | mg/L | 0 | 2/month | Grab |
| | PERMIT REQUIREMENT | XXXX | XXXX | | XXXX | 30 | 60 | | | 2/month | Grab |
| pH | SAMPLE MEASUREMENT | N/A | XXXX | | 7.2 | XXXX | 7.9 | s.u. | 0 | 1/Day | Grab |
| | PERMIT REQUIREMENT | N/A | XXXX | | 6.0 | XXXX | 9.0 | | | 1/Day | Grab |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

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
18/12/14
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: November
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 | 10,549 | | | | 19,343 | 1,507 | 1,506 | 1,670 | 1,669 | 1,694 | 1,694 | 1,656 | 1,655 | 1,694 | 1,694 | 1,452 | 1,452 | 7.2 | | |
| 2 | 15,573 | | | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,417 | 1,417 | 1,452 | 1,452 | 1,694 | 1,694 | 7.2 | | |
| 3 | 13,037 | | | | 19,145 | 1,646 | 1,646 | 1,431 | 1,431 | 1,452 | 1,452 | 2,381 | 2,382 | 1,694 | 1,694 | 1,694 | 1,694 | 7.3 | | |
| 4 | 16,698 | | | | 18,846 | 1,500 | 1,500 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 7.4 | | |
| 5 | 11,411 | | | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.4 | | |
| 6 | 15,086 | | | | 19,241 | 1,452 | 1,452 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 7 | 13,440 | | | | 19,234 | 1,694 | 1,694 | 1,669 | 1,669 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 7.3 | | |
| 8 | 11,537 | | | | 13,957 | 1,210 | 1,210 | 1,192 | 1,193 | 1,210 | 1,210 | 946 | 946 | 1,210 | 1,210 | 1,210 | 1,210 | 7.5 | | |
| 9 | 11,669 | | | | 9,142 | 968 | 968 | 715 | 716 | 726 | 726 | 709 | 710 | 726 | 726 | 726 | 726 | 7.4 | | |
| 10 | 10,295 | | | | 19,260 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,656 | 1,655 | 1,694 | 1,694 | 1,465 | 1,465 | 7.6 | | |
| 11 | 15,628 | | | | 19,692 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,656 | 1,655 | 1,452 | 1,452 | 1,681 | 1,681 | 7.5 | | |
| 12 | 13,701 | | | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.6 | | |
| 13 | 10,238 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,656 | 1,655 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 14 | 11,431 | 204 | 463 | | 19,238 | 1,694 | 1,694 | 1,908 | 1,908 | 1,694 | 1,694 | 1,419 | 1,419 | 1,452 | 1,452 | 1,452 | 1,452 | 7.6 | 10 | 23.3 |
| 15 | 15,851 | | | | 19,241 | 1,694 | 1,694 | 1,431 | 1,431 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.6 | | |
| 16 | 21,146 | | | | 19,679 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,674 | 1,675 | 7.8 | | |
| 17 | 12,981 | | | | 19,273 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,471 | 1,472 | 7.8 | | |
| 18 | 23,438 | | | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.7 | | |
| 19 | 21,910 | | | | 19,241 | 1,452 | 1,452 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.4 | | |
| 20 | 14,282 | | | | 19,234 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 7.7 | | |
| 21 | 10,906 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 22 | 15,434 | | | | 19,241 | 1,694 | 1,694 | 1,431 | 1,431 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.8 | | |
| 23 | 11,379 | | | | 19,234 | 1,452 | 1,452 | 1,694 | 1,695 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.7 | | |
| 24 | 13,831 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,694 | 1,694 | 7.7 | | |
| 25 | 12,817 | | | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.9 | | |
| 26 | 12,996 | | | | 19,241 | 1,452 | 1,452 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 27 | 11,519 | | | | 19,234 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 7.6 | | |
| 28 | 19,234 | 356 | 202 | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.8 | 6 | 11 |
| 29 | 15,236 | | | | 19,241 | 1,452 | 1,452 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.7 | | |
| 30 | 13,511 | | | | 19,234 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 7.6 | | |
| 31 | | | | | | | | | | | | | | | | | | | | |
| **Total** | **426,764** | | | | **563,833** | | | | | | | | | | | | | | | |
| **Avg** | **14,225** | **280** | **333** | | | | | | | | | | | | | | | | **8** | **17** |
| **Min** | **10,238** | | | | | | | | | | | | | | | | | **7.2** | | |
| **Max** | **23,438** | | | | | | | | | | | | | | | | | **7.9** | **10** | **23** |

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 | 11 | 01 | TO | 18 | 11 | 30 |

| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER[2] |
|---|---|---|---|
| 28cBOD5/BOD5 | S5210B-11 | DELCORA | 23-00671 |
| TSS | S2540D-11 | DELCORA | 23-00671 |
| pH | Meter | DELCORA-Operations Meter | 23-00671 |
| | | | |
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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:** 12/7/2018

**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: November 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 | 0.0105 | | | | | | | | | |
| 2 | 0.0156 | | | | | | | | | |
| 3 | 0.013 | | | | | | | | | |
| 4 | 0.0167 | | | | | | | | | |
| 5 | 0.0114 | | | | | | | | | |
| 6 | 0.0151 | | | | | | | | | |
| 7 | 0.0134 | | | | | | | | | |
| 8 | 0.0115 | | | | | | | | | |
| 9 | 0.0117 | | | | | | | | | |
| 10 | 0.0103 | | | | | | | | | |
| 11 | 0.0156 | | | | | | | | | |
| 12 | 0.0137 | | | | | | | | | |
| 13 | 0.0102 | | | | | | | | | |
| 14 | 0.0114 | 204.0 | 19 | 463.0 | 44 | | | | | |
| 15 | 0.0159 | | | | | | | | | |
| 16 | 0.0211 | | | | | | | | | |
| 17 | 0.013 | | | | | | | | | |
| 18 | 0.0234 | | | | | | | | | |
| 19 | 0.0219 | | | | | | | | | |
| 20 | 0.0143 | | | | | | | | | |
| 21 | 0.0109 | | | | | | | | | |
| 22 | 0.0154 | | | | | | | | | |
| 23 | 0.0114 | | | | | | | | | |
| 24 | 0.0138 | | | | | | | | | |
| 25 | 0.0128 | | | | | | | | | |
| 26 | 0.013 | | | | | | | | | |
| 27 | 0.0115 | | | | | | | | | |
| 28 | 0.0192 | 356.0 | 57 | 302.0 | 48 | | | | | |
| 29 | 0.0152 | | | | | | | | | |
| 30 | 0.0135 | | | | | | | | | |
| 31 | | | | | | | | | | |
| Avg | 0.014 | 280 | 38 | 383 | 46 | | | | | |
| Max | 0.023 | 356 | 57 | 463 | 48 | | | | | |

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: 12/7/2018

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

January 8, 2019

**SUBMITTED ON LINE VIA PADEP eDMR SYSTEM**

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

RE: **Discharge Monitoring Report with Attachments for the Pocopson Sheeder Tract WWTP Permit #1505419 for December 2018**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility.

A total of 706,591 gallons of influent entered the facility for an average of 22,793 gallons per day. There were 537,800 gallons discharged to the spray fields during the monitoring period. There were no violations for the month.

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

Very truly yours,

*Electronically signed & submitted*

Michael J. DiSantis
Director of Operations & Maintenance

MJD:dds
enclosures

cc: S. Simone, Pocopson Township via US mail
D. Harrower, Penco Management via email dharrower@pencomanagement.com)
S. Gober via email
S. Babylon via email
File

**Saunders, Debbie**

**From:** depgreenporthelpdesk@state.pa.us
**Sent:** Tuesday, January 08, 2019 11:19 AM
**To:** DiSantis, Michael; Gober, Stan; DiSantis, Michael
**Subject:** Your eDMR Report Has Been Received For Permit No. 1505419

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name**: SHEEDER TRACT SUBDIVISION STP
**Permit Number**: 1505419
**Report Frequency**: Monthly
**Report Type**: DMR
**Reporting Period**: 12/01/2018-12/31/2018
**Report Due Date**: 01/28/2019

**Submitted By**: Michael DiSantis
**Submission Id**: 129248
**Submission Status**: Received
**Submission Type**: Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.

3800-FM-BCW0462 12/2016

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

# COMMONWEALTH OF PENNSYLVANIA
# DEPARTMENT OF ENVIRONMENTAL PROTECTION
# BUREAU OF CLEAN WATER
## DISCHARGE MONITORING REPORT (DMR)

NAME: DELCORA
ADDRESS: PO BOX 999, CHESTER PA, 19016-0999
FACILITY: SHEEDER TRACT SUBDIVISION STP
LOCATION: POCOPSON RD, POCOPSON PA, 19366
STAGE: Prior to Irrigation

| 1505419 | 001 |
|---|---|
| PERMIT NUMBER | OUTFALL NUMBER |

| MONITORING PERIOD | | | | | | |
|---|---|---|---|---|---|---|
| | YEAR | MO | DAY | | YEAR | MO | DAY |
| FROM | 2018 | 12 | 01 | TO | 2018 | 12 | 31 |

Reporting Frequency: Monthly
DMR Effective From: 12/01/2018
DMR Effective To: 12/31/2018
Permit Expires: 04/30/2020
Permit Application Due: 11/02/2019
No Discharge: ☐

PARAMETERS REPORTED VALUES

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | SAMPLING FREQUENCY | SAMPLING TYPE |
|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | |
| pH (00400) | Sample Measurement | *** | *** | *** | 6.4 | *** | 7.7 | S.U. | 1/month | Grab |
| | Permit Requirement | *** | *** | | 6.0 Min | *** | 9.0 Max | | 1/month | Grab |
| Total Suspended Solids (00530) | Sample Measurement | *** | *** | *** | *** | 2 | 2 | mg/L | 1/month | 8-Hr Composite |
| | Permit Requirement | *** | *** | | *** | 30 Avg Mo | 60 IMAX | | 1/month | 8-Hr Composite |
| Total Nitrogen (00600) | Sample Measurement | *** | *** | *** | *** | 15.6 | 15.6 | mg/L | 1/month | Calculation |
| | Permit Requirement | *** | *** | | *** | Monitor & Report Avg Mo | Monitor & Report IMAX | | 1/month | Calculation |
| Flow (50050) | Sample Measurement | .022793 | .031379 | MGD | *** | *** | *** | *** | Continuous | Metered |
| | Permit Requirement | .045150 Avg Mo | Monitor & Report Daily Max | | *** | *** | *** | | Continuous | Metered |
| Fecal Coliform (74055) | Sample Measurement | *** | *** | *** | *** | 5 | *** | CFU/100 ml | 1/month | Grab |
| | Permit Requirement | *** | *** | | *** | 200 Geo Mean | *** | | 1/month | Grab |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082) | Sample Measurement | *** | *** | *** | *** | 2 | 2 | mg/L | 1/month | 8-Hr Composite |
| | Permit Requirement | *** | *** | | *** | 25 Avg Mo | 50 IMAX | | 1/month | 8-Hr Composite |
| Facility Comments | | | | | | | | | | |

3800-FM-BCW0462 12/2016

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

| File Name | Attachment Type | Uploaded Time | Attachment Comments |
|---|---|---|---|
| Pocopson Riverside DEP Cov. Ltr. December 2018.doc | Cover Letter | 2019-01-08T10:15:51-05:00 | |
| Pocopson Riverside Supp. December 2018.xls | Daily Effluent Monitoring Form | 2019-01-08T10:16:28-05:00 | |
| Pocopson Riverside Lab Accred December 2018.doc | Laboratory Accreditation Form | 2019-01-08T10:18:02-05:00 | |
| Pocopson Riverside Influent and Process Control Form December 2018.xls | Influent and Process Control Form | 2019-01-08T10:17:11-05:00 | |

PERMIT VIOLATIONS

| Non-Compliance ID | Event Start Date | Event End Date | Parameter | Limit Type | Reported Value | Permit Limit | Unit | Sampling Point | Cause Of Non-Compliance | Corrective Action | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|

UNAUTHORIZED DISCHARGES

| Non-Compliance ID | Event Start Date | Event End Date | Date and Time Discovered | Substance Discharged | Event Location | Volume (gal) | Duration (hrs) | Receiving Waters | Impact On Waters | Cause Of Discharge | Date and Time DEP Notified Orally | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

OTHER PERMIT VIOLATIONS

| Non-Compliance ID | Non-Compliance Type | Sampling Point | Parameter | Reported Value | Permit Limit | Comments |
|---|---|---|---|---|---|---|

COMMENT DETAILS

| Comments | Operator Name | Operator Certification Number | Operator Contact Number |
|---|---|---|---|
| | Michael J. DiSantis | T0403 | (610)-876-5523 |

SUBMISSION INFORMATION

| SUBMITTED BY GREENPORT USER | *Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities). | Michael Disantis | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|---|
| | | | (610) | 876-5523 | 2019 | 1 | 8 |
| disantism | | SUBMITTED BY FULL NAME | AREA CODE | NUMBER | YEAR | MO | DAY |

POCOPSON SHEEDER TRACT WWTP
WQM PERMIT # 1505419

December, 2018

| DATE | Influent Flow (gpd) | Daily High Temp. | Daily Low Temp. | Inf BOD5 | Inf TSS | Daily Rainfall Inches | Zone 1 (3.78 Acres) | Zone 2 (3.29 Acres) | Zone 3 (1.98 Acres) | Maximum Weekly Gallons Sprayed | Average of Zones pH (Effluent) | Average of Zones D.O. (Effluent) | Average Zones Cl2 residual (Effluent) | cBOD5 (Effluent) | TSS (Eff.) | Fecal Coliform (Eff.) | Total Nitrogen (Eff.) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 25,010 | 44 | 28 | | | 0.6 | 0 | 0 | 0 | | | | | | | | |
| 2 | 22,430 | 56 | 43 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 3 | 16,233 | 55 | 42 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 4 | 19,617 | 38 | 26 | | | 0.0 | 92,200 | 0 | 47,600 | | 7.5 | 9.5 | 0.77 | 2 | 2.3 | 5 | 15.6 |
| 5 | 24,817 | 32 | 20 | 443 | 143 | 0.0 | 11,600 | 0 | 11,000 | | 7.2 | 8.6 | 1.01 | | | | |
| 6 | 20,078 | 35 | 20 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 7 | 19,767 | 37 | 23 | | | 0.0 | 0 | 43,200 | 0 | 205,600 | 7.7 | 8.0 | 0.81 | | | | |
| 8 | 22,798 | 34 | 17 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 9 | 23,357 | 32 | 24 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 10 | 20,008 | 38 | 23 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 11 | 20,718 | 37 | 19 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 12 | 21,922 | 41 | 27 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 13 | 18,103 | 46 | 31 | | | 0.0 | 17,600 | 20,000 | 15,000 | | 6.9 | 11.0 | 0.97 | | | | |
| 14 | 22,769 | 46 | 34 | | | 0.4 | 39,300 | 20,000 | 10,800 | 122,700 | 6.4 | 8.6 | 0.01 | | | | |
| 15 | 27,586 | 50 | 46 | | | 1.1 | 0 | 0 | 0 | | | | | | | | |
| 16 | 25,962 | 40 | 37 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 17 | 15,728 | 48 | 37 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 18 | 23,717 | 36 | 25 | | | 0.0 | 42,200 | 0 | 21,400 | | 7.0 | 4.7 | 0.29 | | | | |
| 19 | 25,291 | 44 | 21 | | | 2.0 | 6,100 | 40,000 | 0 | | 6.8 | 6.0 | 0.00 | | | | |
| 20 | 30,353 | 37 | 26 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 21 | 17,491 | 60 | 52 | | | 0.0 | 0 | 0 | 0 | 109,700 | | | | | | | |
| 22 | 25,133 | 43 | 39 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 23 | 31,379 | 40 | 36 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 24 | 17,791 | 41 | 33 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 25 | 24,201 | 39 | 27 | | | 0.0 | 5,600 | 20,000 | 16,800 | | 7.3 | 5.4 | 0.00 | | | | |
| 26 | 30,460 | 33 | 24 | | | 0.0 | 0 | 10,000 | 5,800 | | 6.8 | 9.2 | 0.01 | | | | |
| 27 | 26,099 | 34 | 25 | | | 1.2 | 39,800 | 1,000 | 800 | | 7.0 | 10.0 | 0.00 | | | | |
| 28 | 20,375 | 56 | 41 | | | 0.1 | 0 | 0 | 0 | 99,800 | | | | | | | |
| 29 | 22,777 | 48 | 36 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 30 | 15,766 | 41 | 30 | | | 0.0 | 0 | 0 | 0 | 0 | | | | | | | |
| 31 | 28,855 | 29 | 28 | | | 0.7 | 0 | 0 | 0 | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Total | 706,591 | | | | | 6.2 | 254,400 | 154,200 | 129,200 | 537,800 | | | | | | | |
| Avg. | 22,793 | | | | | | | | | | | | | 2 | 2 | 5 | 15.6 |
| Min | 15,728 | | | | | | | | | | 6.4 | | | | | | |
| Max | 31,379 | | | | | | | | | | 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:** DELCORA-Sheeder Tract WWTP

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

| PERMIT NUMBER | MONITORING PERIOD Year/Month/Day | | | | | | |
|---|---|---|---|---|---|---|---|
| PA 1505419 | 18 | 12 | 01 | TO | 18 | 12 | 31 |

| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER[2] |
|---|---|---|---|
| cBOD5 | S5210B-11 | DELCORA | 23-00671 |
| TSS | S2540D-11 | DELCORA | 23-00671 |
| Fecal Coliform | Colilert18/Quantitray | DELCORA | 23-00671 |
| Nitrate + Nitrite | HACH 10206/SM4500-H+B | DELCORA | 23-00671 |
| TKN | HACH 10242 | DELCORA | 23-00671 |
| Total Nitrogen | Calculation | DELCORA | 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, Director of Operations & Maintenance

**Phone:** 610-876-5523 ext 264

**Date:** 1/3/2019

**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 Riverside**
Municipality: **Pocopson Township** County: **Delaware**
Watershed:

Month: **December** Year: **2018**
NPDES Permit No.: **1505419**
Renewal application due **180 days** prior to expiration.
This permit will expire on: **April 30, 2020**

| | 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 | 0.025 | | | | | | | | | |
| 2 | 0.0224 | | | | | | | | | |
| 3 | 0.0162 | | | | | | | | | |
| 4 | 0.0196 | | | | | | | | | |
| 5 | 0.0248 | 443.0 | 92 | 143.0 | 30 | | | | | |
| 6 | 0.0201 | | | | | | | | | |
| 7 | 0.0198 | | | | | | | | | |
| 8 | 0.0228 | | | | | | | | | |
| 9 | 0.0234 | | | | | | | | | |
| 10 | 0.02 | | | | | | | | | |
| 11 | 0.0207 | | | | | | | | | |
| 12 | 0.0219 | | | | | | | | | |
| 13 | 0.0181 | | | | | | | | | |
| 14 | 0.0228 | | | | | | | | | |
| 15 | 0.0276 | | | | | | | | | |
| 16 | 0.026 | | | | | | | | | |
| 17 | 0.0157 | | | | | | | | | |
| 18 | 0.0237 | | | | | | | | | |
| 19 | 0.0253 | | | | | | | | | |
| 20 | 0.0304 | | | | | | | | | |
| 21 | 0.0175 | | | | | | | | | |
| 22 | 0.0251 | | | | | | | | | |
| 23 | 0.0314 | | | | | | | | | |
| 24 | 0.0178 | | | | | | | | | |
| 25 | 0.0242 | | | | | | | | | |
| 26 | 0.0305 | | | | | | | | | |
| 27 | 0.0261 | | | | | | | | | |
| 28 | 0.0204 | | | | | | | | | |
| 29 | 0.0228 | | | | | | | | | |
| 30 | 0.0158 | | | | | | | | | |
| 31 | 0.0289 | | | | | | | | | |
| Avg | **0.023** | **443** | **92** | **143** | **30** | | | | | |
| Max | **0.031** | **443** | **92** | **143** | **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: **1/3/2019**

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

February 21, 2019

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 2019**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village/ Preserve at Chadds Ford Wastewater Treatment Facility for January 2019.

There were no violations during the reporting period. The drip fields were utilized throughout the month with a total of 551,096 gallons discharged. A total of 337,858 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 256, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober via email
S. Babylon via email
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 |
|---|---|---|---|---|---|---|
| 19 | 01 | 01 | | 19 | 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 | 0.012189 | 0.019940 | | 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 | 19 | 21 | 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 | 8.3 | s.u. | 0 | 1/Day | Grab |
| | PERMIT REQUIREMENT | N/A | XXXX | | 6.0 | XXXX | 9.0 | | | 1/Day | Grab |
| | | | | | | | | | | | |
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| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | DATE |
|---|---|---|---|---|
| Michael J. DiSantis<br>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 | 19/02/21 |
| 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

Supplement 5 Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: January
YEAR: 2019

| 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 | 14,386 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,694 | 1,694 | 7.3 | | |
| 2 | 13,348 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.3 | | |
| 3 | 10,399 | | | | 19,599 | 1,694 | 1,694 | 1,610 | 1,610 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 4 | 11,257 | | | | 19,360 | 1,452 | 1,452 | 1,490 | 1,491 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.8 | | |
| 5 | 14,965 | | | | 19,553 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,611 | 1,612 | 1,452 | 1,452 | 7.7 | | |
| 6 | 12,958 | | | | 19,410 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,534 | 1,535 | 1,694 | 1,694 | 7.6 | | |
| 7 | 10,262 | | | | 19,683 | 1,694 | 1,694 | 1,652 | 1,652 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.6 | | |
| 8 | 11,115 | | | | 19,276 | 1,452 | 1,452 | 1,448 | 1,449 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.3 | | |
| 9 | 12,768 | 392 | 280 | | 20,206 | 2,178 | 2,178 | 1,908 | 1,908 | 1,694 | 1,694 | 1,419 | 1,419 | 1,452 | 1,452 | 1,452 | 1,452 | 7.7 | 13 | 16 |
| 10 | 10,822 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.4 | | |
| 11 | 11,339 | | | | 19,537 | 1,600 | 1,600 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.8 | | |
| 12 | 11,479 | | | | 19,422 | 1,546 | 1,546 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.2 | | |
| 13 | 10,747 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,694 | 1,694 | 8.0 | | |
| 14 | 11,728 | | | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.6 | | |
| 15 | 10,631 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.9 | | |
| 16 | 11,280 | | | | 19,234 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.8 | | |
| 17 | 11,831 | | | | 12,021 | 1,210 | 1,210 | 1,192 | 1,193 | 968 | 968 | 946 | 946 | 726 | 726 | 962 | 962 | 7.7 | | |
| 18 | 10,822 | | | | 1,445 | 242 | 242 | 238 | 239 | 242 | 242 | 0 | 0 | 0 | 0 | 0 | 0 | 7.7 | | |
| 19 | 12,008 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 20 | 12,206 | | | | 9,703 | 1,010 | 1,010 | 954 | 954 | 726 | 726 | 709 | 710 | 726 | 726 | 726 | 726 | 7.7 | | |
| 21 | 11,841 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.8 | | |
| 22 | 10,802 | | | | 19,234 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.7 | | |
| 23 | 19,940 | 257 | 278 | | 19,937 | 1,936 | 1,936 | 1,908 | 1,908 | 1,559 | 1,560 | 1,419 | 1,419 | 1,452 | 1,452 | 1,694 | 1,694 | 7.3 | 20 | 21.2 |
| 24 | 12,852 | | | | 19,510 | 1,694 | 1,694 | 1,431 | 1,431 | 1,586 | 1,587 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.0 | | |
| 25 | 13,200 | | | | 19,234 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.3 | | |
| 26 | 10,935 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,694 | 1,694 | 7.4 | | |
| 27 | 15,324 | | | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 8.2 | | |
| 28 | 12,362 | | | | 19,241 | 1,452 | 1,452 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 8.3 | | |
| 29 | 11,104 | | | | 19,234 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 7.0 | | |
| 30 | 12,909 | | | | 19,852 | 1,761 | 1,761 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.3 | | |
| 31 | 10,238 | | | | 19,864 | 2,003 | 2,004 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,452 | 1,452 | 1,694 | 1,694 | 7.8 | | |
| **Total** | **377,858** | | | | **551,096** | | | | | | | | | | | | | | | |
| **Avg** | **12,189** | **325** | **279** | | | | | | | | | | | | | | | | **17** | **19** |
| **Min** | **10,238** | | | | | | | | | | | | | | | | | **7.0** | | |
| **Max** | **19,940** | | | | | | | | | | | | | | | | | **8.3** | **20** | **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 | 19 | 01 | 01 | TO | 19 | 01 | 31 |

| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER[2] |
|---|---|---|---|
| BOD5/BOD5 | S5210B-11 | DELCORA | 23-00671 |
| TSS | S2540D-11 | DELCORA | 23-00671 |
| pH | Meter | DELCORA-Operations Meter | 23-00671 |
| | | | |
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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:** 2/8/2019

**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: 2019
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 | 0.0144 | | | | | | | | | |
| 2 | 0.0133 | | | | | | | | | |
| 3 | 0.0104 | | | | | | | | | |
| 4 | 0.0113 | | | | | | | | | |
| 5 | 0.015 | | | | | | | | | |
| 6 | 0.013 | | | | | | | | | |
| 7 | 0.0103 | | | | | | | | | |
| 8 | 0.0111 | | | | | | | | | |
| 9 | 0.0128 | 392.0 | 42 | 280.0 | 30 | | | | | |
| 10 | 0.0108 | | | | | | | | | |
| 11 | 0.0113 | | | | | | | | | |
| 12 | 0.0115 | | | | | | | | | |
| 13 | 0.0107 | | | | | | | | | |
| 14 | 0.0117 | | | | | | | | | |
| 15 | 0.0106 | | | | | | | | | |
| 16 | 0.0113 | | | | | | | | | |
| 17 | 0.0118 | | | | | | | | | |
| 18 | 0.0108 | | | | | | | | | |
| 19 | 0.012 | | | | | | | | | |
| 20 | 0.0122 | | | | | | | | | |
| 21 | 0.0118 | | | | | | | | | |
| 22 | 0.0108 | | | | | | | | | |
| 23 | 0.0199 | 257.0 | 43 | 278.0 | 46 | | | | | |
| 24 | 0.0129 | | | | | | | | | |
| 25 | 0.0132 | | | | | | | | | |
| 26 | 0.0109 | | | | | | | | | |
| 27 | 0.0153 | | | | | | | | | |
| 28 | 0.0124 | | | | | | | | | |
| 29 | 0.0111 | | | | | | | | | |
| 30 | 0.0129 | | | | | | | | | |
| 31 | 0.0102 | | | | | | | | | |
| Avg | 0.012 | 325 | 42 | 279 | 38 | | | | | |
| Max | 0.02 | 392 | 43 | 280 | 46 | | | | | |

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: 2/8/2019

# Lab Report for Pocopson Preserve

Influent & Effluent DMR Data

Lab Certification No: 23-00671

DELCORA
The Delaware County Regional Water Quality Control Authority

| Date | | 21604 PP . Influent BOD5 . Daily Avg mg/l | | 21600 PP . Influent TSS . Daily Avg mg/l | | 21605 PP . Effluent CBOD5 . Daily Avg mg/l | 21601 PP . Effluent TSS . Daily Avg mg/l |
|---|---|---|---|---|---|---|---|
| Jan 1, 2019 | | | | | | | |
| Jan 2, 2019 | | | | | | | |
| Jan 3, 2019 | | | | | | | |
| Jan 4, 2019 | | | | | | | |
| Jan 5, 2019 | | | | | | | |
| Jan 6, 2019 | | | | | | | |
| Jan 7, 2019 | | | | | | | |
| Jan 8, 2019 | | | | | | | |
| Jan 9, 2019 | | 392 | | 280 | (1) | 13 | 16.0 |
| Jan 10, 2019 | | | | | | | |
| Jan 11, 2019 | | | | | | | |
| Jan 12, 2019 | | | | | | | |
| Jan 13, 2019 | | | | | | | |
| Jan 14, 2019 | | | | | | | |
| Jan 15, 2019 | | | | | | | |
| Jan 16, 2019 | | | | | | | |
| Jan 17, 2019 | | | | | | | |
| Jan 18, 2019 | | | | | | | |
| Jan 19, 2019 | | | | | | | |
| Jan 20, 2019 | | | | | | | |
| Jan 21, 2019 | | | | | | | |
| Jan 22, 2019 | | | | | | | |
| Jan 23, 2019 | (2) | 257 | | 278 | (3) | 20 | 21.2 |
| Jan 24, 2019 | | | | | | | |
| Jan 25, 2019 | | | | | | | |
| Jan 26, 2019 | | | | | | | |
| Jan 27, 2019 | | | | | | | |
| Jan 28, 2019 | | | | | | | |
| Jan 29, 2019 | | | | | | | |
| Jan 30, 2019 | | | | | | | |
| Jan 31, 2019 | | | | | | | |
| Count | | 2 | | 2 | | 2 | 2 |
| Maximum | | 392 | | 280 | | 20 | 21.2 |
| Minimum | | 257 | | 278 | | 13 | 16.0 |
| Average | | 325 | | 279 | | 17 | 18.6 |
| Total | | 649 | | 558 | | 33 | 37.2 |



eOps

# Lab Report for Pocopson Preserve

Influent & Effluent DMR Data

Lab Certification No: 23-00671

DELCORA
The Delaware County Regional Water Quality Control Authority

| Date | 21604 PP . Influent BOD5 . Daily Avg mg/l | 21600 PP . Influent TSS . Daily Avg mg/l | 21605 PP . Effluent CBOD5 . Daily Avg mg/l | 21601 PP . Effluent TSS . Daily Avg mg/l |
|---|---|---|---|---|

Comments:
(1) GGA STD OUT OF SPEC LOW.
RESULT QUALIFIED.
SM
(2) GGA STD out of spec low.Result qualified.
TPB
(3) GGA STD out of spec low. Result qualified.
TPB



eQps

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

March 12, 2019

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 2019**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village/ Preserve at Chadds Ford Wastewater Treatment Facility for February 2019.

There were no violations during the reporting period. The drip fields were utilized throughout the month with a total of 222,796 gallons discharged. A total of 341,000 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 256, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober via email
S. Babylon via email
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 |
|---|---|---|---|---|---|---|
| 19 | 02 | 01 | | 19 | 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 | 0.012179 | 0.018839 | | 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 | 25 | 36 | 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 | 39 | mg/L | 0 | 2/month | Grab |
| | PERMIT REQUIREMENT | XXXX | XXXX | | XXXX | 30 | 60 | | | 2/month | Grab |
| pH | SAMPLE MEASUREMENT | N/A | XXXX | | 7.6 | 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<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 610-876-5523 EXT 264 | 19/03/12 |
| 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

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: February
YEAR: 2019

| 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 | 12,850 | | | | 19,234 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 7.7 | | |
| 2 | 10,556 | | | | 18,268 | 1,452 | 1,452 | 1,431 | 1,431 | 1,452 | 1,452 | 1,419 | 1,419 | 1,694 | 1,694 | 1,686 | 1,686 | 7.6 | | |
| 3 | 12,489 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 4 | 6,401 | | | | 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 | | | |
| 6 | 10,592 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 7 | 18,338 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 8 | 12,541 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 9 | 15,869 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 10 | 11,964 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 11 | 8,902 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 12 | 18,839 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 13 | 11,799 | 342 | 199 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 36 | 10.8 |
| 14 | 10,943 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 15 | 7,620 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 16 | 9,634 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 17 | 15,712 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 18 | 12,131 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 19 | 9,986 | | | | 10,517 | 1,105 | 1,106 | 954 | 954 | 968 | 968 | 946 | 946 | 801 | 801 | 484 | 484 | 7.7 | | |
| 20 | 14,388 | | | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,452 | 1,452 | 1,694 | 1,694 | 8.0 | | |
| 21 | 12,173 | | | | 19,395 | 1,694 | 1,694 | 1,508 | 1,508 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.7 | | |
| 22 | 13,546 | | | | 19,245 | 1,452 | 1,452 | 1,592 | 1,593 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.6 | | |
| 23 | 14,205 | | | | 19,234 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 8.0 | | |
| 24 | 12,718 | | | | 19,669 | 1,694 | 1,694 | 1,669 | 1,670 | 1,664 | 1,664 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.9 | | |
| 25 | 12,102 | | | | 19,301 | 1,694 | 1,694 | 1,431 | 1,431 | 1,482 | 1,482 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 8.0 | | |
| 26 | 9,162 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 8.0 | | |
| 27 | 9,866 | | | | 19,234 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,210 | 1,210 | 8.2 | | |
| 28 | 12,575 | 431 | 700 | | 19,736 | 1,936 | 1,936 | 1,669 | 1,670 | 1,694 | 1,694 | 1,422 | 1,423 | 1,452 | 1,452 | 1,694 | 1,694 | 7.7 | 14 | 39 |
| 29 | | | | | | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | | | | | | |
| **Total** | **341,000** | | | | **222,796** | | | | | | | | | | | | | | | |
| **Avg** | **12,179** | **387** | **450** | | | | | | | | | | | | | | | | **25** | **25** |
| **Min** | **6,401** | | | | | | | | | | | | | | | | | **7.6** | | |
| **Max** | **18,839** | | | | | | | | | | | | | | | | | **8.2** | **36** | **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 | 19 | 02 | 01 | TO | 19 | 02 | 28 |

| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER[2] |
|---|---|---|---|
| BOD5/BOD5 | S5210B-11 | DELCORA | 23-00671 |
| TSS | S2540D-11 | DELCORA | 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, Director of Operations & Maintenance

**Phone:** 610-876-5523 ext 264

**Date:** 3/5/2019

**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: February Year: 2019
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 | 0.0106 | | | | | | | | | |
| 3 | 0.0125 | | | | | | | | | |
| 4 | 0.0064 | | | | | | | | | |
| 5 | 0.0131 | | | | | | | | | |
| 6 | 0.0106 | | | | | | | | | |
| 7 | 0.0183 | | | | | | | | | |
| 8 | 0.0125 | | | | | | | | | |
| 9 | 0.0159 | | | | | | | | | |
| 10 | 0.012 | | | | | | | | | |
| 11 | 0.0089 | | | | | | | | | |
| 12 | 0.0188 | | | | | | | | | |
| 13 | 0.0118 | 342.0 | 34 | 199.0 | 20 | | | | | |
| 14 | 0.0109 | | | | | | | | | |
| 15 | 0.0076 | | | | | | | | | |
| 16 | 0.0096 | | | | | | | | | |
| 17 | 0.0157 | | | | | | | | | |
| 18 | 0.0121 | | | | | | | | | |
| 19 | 0.01 | | | | | | | | | |
| 20 | 0.0144 | | | | | | | | | |
| 21 | 0.0122 | | | | | | | | | |
| 22 | 0.0135 | | | | | | | | | |
| 23 | 0.0142 | | | | | | | | | |
| 24 | 0.0127 | | | | | | | | | |
| 25 | 0.0121 | | | | | | | | | |
| 26 | 0.0092 | | | | | | | | | |
| 27 | 0.0099 | | | | | | | | | |
| 28 | 0.0126 | 431.0 | 45 | 700.0 | 73 | | | | | |
| 29 | | | | | | | | | | |
| 30 | | | | | | | | | | |
| 31 | | | | | | | | | | |
| Avg | 0.012 | 387 | 39 | 450 | 46 | | | | | |
| Max | 0.019 | 431 | 45 | 700 | 73 | | | | | |

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: 3/5/2019

# Lab Report for Pocopson Preserve

Influent & Effluent DMR Data

Lab Certification No: 23-00671

DELCORA
The Delaware County Regional Water Quality Control Authority

| Date | 21604 PP . Influent BOD5 . Daily Avg mg/l | 21600 PP . Influent TSS . Daily Avg mg/l | 21605 PP . Effluent CBOD5 . Daily Avg mg/l | 21601 PP . Effluent TSS . Daily Avg mg/l |
|---|---|---|---|---|
| Feb 1, 2019 | | | | |
| Feb 2, 2019 | | | | |
| Feb 3, 2019 | | | | |
| Feb 4, 2019 | | | | |
| Feb 5, 2019 | | | | |
| Feb 6, 2019 | | | | |
| Feb 7, 2019 | | | | |
| Feb 8, 2019 | | | | |
| Feb 9, 2019 | | | | |
| Feb 10, 2019 | | | | |
| Feb 11, 2019 | | | | |
| Feb 12, 2019 | | | | |
| Feb 13, 2019 | 342 | 199 (1) | 36 | 10.8 |
| Feb 14, 2019 | | | | |
| Feb 15, 2019 | | | | |
| Feb 16, 2019 | | | | |
| Feb 17, 2019 | | | | |
| Feb 18, 2019 | | | | |
| Feb 19, 2019 | | | | |
| Feb 20, 2019 | | | | |
| Feb 21, 2019 | | | | |
| Feb 22, 2019 | | | | |
| Feb 23, 2019 | | | | |
| Feb 24, 2019 | | | | |
| Feb 25, 2019 | | | | |
| Feb 26, 2019 | | | | |
| Feb 27, 2019 | | | | |
| Feb 28, 2019 (2) | 431 | 700 | 14 | 38.7 |
| Count | 2 | 2 | 2 | 2 |
| Maximum | 431 | 700 | 36 | 38.7 |
| Minimum | 342 | 199 | 14 | 10.8 |
| Average | 387 | 450 | 25 | 24.8 |
| Total | 773 | 899 | 50 | 49.5 |

Comments:
(1) Control out of spec - Low
TPB
(2) Control out of spec - Low

BB



eOps

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

April 18, 2019

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 2019**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village/ Preserve at Chadds Ford Wastewater Treatment Facility for March 2019.

There were no violations during the reporting period. The drip fields were utilized throughout the month with a total of 515,630 gallons discharged. A total of 390,181 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 256, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:bab
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober via email
S. Babylon via email
File

ADMINISTRATION ☐610-876-5523 ☐FAX: 610-876-2228
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

## Track USPS package

9171999991703991278341 Track

USPS package #9171999991703991278341
www.usps.com

**Delivered, Mon, Apr 22, 12:18 PM**

Processed | In transit | Delivered

| DATE | TIME | LOCATION | STATUS |
|---|---|---|---|
| Apr 22 | 12:18 PM | Norristown, PA, United States | Delivered, front desk/reception/mail room |
| Apr 21 | 12:00 AM | | In transit to next facility |
| Apr 19 | 4:45 PM | Philadelphia Pa Distribution Center | Departed USPS regional facility |
| Apr 18 | 11:47 PM | Philadelphia Pa Distribution Center | Arrived at USPS regional facility |
| Apr 18 | 12:00 AM | | Pre-Shipment info sent to USPS, USPS awaiting item |

Data from usps.com

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See results only from usps.com

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### USPS Tracking® - The Basics
https://faq.usps.com/s/article/USPS-Tracking-The-Basics
Jan 26, 2019 USPS Tracking does not expedite or guarantee delivery. There is no additional cost for the tracking mechanism on products that automatically include USPS Tracking Basically, you pay for that product's postage and tracking is included, unless you are shipping USPS Marketing Mail® parcels.

| | |
|---|---|
| USPS Tracking - faq usps com | Jan 27, 2019 |
| USPS Retail Customer Appointment Scheduler™ | Nov 04, 2018 |
| USPS Package Intercept® - The Basics | Oct 26, 2018 |
| Locate a Post Office™ and Hours - faq.usps com | Oct 03, 2018 |

See more results

### 【USPS Tracking】- Track USPS shipments and Packages
https://uspstracking.run
USPS Stands For United States Postal Service. USPS Tracking helps you to Track all your USPS shipments and Packages, you will get notified real-time tracking information via Tracking number and come to know the exact delivery time with the accurate information regarding Packages tracking in United States Postal Service These Shipments and Packages can be tracked by entering your USPS ...

## United States Postal Service
Agency

The United States Postal Service is an independent agency of the executive branch of the United States federal government responsible for providing postal service in the United State.. +

Official site | Wikipedia | Twitter

**Customer service:** 1 (800) 275-8777

**Representative:** Chat online on Messenger

**Founded:** Jul 01, 1971

**Headquarters:** Washington, D.C., United States

**CEO:** Megan Brennan (Since 2015)

**Subsidiaries:** United States Postal Inspection Service · United States Postal Service Office of Inspector General

Data from Wikipedia Freebase

Wikipedia text under CC-BY-SA license

Suggest an edit

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 |
| 19/03/01 | 19/03/31 |

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 | 0.012586 | 0.019416 | | 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 | 16 | 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 | 17 | 22 | mg/L | 0 | 2/month | Grab |
| | PERMIT REQUIREMENT | XXXX | XXXX | | XXXX | 30 | 60 | | | 2/month | Grab |
| pH | SAMPLE MEASUREMENT | N/A | XXXX | | 6.5 | XXXX | 8.0 | s.u. | 0 | 1/Day | Grab |
| | PERMIT REQUIREMENT | N/A | XXXX | | 6.0 | XXXX | 9.0 | | | 1/Day | Grab |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
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| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | DATE |
|---|---|---|---|---|
| Michael J. DiSantis<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 610-876-5523 EXT 264 | 19/04/18 |
| 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

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: March
YEAR: 2019

| 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 | 12,713 | 431 | | | 20,068 | 1,694 | 1,694 | 1,669 | 1,670 | 1,630 | 1,631 | 1,652 | 1,652 | 1,694 | 1,694 | 1,694 | 1,694 | 8.0 | | |
| 2 | 11,942 | | | | 19,845 | 1,694 | 1,694 | 1,669 | 1,670 | 1,515 | 1,516 | 1,656 | 1,655 | 1,694 | 1,694 | 1,694 | 1,694 | 8.0 | | |
| 3 | 19,416 | | | | 19,353 | 1,508 | 1,508 | 1,431 | 1,431 | 1,694 | 1,694 | 1,656 | 1,655 | 1,694 | 1,694 | 1,694 | 1,694 | 7.6 | | |
| 4 | 12,520 | | | | 19,606 | 1,638 | 1,638 | 1,669 | 1,670 | 1,694 | 1,694 | 1,656 | 1,655 | 1,694 | 1,694 | 1,452 | 1,452 | 7.8 | | |
| 5 | 10,231 | | | | 19,722 | 1,696 | 1,696 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,694 | 1,694 | 7.7 | | |
| 6 | 15,400 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.1 | | |
| 7 | 13,469 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.0 | | |
| 8 | 11,701 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.1 | | |
| 9 | 14,461 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 10 | 14,672 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,669 | 1,694 | 1,694 | 1,655 | 1,655 | 1,694 | 1,694 | 1,694 | 1,694 | 7.3 | | |
| 11 | 12,726 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,669 | 1,694 | 1,694 | 1,655 | 1,655 | 1,694 | 1,694 | 1,452 | 1,452 | 6.7 | | |
| 12 | 8,178 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,669 | 1,694 | 1,694 | 1,655 | 1,655 | 1,452 | 1,452 | 1,694 | 1,694 | 6.8 | | |
| 13 | 14,018 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 14 | 11,988 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.7 | | |
| 15 | 11,254 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,669 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.4 | | |
| 16 | 9,167 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.6 | | |
| 17 | 15,207 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,694 | 1,694 | 7.4 | | |
| 18 | 11,821 | | | | 19,559 | 1,694 | 1,694 | 1,669 | 1,670 | 1,609 | 1,609 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.7 | | |
| 19 | 12,117 | | | | 15,564 | 1,210 | 1,211 | 1,192 | 1,193 | 1,295 | 1,295 | 1,419 | 1,419 | 1,455 | 1,455 | 1,210 | 1,210 | 7.6 | | |
| 20 | 9,619 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 21 | 10,027 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 22 | 10,895 | 294 | 228 | | 14,430 | 1,210 | 1,210 | 1,192 | 1,193 | 1,210 | 1,210 | 1,182 | 1,183 | 1,210 | 1,210 | 1,210 | 1,210 | 7.2 | 16 | 21.8 |
| 23 | 14,295 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,502 | 1,502 | 7.5 | | |
| 24 | 14,307 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,694 | 1,694 | 7.7 | | |
| 25 | 10,734 | 424 | 380 | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 6.5 | 15 | 11.6 |
| 26 | 11,497 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.6 | | |
| 27 | 13,867 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.2 | | |
| 28 | 13,532 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.4 | | |
| 29 | 15,101 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.7 | | |
| 30 | 10,546 | | | | 12,021 | 1,210 | 1,210 | 1,192 | 1,193 | 968 | 968 | 946 | 946 | 726 | 726 | 968 | 968 | 7.6 | | |
| 31 | 12,760 | | | | 484 | 0 | 0 | 0 | 0 | 242 | 242 | 0 | 0 | 0 | 0 | 0 | 0 | 7.5 | | |
| **Total** | **390,181** | | | | **515,630** | | | | | | | | | | | | | | | |
| **Avg** | **12,586** | **383** | 304 | | | | | | | | | | | | | | | | **16** | 17 |
| **Min** | **8,178** | | | | | | | | | | | | | | | | | 6.5 | | |
| **Max** | **19,416** | | | | | | | | | | | | | | | | | **8.0** | 16 | **22** |

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 | 19 | 03 | 01 | TO | 19 | 03 | 31 |

| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER[2] |
|---|---|---|---|
| BOD5/BOD5 | S5210B-11 | DELCORA | 23-00671 |
| TSS | S2540D-11 | DELCORA | 23-00671 |
| pH | Meter | DELCORA-Operations Meter | 23-00671 |
| | | | |
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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:** 4/4/2019

**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.

# Lab Report for Pocopson Preserve

Influent & Effluent DMR Data

Lab Certification No: 23-00671

DELCORA
The Delaware County Regional Water Quality Control Authority

| Date | | 21604 PP Influent BOD5 Daily Avg mg/l | | 21600 PP Influent TSS Daily Avg mg/l | | 21605 PP Effluent CBOD5 Daily Avg mg/l | 21601 PP Effluent TSS Daily Avg mg/l |
|---|---|---|---|---|---|---|---|
| Mar 1, 2019 | (1) | 431 | | | | | |
| Mar 2, 2019 | | | | | | | |
| Mar 3, 2019 | | | | | | | |
| Mar 4, 2019 | | | | | | | |
| Mar 5, 2019 | | | | | | | |
| Mar 6, 2019 | | | | | | | |
| Mar 7, 2019 | | | | | | | |
| Mar 8, 2019 | | | | | | | |
| Mar 9, 2019 | | | | | | | |
| Mar 10, 2019 | | | | | | | |
| Mar 11, 2019 | | | | | | | |
| Mar 12, 2019 | | | | | | | |
| Mar 13, 2019 | | | | | | | |
| Mar 14, 2019 | | | | | | | |
| Mar 15, 2019 | | | | | | | |
| Mar 16, 2019 | | | | | | | |
| Mar 17, 2019 | | | | | | | |
| Mar 18, 2019 | | | | | | | |
| Mar 19, 2019 | | | | | | | |
| Mar 20, 2019 | | | | | | | |
| Mar 21, 2019 | | | | | | | |
| Mar 22, 2019 | (2) | 294 | | 228 | (3) | 16 | 21.8 |
| Mar 23, 2019 | | | | | | | |
| Mar 24, 2019 | | | | | | | |
| Mar 25, 2019 | (4) * | 424 | | 380 | (5) * | 15 | 11.6 |
| Mar 26, 2019 | | | | | | | |
| Mar 27, 2019 | | | | | | | |
| Mar 28, 2019 | | | | | | | |
| Mar 29, 2019 | | | | | | | |
| Mar 30, 2019 | | | | | | | |
| Mar 31, 2019 | | | | | | | |
| Count | | 3 | | 2 | | 2 | 2 |
| Maximum | | 431 | | 380 | | 16 | 21.8 |
| Minimum | | 294 | | 228 | | 15 | 11.6 |
| Average | | 383 | | 304 | | 16 | 16.7 |
| Total | | 1149 | | 608 | | 31 | 33.4 |



eOps

# Lab Report for Pocopson Preserve

Influent & Effluent DMR Data

Lab Certification No: 23-00671

DELCORA
The Delaware County Regional Water Quality Control Authority

| Date | 21604 PP . Influent BOD5 . Daily Avg mg/l | 21600 PP . Influent TSS . Daily Avg mg/l | 21605 PP . Effluent CBOD5 . Daily Avg mg/l | 21601 PP . Effluent TSS . Daily Avg mg/l |
|---|---|---|---|---|

Comments:
(1) Control out of spec - Low

BB
(2) Std out of spec - Low
(3) STD out of spec - Low

BB
(4) Blank out of spec - High

BB
(5) Blank out of spec - High

BB



eOps

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: **2019**
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 | 431.0 | 46 | | | | | | | |
| 2 | 0.0119 | | | | | | | | | |
| 3 | 0.0194 | | | | | | | | | |
| 4 | 0.0125 | | | | | | | | | |
| 5 | 0.0102 | | | | | | | | | |
| 6 | 0.0154 | | | | | | | | | |
| 7 | 0.0135 | | | | | | | | | |
| 8 | 0.0117 | | | | | | | | | |
| 9 | 0.0145 | | | | | | | | | |
| 10 | 0.0147 | | | | | | | | | |
| 11 | 0.0127 | | | | | | | | | |
| 12 | 0.0082 | | | | | | | | | |
| 13 | 0.014 | | | | | | | | | |
| 14 | 0.012 | | | | | | | | | |
| 15 | 0.0113 | | | | | | | | | |
| 16 | 0.0092 | | | | | | | | | |
| 17 | 0.0152 | | | | | | | | | |
| 18 | 0.0118 | | | | | | | | | |
| 19 | 0.0121 | | | | | | | | | |
| 20 | 0.0096 | | | | | | | | | |
| 21 | 0.01 | | | | | | | | | |
| 22 | 0.0109 | 294.0 | 27 | 228.0 | 21 | | | | | |
| 23 | 0.0143 | | | | | | | | | |
| 24 | 0.0143 | | | | | | | | | |
| 25 | 0.0107 | 424.0 | 38 | 380.0 | 34 | | | | | |
| 26 | 0.0115 | | | | | | | | | |
| 27 | 0.0139 | | | | | | | | | |
| 28 | 0.0135 | | | | | | | | | |
| 29 | 0.0151 | | | | | | | | | |
| 30 | 0.0105 | | | | | | | | | |
| 31 | 0.0128 | | | | | | | | | |
| Avg | **0.013** | **383** | **37** | **304** | **27** | | | | | |
| Max | **0.019** | **431** | **46** | **380** | **34** | | | | | |

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: **4/4/2019**

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

May 16, 2019

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 2019**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village/ Preserve at Chadds Ford Wastewater Treatment Facility for April 2019.

There was no discharge to the drip fields for the month due to a low storage lagoon level. A total of 321,538 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 256, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober via email
C. Mariani via email
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 |
| 19/04/01 | 19/04/30 |

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 MONTHLY AVERAGE | CONCENTRATION INSTANTANEOUS MAXIMUM | UNITS | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| FLOW | SAMPLE MEASUREMENT | 0.321538 | 0.015136 | | 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 | 0 | 0 | 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 | 0 | 0 | mg/L | 0 | 2/month | Grab |
| | PERMIT REQUIREMENT | XXXX | XXXX | | XXXX | 30 | 60 | | | 2/month | Grab |
| pH | SAMPLE MEASUREMENT | N/A | XXXX | | 0.0 | XXXX | 0.0 | s.u. | 0 | 1/Day | Grab |
| | PERMIT REQUIREMENT | N/A | XXXX | | 6.0 | XXXX | 9.0 | | | 1/Day | Grab |
| | | | | | | | | | | | |
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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 | 19/05/13 |
| 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: April
YEAR: 2019

| 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 | 10,515 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0 | 0 |
| 2 | 10,060 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 3 | 11,063 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 4 | 11,060 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 5 | 11,666 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 6 | 9,818 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 7 | 13,830 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 8 | 10,248 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 9 | 9,098 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 10 | 10,598 | 230 | 236 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 11 | 9,729 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 12 | 9,702 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 13 | 6,607 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 14 | 10,395 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 15 | 8,340 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 16 | 8,155 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 17 | 9,558 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 18 | 8,346 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 19 | 11,068 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 20 | 10,110 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 21 | 13,989 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 22 | 10,528 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 23 | 13,566 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 24 | 11,730 | 283 | 169 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 25 | 10,867 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 26 | 10,673 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 27 | 12,549 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 28 | 15,136 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 29 | 12,803 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 30 | 9,731 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | | |
| 31 | | | | | | | | | | | | | | | | | | | | |
| **Total** | **321,538** | | | | **0** | | | | | | | | | | | | | | | |
| **Avg** | **10,718** | **257** | **203** | | | | | | | | | | | | | | | | **0** | **0** |
| **Min** | **6,607** | | | | | | | | | | | | | | | | | **0.0** | | |
| **Max** | **15,136** | | | | | | | | | | | | | | | | | **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 | 19 | 04 | 01 | TO | 19 | 04 | 30 |

| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER[2] |
|---|---|---|---|
| BOD5/BOD5 | S5210B-11 | DELCORA | 23-00671 |
| TSS | S2540D-11 | DELCORA | 23-00671 |
| pH | Meter | DELCORA-Operations Meter | 23-00671 |
| | | | |
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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:** 5/3/2019

**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: April Year: 2019
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 | | | | | | | | | | |
| 2 | 0.0106 | | | | | | | | | |
| 3 | 0.0119 | | | | | | | | | |
| 4 | 0.0111 | | | | | | | | | |
| 5 | 0.0117 | | | | | | | | | |
| 6 | 0.0098 | | | | | | | | | |
| 7 | 0.0138 | | | | | | | | | |
| 8 | 0.0102 | | | | | | | | | |
| 9 | 0.0091 | | | | | | | | | |
| 10 | 0.0106 | 230.0 | 20 | 236.0 | 21 | | | | | |
| 11 | 0.0097 | | | | | | | | | |
| 12 | 0.0097 | | | | | | | | | |
| 13 | 0.0066 | | | | | | | | | |
| 14 | 0.0104 | | | | | | | | | |
| 15 | 0.0083 | | | | | | | | | |
| 16 | 0.0082 | | | | | | | | | |
| 17 | 0.0096 | | | | | | | | | |
| 18 | 0.0083 | | | | | | | | | |
| 19 | 0.0111 | | | | | | | | | |
| 20 | 0.0101 | | | | | | | | | |
| 21 | 0.014 | | | | | | | | | |
| 22 | 0.0105 | | | | | | | | | |
| 23 | 0.0136 | | | | | | | | | |
| 24 | 0.0117 | 283.0 | 28 | 169.0 | 17 | | | | | |
| 25 | 0.0109 | | | | | | | | | |
| 26 | 0.0107 | | | | | | | | | |
| 27 | 0.0125 | | | | | | | | | |
| 28 | 0.0151 | | | | | | | | | |
| 29 | 0.0128 | | | | | | | | | |
| 30 | 0.0097 | | | | | | | | | |
| 31 | | | | | | | | | | |
| Avg | 0.011 | 257 | 24 | 203 | 19 | | | | | |
| Max | 0.015 | 283 | 28 | 236 | 21 | | | | | |

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: 5/3/2019

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

June 13, 2019

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 2019**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village/ Preserve at Chadds Ford Wastewater Treatment Facility for May 2019.

There were no violations during the reporting period. The drip fields were utilized throughout the month with a total of 518,523 gallons discharged. A total of 409,942 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 256, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober via email
C. Mariani via email
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 |
| 19/05/01 | 19/05/31 |

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 | 0.013224 | 0.016946 | | 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 | 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 | 24 | 32 | mg/L | 0 | 2/month | Grab |
| | PERMIT REQUIREMENT | XXXX | XXXX | | XXXX | 30 | 60 | | | 2/month | Grab |
| pH | SAMPLE MEASUREMENT | N/A | XXXX | | 6.4 | XXXX | 7.7 | s.u. | 0 | 1/Day | Grab |
| | PERMIT REQUIREMENT | N/A | XXXX | | 6.0 | XXXX | 9.0 | | | 1/Day | Grab |
| | | | | | | | | | | | |
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| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | DATE |
|---|---|---|---|---|
| Michael J. DiSantis<br>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 | 19/06/12 |
| 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

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: May
YEAR: 2019

| 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 | 14,938 | | | | 9,619 | 968 | 968 | 954 | 954 | 968 | 968 | 946 | 946 | 968 | 968 | 968 | 968 | 7.4 | | |
| 2 | 13,317 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.4 | | |
| 3 | 10,075 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.2 | | |
| 4 | 12,564 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.4 | | |
| 5 | 14,801 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,694 | 1,694 | 7.5 | | |
| 6 | 12,351 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 7 | 10,679 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 8 | 11,508 | 286 | 270 | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.7 | 13 | 32 |
| 9 | 14,644 | | | | 19,347 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,508 | 1,509 | 7.6 | | |
| 10 | 14,106 | | | | 19,605 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,637 | 1,638 | 7.5 | | |
| 11 | 12,752 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 12 | 13,665 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.6 | | |
| 13 | 15,473 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.4 | | |
| 14 | 11,976 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.1 | | |
| 15 | 14,098 | | | | 6,256 | 726 | 726 | 477 | 477 | 484 | 484 | 473 | 473 | 484 | 484 | 484 | 484 | 7.1 | | |
| 16 | 13,757 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 17 | 16,488 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 18 | 13,690 | | | | 9,619 | 968 | 968 | 954 | 954 | 726 | 726 | 709 | 710 | 726 | 726 | 726 | 726 | 7.5 | | |
| 19 | 14,174 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 20 | 11,111 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 21 | 13,346 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.1 | | |
| 22 | 11,171 | | | | 7,701 | 726 | 726 | 715 | 716 | 726 | 726 | 473 | 473 | 484 | 484 | 726 | 726 | 7.3 | 5 | 15.5 |
| 23 | 12,913 | 326 | 256 | | 12,989 | 1,210 | 1,210 | 1,192 | 1,193 | 1,210 | 1,210 | 946 | 946 | 968 | 968 | 968 | 968 | 7.5 | | |
| 24 | 13,190 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.7 | | |
| 25 | 13,980 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 26 | 9,058 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.2 | | |
| 27 | 16,946 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.0 | | |
| 28 | 14,290 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,694 | 1,694 | 6.9 | | |
| 29 | 13,888 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 6.6 | | |
| 30 | 11,762 | | | | 19,672 | 1,694 | 1,694 | 1,646 | 1,647 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.8 | | |
| 31 | 13,231 | | | | 19,287 | 1,452 | 1,452 | 1,454 | 1,454 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.4 | | |
| **Total** | 409,942 | | | | **518,523** | | | | | | | | | | | | | | | |
| **Avg** | 13,224 | **306** | **263** | | | | | | | | | | | | | | | | 9 | 24 |
| **Min** | 9,058 | | | | | | | | | | | | | | | | | **6.4** | | |
| **Max** | 16,946 | | | | | | | | | | | | | | | | | **7.7** | **13** | **32** |

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 | 19 | 05 | 01 | TO | 19 | 05 | 31 |

| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER[2] |
|---|---|---|---|
| BOD5/BOD5 | S5210B-11 | DELCORA | 23-00671 |
| TSS | S2540D-11 | DELCORA | 23-00671 |
| pH | Meter | DELCORA-Operations Meter | 23-00671 |
| | | | |
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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:** 6/5/2019

**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: May Year: 2019
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 | 0.0149 | | | | | | | | | |
| 2 | 0.0133 | | | | | | | | | |
| 3 | 0.0101 | | | | | | | | | |
| 4 | 0.0126 | | | | | | | | | |
| 5 | 0.0148 | | | | | | | | | |
| 6 | 0.0124 | | | | | | | | | |
| 7 | 0.0107 | | | | | | | | | |
| 8 | 0.0115 | 286.0 | 27 | 270.0 | 26 | | | | | |
| 9 | 0.0146 | | | | | | | | | |
| 10 | 0.0141 | | | | | | | | | |
| 11 | 0.0128 | | | | | | | | | |
| 12 | 0.0137 | | | | | | | | | |
| 13 | 0.0155 | | | | | | | | | |
| 14 | 0.012 | | | | | | | | | |
| 15 | 0.0141 | | | | | | | | | |
| 16 | 0.0138 | | | | | | | | | |
| 17 | 0.0165 | | | | | | | | | |
| 18 | 0.0137 | | | | | | | | | |
| 19 | 0.0142 | | | | | | | | | |
| 20 | 0.0111 | | | | | | | | | |
| 21 | 0.0133 | | | | | | | | | |
| 22 | 0.0112 | | | | | | | | | |
| 23 | 0.0129 | 326.0 | 35 | 256.0 | 28 | | | | | |
| 24 | 0.0132 | | | | | | | | | |
| 25 | 0.014 | | | | | | | | | |
| 26 | 0.0091 | | | | | | | | | |
| 27 | 0.0169 | | | | | | | | | |
| 28 | 0.0143 | | | | | | | | | |
| 29 | 0.0139 | | | | | | | | | |
| 30 | 0.0118 | | | | | | | | | |
| 31 | 0.0132 | | | | | | | | | |
| Avg | 0.013 | 306 | 31 | 263 | 27 | | | | | |
| Max | 0.017 | 326 | 35 | 270 | 28 | | | | | |

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: 6/5/2019

# Lab Report for Pocopson Preserve

Influent & Effluent DMR Data

Lab Certification No: 23-00671

DELCORA
The Delaware County Regional Water Quality Control Authority

| Date | 21604 PP Influent BOD5 Daily Avg mg/l | 21600 PP Influent TSS Daily Avg mg/l | 21605 PP Effluent CBOD5 Daily Avg mg/l | 21601 PP Effluent TSS Daily Avg mg/l |
|---|---|---|---|---|
| May 1, 2019 | | | | |
| May 2, 2019 | | | | |
| May 3, 2019 | | | | |
| May 4, 2019 | | | | |
| May 5, 2019 | | | | |
| May 6, 2019 | | | | |
| May 7, 2019 | | | | |
| May 8, 2019 | 286 | 270 | 13 | 32.0 |
| May 9, 2019 | | | | |
| May 10, 2019 | | | | |
| May 11, 2019 | | | | |
| May 12, 2019 | | | | |
| May 13, 2019 | | | | |
| May 14, 2019 | | | | |
| May 15, 2019 | | | | |
| May 16, 2019 | | | | |
| May 17, 2019 | | | | |
| May 18, 2019 | | | | |
| May 19, 2019 | | | | |
| May 20, 2019 | | | | |
| May 21, 2019 | | | | |
| May 22, 2019 | | | | |
| May 23, 2019 | 326 | 256 | 5 | 15.5 |
| May 24, 2019 | | | | |
| May 25, 2019 | | | | |
| May 26, 2019 | | | | |
| May 27, 2019 | | | | |
| May 28, 2019 | | | | |
| May 29, 2019 | | | | |
| May 30, 2019 | | | | |
| May 31, 2019 | | | | |
| Count | 2 | 2 | 2 | 2 |
| Maximum | 326 | 270 | 13 | 32.0 |
| Minimum | 286 | 256 | 5 | 15.5 |
| Average | 306 | 263 | 9 | 23.8 |
| Total | 612 | 526 | 18 | 47.5 |

Comments:



eOps

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

July 5, 2019

**SUBMITTED ON LINE VIA PADEP eDMR SYSTEM**

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

RE: **Discharge Monitoring Report with Attachments for the Pocopson Sheeder Tract WWTP Permit #1505419 for June 2019**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility.

A total of 598,700 gallons of influent entered the facility for an average of 19,957 gallons per day. There were 1,272,800 gallons discharged to the spray fields during the monitoring period. There were no violations for the month.

Please contact me at 610-876-5523, ext. 256, if you need any additional information.

Very truly yours,

*Electronically signed & submitted*

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Township via US mail
D. Harrower, Penco Management via email dharrower@pencomanagement.com)
S. Gober via email
File

## Cummings, Meghan

**From:** depgreenporthelpdesk@state.pa.us
**Sent:** Friday, July 12, 2019 10:36 AM
**To:** Gober, Stan; Gober, Stan; Raymond Rios; DiSantis, Michael
**Subject:** Your eDMR Report Has Been Received For Permit No. 1505419

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name**: SHEEDER TRACT SUBDIVISION STP
**Permit Number**: 1505419
**Report Frequency**: Monthly
**Report Type**: DMR
**Reporting Period**: 06/01/2019-06/30/2019
**Report Due Date**: 07/28/2019

**Submitted By**: Stan Gober
**Submission Id**: 156109
**Submission Status**: Received
**Submission Type**: Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.

POCOPSON SHEEDER TRACT WWTP
WQM PERMIT # 1505419

June 2019

| DATE | Influent Flow (gpd) | Daily High Temp. | Daily Low Temp. | Inf BODs | Inf TSS | Daily Rainfall Inches | Zone 1 (3.78 Acres) | Zone 2 (3.29 Acres) | Zone 3 (1.98 Acres) | Maximum Weekly Gallons Sprayed | Average of Zones pH (Effluent) | Average of Zones D.O. (Effluent) | Average Zones Cl2 residual (Effluent) | cBODs (Effluent) | TSS (Eff.) | Fecal Coliform (Eff.) | Total Nitrogen (Eff.) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 25,500 | 80 | 58 | | | 0.1 | 79,400 | 57,100 | 80,900 | | 6.7 | 4.9 | 0.70 | | | | |
| 2 | 24,000 | 76 | 59 | | | 0.7 | 0 | 0 | 0 | | | | | | | | |
| 3 | 19,300 | 68 | 51 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 4 | 16,000 | 65 | 45 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 5 | 24,200 | 64 | 59 | | | 0.2 | 70,400 | 51,500 | 70,800 | | 7.3 | 3.0 | 0.58 | | | | |
| 6 | 20,000 | 77 | 68 | | | 0.0 | 28,500 | 19,300 | 26,000 | | 6.8 | 6.2 | 2.10 | | | | |
| 7 | 16,700 | 76 | 63 | | | 0.0 | 81,400 | 60,700 | 32,300 | 658,300 | 7.7 | 5.4 | 1.90 | | | | |
| 8 | 18,800 | 76 | 60 | | | 0.0 | 79,900 | 60,200 | 5,000 | | 7.5 | 5.2 | 1.90 | | | | |
| 9 | 21,900 | 77 | 57 | | | 0.7 | 0 | 0 | 0 | | | | | | | | |
| 10 | 17,500 | 70 | 58 | | | 1.3 | 0 | 0 | 0 | | | | | | | | |
| 11 | 19,900 | 65 | 59 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 12 | 22,700 | 70 | 55 | | | 0.8 | 0 | 0 | 0 | | | | | | | | |
| 13 | 21,900 | 69 | 57 | | | 0.3 | 0 | 0 | 0 | | | | | | | | |
| 14 | 17,700 | 66 | 53 | | | 0.3 | 0 | 0 | 0 | | | | | | | | |
| 15 | 16,100 | 76 | 50 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 16 | 21,100 | 73 | 67 | | | 0.2 | 0 | 0 | 0 | | | | | | | | |
| 17 | 14,700 | 80 | 68 | | | 0.2 | 0 | 0 | 0 | | | | | | | | |
| 18 | 22,200 | 79 | 69 | | | 0.1 | 0 | 0 | 0 | | | | | | | | |
| 19 | 27,300 | 82 | 70 | | | 2.5 | 0 | 0 | 0 | | | | | | | | |
| 20 | 19,500 | 83 | 69 | | | 0.6 | 0 | 0 | 0 | | | | | | | | |
| 21 | 22,200 | 69 | 66 | | | 0.0 | 0 | 0 | 0 | 0 | | | | | | | |
| 22 | 18,700 | 77 | 61 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 23 | 16,300 | 78 | 55 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 24 | 19,800 | 77 | 57 | | | 0.0 | 0 | 0 | 0 | | | | | | | | |
| 25 | 18,500 | 77 | 69 | | | 0.0 | 118,400 | 97,800 | 107,300 | | 7.4 | 3.1 | 1.09 | | | | |
| 26 | 16,900 | 69 | 62 | 401 | 460 | 0.0 | 104,200 | 126,900 | 32,400 | | 7.4 | 4.1 | 0.36 | 2 | 4 | 1 | 15.9 |
| 27 | 24,000 | 68 | 67 | | | 0.0 | 27,500 | 0 | 0 | | 7.0 | 6.6 | 1.64 | | | | |
| 28 | 16,400 | 87 | 66 | | | 0.0 | 0 | 0 | 0 | 614,500 | | | | | | | |
| 29 | 20,000 | 87 | 68 | | | 0.6 | 0 | 0 | 0 | | | | | | | | |
| 30 | 18,900 | 83 | 69 | | | 0.0 | 0 | 0 | 0 | 0 | | | | | | | |
| 31 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Total | 598,700 | | | | | 8.3 | 589,700 | 473,500 | 354,700 | 1,272,800 | | | | | | | |
| Avg. | 19,957 | | | | | | | | | | | | | 2 | 4 | 1 | 15.9 |
| Min | 14,700 | | | | | | | | | | 6.7 | | | | | | |
| Max | 27,300 | | | | | | | | | | 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:** DELCORA-Sheeder Tract WWTP

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

| PERMIT NUMBER | MONITORING PERIOD Year/Month/Day | | | | | | |
|---|---|---|---|---|---|---|---|
| PA 1505419 | 19 | 06 | 01 | TO | 19 | 06 | 30 |

| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER[2] |
|---|---|---|---|
| cBOD5 | S5210B-11 | DELCORA | 23-00671 |
| TSS | S2540D-11 | DELCORA | 23-00671 |
| Fecal Coliform | Colilert18/Quantitray | DELCORA | 23-00671 |
| Nitrate + Nitrite | HACH 10206/SM4500-H+B | DELCORA | 23-00671 |
| TKN | HACH 10242 | DELCORA | 23-00671 |
| Total Nitrogen | Calculation | DELCORA | 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, Director of Operations & Maintenance

**Phone:** 610-876-5523 ext 264

**Date:** 7/2/2019

**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 Riverside
Municipality: Pocopson Township County: Delaware
Watershed:

Month: June Year: 2019
NPDES Permit No.: 1505419
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2020

| | 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 | 0.0255 | | | | | | | | | |
| 2 | 0.024 | | | | | | | | | |
| 3 | 0.0193 | | | | | | | | | |
| 4 | 0.016 | | | | | | | | | |
| 5 | 0.0242 | | | | | | | | | |
| 6 | 0.02 | | | | | | | | | |
| 7 | 0.0167 | | | | | | | | | |
| 8 | 0.0188 | | | | | | | | | |
| 9 | 0.0219 | | | | | | | | | |
| 10 | 0.0175 | | | | | | | | | |
| 11 | 0.0199 | | | | | | | | | |
| 12 | 0.0227 | | | | | | | | | |
| 13 | 0.0219 | | | | | | | | | |
| 14 | 0.0177 | | | | | | | | | |
| 15 | 0.0161 | | | | | | | | | |
| 16 | 0.0211 | | | | | | | | | |
| 17 | 0.0147 | | | | | | | | | |
| 18 | 0.0222 | | | | | | | | | |
| 19 | 0.0273 | | | | | | | | | |
| 20 | 0.0195 | | | | | | | | | |
| 21 | 0.0222 | | | | | | | | | |
| 22 | 0.0187 | | | | | | | | | |
| 23 | 0.0163 | | | | | | | | | |
| 24 | 0.0198 | | | | | | | | | |
| 25 | 0.0185 | | | | | | | | | |
| 26 | 0.0169 | 401.0 | 57 | 460.0 | 65 | | | | | |
| 27 | 0.024 | | | | | | | | | |
| 28 | 0.0164 | | | | | | | | | |
| 29 | 0.02 | | | | | | | | | |
| 30 | 0.0189 | | | | | | | | | |
| 31 | | | | | | | | | | |
| Avg | **0.02** | **401** | **57** | **460** | **65** | | | | | |
| Max | **0.027** | **401** | **57** | **460** | **65** | | | | | |

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: 7/2/2019

# Lab Report for Pocopson Riverside

Influent & Effluent DMR Data

Lab Certification No: 23-00671

DELCORA
The Delaware County Regional Water Quality Control Authority

| Date | 21504 PR . Influent BOD5 . Daily Avg mg/l | 21500 PR . Influent TSS . Daily Avg mg/l | 21505 PR . Effluent CBOD5 . Daily Avg mg/l | 21501 PR . Effluent TSS . Daily Avg mg/l | 21506 PR . Effluent Fecal Coliform . Daily Avg count/100ml | 21508 PR . Effluent NO2 Nitrite . Daily Avg mg/l | 21509 PR . Effluent NO3 Nitrate . Daily Avg mg/l | 21510 PR . Effluent TKN . Daily Avg mg/l | 21507 PR . Effluent Nitrogen, Total . Daily Avg mg/l |
|---|---|---|---|---|---|---|---|---|---|
| Jun 1, 2019 | | | | | | | | | |
| Jun 2, 2019 | | | | | | | | | |
| Jun 3, 2019 | | | | | | | | | |
| Jun 4, 2019 | | | | | | | | | |
| Jun 5, 2019 | | | | | | | | | |
| Jun 6, 2019 | | | | | | | | | |
| Jun 7, 2019 | | | | | | | | | |
| Jun 8, 2019 | | | | | | | | | |
| Jun 9, 2019 | | | | | | | | | |
| Jun 10, 2019 | | | | | | | | | |
| Jun 11, 2019 | | | | | | | | | |
| Jun 12, 2019 | | | | | | | | | |
| Jun 13, 2019 | | | | | | | | | |
| Jun 14, 2019 | | | | | | | | | |
| Jun 15, 2019 | | | | | | | | | |
| Jun 16, 2019 | | | | | | | | | |
| Jun 17, 2019 | | | | | | | | | |
| Jun 18, 2019 | | | | | | | | | |
| Jun 19, 2019 | | | | | | | | | |
| Jun 20, 2019 | | | | | | | | | |
| Jun 21, 2019 | | | | | | | | | |
| Jun 22, 2019 | | | | | | | | | |
| Jun 23, 2019 | | | | | | | | | |
| Jun 24, 2019 | | | | | | | | | |
| Jun 25, 2019 | | | | | | | | | |
| Jun 26, 2019 | 401 | 460 < | 2 | 4.4 | 1 | 0.615 (1) | 5.22 (2) | 10.08 < | 15.9 |
| Jun 27, 2019 | | | | | | | | | |
| Jun 28, 2019 | | | | | | | | | |
| Jun 29, 2019 | | | | | | | | | |
| Jun 30, 2019 | | | | | | | | | |
| Count | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Maximum | 401 | 460 | 2 | 4.4 | 1 | 0.615 | 5.22 | 10.08 | 15.9 |
| Minimum | 401 | 460 | 2 | 4.4 | 1 | 0.615 | 5.22 | 10.08 | 15.9 |
| Average | 401 | 460 | 2 | 4.4 | 1 | 0.615 | 5.22 | 10.08 | 15.9 |
| Total | 401 | 460 | 2 | 4.4 | 1 | 0.615 | 5.22 | 10.08 | 15.9 |

Comments:
(1) Sample diluted prior to analysis
(2) Sample diluted prior to analysis
BB



eOps

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

August 5, 2019

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 2019**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village/ Preserve at Chadds Ford Wastewater Treatment Facility for July 2019.

There were no violations during the reporting period. The drip fields were utilized throughout the month with a total of 363,080 gallons discharged. A total of 361,208 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 256, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober via email
C. Mariani via email
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

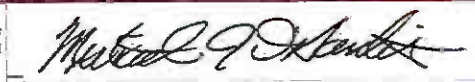
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
DISCHARGE MONITORING REPORT *(DMR)*

| 1507415 | 001 |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| YEAR MONTH DAY | TO YEAR MONTH DAY |
| 19/07/01 | 19/07/31 |

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 MONTHLY AVERAGE | CONCENTRATION INSTANTANEOUS MAXIMUM | UNITS | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| FLOW | SAMPLE MEASUREMENT | 0.011652 | 0.018576 | | 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 | 21 | 34 | 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 | 7.7 | 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<br>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 | 19/08/05 |
| TYPE OR PRINT | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA CODE NUMBER | YEAR MO DAY |

COMMENT AND EXPLANATION OF ANY VIOLATIONS: No 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 5 Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: July
YEAR: 2019

| 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 | 11,191 | | | | 19,489 | 1,694 | 1,694 | 1,545 | 1,546 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 2 | 9,876 | | | | 19,234 | 1,452 | 1,452 | 1,555 | 1,555 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.6 | | |
| 3 | 8,032 | | | | 17,900 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 7.6 | | |
| 4 | 12,222 | | | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.3 | | |
| 5 | 9,487 | | | | 19,241 | 1,452 | 1,452 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.2 | | |
| 6 | 13,045 | | | | 2,890 | 484 | 484 | 477 | 477 | 483 | 483 | 0 | 0 | 0 | 0 | 0 | 0 | 7.2 | | |
| 7 | 15,834 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 8 | 11,611 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 9 | 18,576 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 10 | 6,882 | 213 | 226 | | 13,946 | 1,210 | 1,210 | 1,192 | 1,193 | 1,210 | 1,210 | 1,182 | 1,183 | 1,210 | 1,210 | 968 | 968 | 7.7 | 7 | 8.8 |
| 11 | 12,125 | | | | 19,437 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,515 | 1,515 | 1,452 | 1,452 | 1,694 | 1,694 | 7.2 | | |
| 12 | 12,178 | | | | 8,573 | 726 | 726 | 715 | 716 | 726 | 726 | 667 | 667 | 726 | 726 | 726 | 726 | 7.4 | | |
| 13 | 11,876 | | | | 9,619 | 968 | 968 | 954 | 954 | 726 | 726 | 709 | 710 | 726 | 726 | 726 | 726 | 7.6 | | |
| 14 | 11,226 | | | | 19,241 | 1,452 | 1,452 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.6 | | |
| 15 | 11,612 | | | | 19,390 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,530 | 1,530 | 1,452 | 1,452 | 7.6 | | |
| 16 | 11,362 | | | | 19,345 | 1,694 | 1,694 | 1,669 | 1,670 | 1,580 | 1,580 | 1,419 | 1,419 | 1,616 | 1,616 | 1,694 | 1,694 | 7.4 | | |
| 17 | 12,285 | | | | 19,374 | 1,499 | 1,498 | 1,669 | 1,668 | 1,694 | 1,694 | 1,655 | 1,654 | 1,677 | 1,676 | 1,452 | 1,452 | 7.2 | | |
| 18 | 9,394 | | | | 19,278 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,468 | 1,469 | 1,694 | 1,694 | 7.2 | | |
| 19 | 15,334 | | | | 19,241 | 1,694 | 1,694 | 1,431 | 1,431 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.3 | | |
| 20 | 11,513 | | | | 19,234 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.2 | | |
| 21 | 12,410 | | | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,452 | 1,452 | 1,694 | 1,694 | 7.1 | | |
| 22 | 14,587 | | | | 19,690 | 1,694 | 1,694 | 1,658 | 1,659 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.2 | | |
| 23 | 7,471 | 211 | 184 | | 19,263 | 1,452 | 1,452 | 1,442 | 1,442 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.0 | 8 | 34 |
| 24 | 13,896 | | | | 18,764 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,452 | 1,452 | 1,452 | 1,452 | 6.8 | | |
| 25 | 9,569 | | | | 1,441 | 0 | 0 | 0 | 0 | 0 | 0 | 236 | 237 | 242 | 242 | 242 | 242 | 7.1 | | |
| 26 | 14,030 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 27 | 12,744 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 28 | 13,423 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 29 | 9,178 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 30 | 7,984 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 31 | 10,255 | | | | **363,080** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| **Total** | **361,208** | | | | | | | | | | | | | | | | | | | |
| **Avg** | 11,652 | **212** | **205** | | | | | | | | | | | | | | | **6.8** | **8** | **21** |
| **Min** | **6,882** | | | | | | | | | | | | | | | | | **7.7** | | |
| **Max** | **18,576** | | | | | | | | | | | | | | | | | | **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 | 19 | 07 | 01 | TO | 19 | 07 | 31 |

| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER[2] |
|---|---|---|---|
| BOD5/BOD5 | S5210B-11 | DELCORA | 23-00671 |
| TSS | S2540D-11 | DELCORA | 23-00671 |
| pH | Meter | DELCORA-Operations Meter | 23-00671 |
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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:** 8/5/2019

**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: **2019**
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 | 0.0099 | | | | | | | | | |
| 3 | 0.0083 | | | | | | | | | |
| 4 | 0.0122 | | | | | | | | | |
| 5 | 0.0095 | | | | | | | | | |
| 6 | 0.013 | | | | | | | | | |
| 7 | 0.0158 | | | | | | | | | |
| 8 | 0.0116 | | | | | | | | | |
| 9 | 0.0186 | | | | | | | | | |
| 10 | 0.0069 | 213.0 | 12 | 226.0 | 13 | | | | | |
| 11 | 0.0121 | | | | | | | | | |
| 12 | 0.0122 | | | | | | | | | |
| 13 | 0.0119 | | | | | | | | | |
| 14 | 0.0112 | | | | | | | | | |
| 15 | 0.0116 | | | | | | | | | |
| 16 | 0.0114 | | | | | | | | | |
| 17 | 0.0123 | | | | | | | | | |
| 18 | 0.0094 | | | | | | | | | |
| 19 | 0.0153 | | | | | | | | | |
| 20 | 0.0115 | | | | | | | | | |
| 21 | 0.0124 | | | | | | | | | |
| 22 | 0.0146 | | | | | | | | | |
| 23 | 0.0075 | 211.0 | 13 | 184.0 | 11 | | | | | |
| 24 | 0.0139 | | | | | | | | | |
| 25 | 0.0096 | | | | | | | | | |
| 26 | 0.014 | | | | | | | | | |
| 27 | 0.0127 | | | | | | | | | |
| 28 | 0.0134 | | | | | | | | | |
| 29 | 0.0092 | | | | | | | | | |
| 30 | 0.008 | | | | | | | | | |
| 31 | 0.0103 | | | | | | | | | |
| Avg | **0.012** | **212** | **13** | **205** | **12** | | | | | |
| Max | **0.019** | **213** | **13** | **226** | **13** | | | | | |

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: **8/5/2019**

# Lab Report for Pocopson Preserve

Influent & Effluent DMR Data

Lab Certification No: 23-00671

DELCORA
The Delaware County Regional Water Quality Control Authority

| Date | 21604 PP . Influent BOD5 . Daily Avg mg/l | 21600 PP . Influent TSS . Daily Avg mg/l | | 21605 PP . Effluent CBOD5 . Daily Avg mg/l | 21601 PP . Effluent TSS . Daily Avg mg/l |
|---|---|---|---|---|---|
| Jul 1, 2019 | | | | | |
| Jul 2, 2019 | | | | | |
| Jul 3, 2019 | | | | | |
| Jul 4, 2019 | | | | | |
| Jul 5, 2019 | | | | | |
| Jul 6, 2019 | | | | | |
| Jul 7, 2019 | | | | | |
| Jul 8, 2019 | | | | | |
| Jul 9, 2019 | | | | | |
| Jul 10, 2019 | 213 | 226 | (1) | 7 | 8.8 |
| Jul 11, 2019 | | | | | |
| Jul 12, 2019 | | | | | |
| Jul 13, 2019 | | | | | |
| Jul 14, 2019 | | | | | |
| Jul 15, 2019 | | | | | |
| Jul 16, 2019 | | | | | |
| Jul 17, 2019 | | | | | |
| Jul 18, 2019 | | | | | |
| Jul 19, 2019 | | | | | |
| Jul 20, 2019 | | | | | |
| Jul 21, 2019 | | | | | |
| Jul 22, 2019 | | | | | |
| Jul 23, 2019 | 211 | 184 | | 8 | 34.0 |
| Jul 24, 2019 | | | | | |
| Jul 25, 2019 | | | | | |
| Jul 26, 2019 | | | | | |
| Jul 27, 2019 | | | | | |
| Jul 28, 2019 | | | | | |
| Jul 29, 2019 | | | | | |
| Jul 30, 2019 | | | | | |
| Jul 31, 2019 | | | | | |
| Count | 2 | 2 | | 2 | 2 |
| Maximum | 213 | 226 | | 8 | 34.0 |
| Minimum | 211 | 184 | | 7 | 8.8 |
| Average | 212 | 205 | | 8 | 21.4 |
| Total | 424 | 410 | | 15 | 42.8 |

Comments:
(1) Control out of spec - Low
BB



eOps

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

September 19, 2019

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 2019**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village/ Preserve at Chadds Ford Wastewater Treatment Facility for August 2019.

There were no violations during the reporting period. The drip fields were utilized throughout the month with a total of 288,794 gallons discharged. A total of 400,517 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 256, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober via email
C. Mariani via email
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 |
|---|---|---|---|---|---|---|
| 19 | 08 | 01 | | 19 | 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 | 0.012920 | 0.017916 | | 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 | 25 | 30 | 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 | 7.5 | s.u. | 0 | 1/Day | Grab |
| | PERMIT REQUIREMENT | N/A | XXXX | | 6.0 | XXXX | 9.0 | | | 1/Day | Grab |
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| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | DATE |
|---|---|---|---|---|
| Michael J. DiSantis<br>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 | 19/09/05 |
| 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 5 Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: August
YEAR: 2019

| 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 | 11,185 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 2 | 11,388 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 3 | 16,080 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 4 | 13,508 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 5 | 11,718 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 6 | 15,580 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 7 | 13,848 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 8 | 17,916 | | | | 11,544 | 968 | 968 | 954 | 954 | 968 | 968 | 946 | 946 | 968 | 968 | 968 | 968 | 7.1 | | |
| 9 | 15,548 | | | | 19,234 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.3 | | |
| 10 | 11,342 | | | | 11,544 | 968 | 968 | 954 | 954 | 968 | 968 | 946 | 946 | 968 | 968 | 968 | 968 | 7.1 | | |
| 11 | 13,194 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 12 | 12,444 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 13 | 10,542 | 203 | 188 | | 13,462 | 1,210 | 1,210 | 1,192 | 1,193 | 1,210 | 1,210 | 1,182 | 1,183 | 968 | 968 | 968 | 968 | 6.9 | 8 | 30.4 |
| 14 | 12,842 | | | | 19,385 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,527 | 1,528 | 1,452 | 1,452 | 6.8 | | |
| 15 | 15,814 | | | | 19,578 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,618 | 1,619 | 1,694 | 1,694 | 6.9 | | |
| 16 | 12,916 | | | | 19,241 | 1,694 | 1,694 | 1,431 | 1,431 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.8 | | |
| 17 | 14,562 | | | | 19,234 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 6.9 | | |
| 18 | 13,172 | | | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,452 | 1,457 | 1,694 | 1,694 | 6.6 | | |
| 19 | 10,782 | | | | 18,925 | 1,536 | 1,536 | 1,431 | 1,431 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.8 | | |
| 20 | 14,276 | | | | 19,066 | 1,610 | 1,610 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 6.7 | | |
| 21 | 12,120 | | | | 9,142 | 726 | 726 | 715 | 716 | 726 | 726 | 709 | 710 | 968 | 968 | 726 | 726 | 6.9 | | |
| 22 | 10,636 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 23 | 12,600 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 24 | 12,570 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 25 | 15,126 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 26 | 11,094 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 27 | 12,488 | | | | 12,505 | 1,210 | 1,210 | 1,192 | 1,193 | 968 | 968 | 946 | 946 | 968 | 968 | 968 | 968 | 7.1 | | |
| 28 | 13,590 | 559 | 222 | | 19,241 | 1,452 | 1,452 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.1 | 6 | 20 |
| 29 | 10,916 | | | | 19,234 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 7.2 | | |
| 30 | 10,492 | | | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.3 | | |
| 31 | 10,228 | | | | 18,969 | 1,452 | 1,452 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,558 | 1,558 | 7.5 | | |
| **Total** | **400,517** | | | | **288,794** | | | | | | | | | | | | | | | |
| **Avg** | **12,920** | **381** | **205** | | | | | | | | | | | | | | | **6.6** | **7** | **25** |
| **Min** | **10,228** | | | | | | | | | | | | | | | | | **7.5** | | |
| **Max** | **17,916** | | | | | | | | | | | | | | | | | | **8** | **30** |

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 | 19 | 08 | 01 | TO | 19 | 08 | 31 |

| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER[2] |
|---|---|---|---|
| BOD5/BOD5 | S5210B-11 | DELCORA | 23-00671 |
| TSS | S2540D-11 | DELCORA | 23-00671 |
| pH | Meter | DELCORA-Operations Meter | 23-00671 |
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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:** 9/4/2019

**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: August Year: 2019
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 | 0.0114 | | | | | | | | | |
| 3 | 0.0161 | | | | | | | | | |
| 4 | 0.0135 | | | | | | | | | |
| 5 | 0.0117 | | | | | | | | | |
| 6 | 0.0156 | | | | | | | | | |
| 7 | 0.0138 | | | | | | | | | |
| 8 | 0.0179 | | | | | | | | | |
| 9 | 0.0155 | | | | | | | | | |
| 10 | 0.0113 | | | | | | | | | |
| 11 | 0.0132 | | | | | | | | | |
| 12 | 0.0124 | | | | | | | | | |
| 13 | 0.0105 | 203.0 | 18 | 188.0 | 17 | | | | | |
| 14 | 0.0128 | | | | | | | | | |
| 15 | 0.0158 | | | | | | | | | |
| 16 | 0.0129 | | | | | | | | | |
| 17 | 0.0146 | | | | | | | | | |
| 18 | 0.0132 | | | | | | | | | |
| 19 | 0.0108 | | | | | | | | | |
| 20 | 0.0143 | | | | | | | | | |
| 21 | 0.0121 | | | | | | | | | |
| 22 | 0.0106 | | | | | | | | | |
| 23 | 0.0126 | | | | | | | | | |
| 24 | 0.0126 | | | | | | | | | |
| 25 | 0.0151 | | | | | | | | | |
| 26 | 0.0111 | | | | | | | | | |
| 27 | 0.0125 | | | | | | | | | |
| 28 | 0.0136 | 559.0 | 63 | 222.0 | 25 | | | | | |
| 29 | 0.0109 | | | | | | | | | |
| 30 | 0.0105 | | | | | | | | | |
| 31 | 0.0102 | | | | | | | | | |
| Avg | **0.013** | **381** | **41** | **205** | **21** | | | | | |
| Max | **0.018** | **559** | **63** | **222** | **25** | | | | | |

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: 9/4/2019

# Lab Report for Pocopson Preserve

Influent & Effluent DMR Data

Lab Certification No: 23-00671

DELCORA
The Delaware County Regional Water Quality Control Authority

| Date | 21604 PP . Influent BOD5 . Daily Avg mg/l | 21600 PP . Influent TSS . Daily Avg mg/l | | 21605 PP . Effluent CBOD5 . Daily Avg mg/l | 21601 PP . Effluent TSS . Daily Avg mg/l |
|---|---|---|---|---|---|
| Aug 1, 2019 | | | | | |
| Aug 2, 2019 | | | | | |
| Aug 3, 2019 | | | | | |
| Aug 4, 2019 | | | | | |
| Aug 5, 2019 | | | | | |
| Aug 6, 2019 | | | | | |
| Aug 7, 2019 | | | | | |
| Aug 8, 2019 | | | | | |
| Aug 9, 2019 | | | | | |
| Aug 10, 2019 | | | | | |
| Aug 11, 2019 | | | | | |
| Aug 12, 2019 | | | | | |
| Aug 13, 2019 | 203 | 188 | (1) * | 8 | 30.4 |
| Aug 14, 2019 | | | | | |
| Aug 15, 2019 | | | | | |
| Aug 16, 2019 | | | | | |
| Aug 17, 2019 | | | | | |
| Aug 18, 2019 | | | | | |
| Aug 19, 2019 | | | | | |
| Aug 20, 2019 | | | | | |
| Aug 21, 2019 | | | | | |
| Aug 22, 2019 | | | | | |
| Aug 23, 2019 | | | | | |
| Aug 24, 2019 | | | | | |
| Aug 25, 2019 | | | | | |
| Aug 26, 2019 | | | | | |
| Aug 27, 2019 | | | | | |
| Aug 28, 2019 | 559 | 222 | | 6 | 19.6 |
| Aug 29, 2019 | | | | | |
| Aug 30, 2019 | | | | | |
| Aug 31, 2019 | | | | | |
| Count | 2 | 2 | | 2 | 2 |
| Maximum | 559 | 222 | | 8 | 30.4 |
| Minimum | 203 | 188 | | 6 | 19.6 |
| Average | 381 | 205 | | 7 | 25.0 |
| Total | 762 | 410 | | 14 | 50.0 |

Comments:
(1) Blank out of spec - High
BB



eOps

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

October 19, 2019

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 2019**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village/ Preserve at Chadds Ford Wastewater Treatment Facility for September 2019.

There were no violations during the reporting period. The drip fields were utilized throughout the month with a total of 303,786 gallons discharged. A total of 393,105 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 256, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober via email
C. Mariani via email
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 |
| 19/09/01 | 19/09/30 |

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 | 0.013104 | 0.019014 | | 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 | 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 | 26 | 27 | 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 | 7.9 | s.u. | 0 | 1/Day | Grab |
| | PERMIT REQUIREMENT | N/A | XXXX | | 6.0 | XXXX | 9.0 | | | 1/Day | Grab |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

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
19/10/05
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS. No discharge during month due to low storage lagoon levels.

NO effluent discharged

Supplement S Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: September
YEAR: 2019

| 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 | 13,304 | | | | 19,033 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,452 | 1,452 | 1,588 | 1,588 | 7.9 | | |
| 2 | 13,858 | | | | 19,207 | 1,677 | 1,677 | 1,431 | 1,431 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.7 | | |
| 3 | 9,784 | | | | 18,784 | 1,469 | 1,469 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 7.2 | | |
| 4 | 15,242 | | | | 18,876 | 1,694 | 1,694 | 1,485 | 1,485 | 1,452 | 1,452 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.1 | | |
| 5 | 12,896 | | | | 19,126 | 1,452 | 1,452 | 1,615 | 1,616 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.2 | | |
| 6 | 13,838 | | | | 19,245 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,452 | 1,452 | 1,694 | 1,694 | 7.2 | | |
| 7 | 12,434 | | | | 19,241 | 1,694 | 1,694 | 1,431 | 1,431 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 194 | 1,694 | 1,694 | 7.2 | | |
| 8 | 17,492 | | | | 18,922 | 1,452 | 1,452 | 1,670 | 1,669 | 1,694 | 1,694 | 1,655 | 1,656 | 1,538 | 1,538 | 1,452 | 1,452 | 7.3 | | |
| 9 | 12,376 | | | | 19,073 | 1,694 | 1,694 | 1,670 | 1,669 | 1,452 | 1,452 | 1,419 | 1,419 | 1,608 | 1,608 | 1,694 | 1,694 | 7.3 | | |
| 10 | 9,208 | | | | 9,615 | 726 | 726 | 715 | 716 | 968 | 968 | 946 | 946 | 726 | 726 | 726 | 726 | 6.9 | | |
| 11 | 19,014 | | | | 968 | 484 | 484 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6.9 | | |
| 12 | 13,764 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 13 | 10,882 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 14 | 14,848 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 15 | 12,282 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 16 | 12,296 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 17 | 11,950 | | | | 0 | 968 | 968 | 954 | 954 | 779 | 780 | 709 | 710 | 726 | 726 | 726 | 726 | 7.1 | | |
| 18 | 13,190 | 311 | 310 | | 9,726 | 1,452 | 1,452 | 1,431 | 1,431 | 1,640 | 1,641 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.6 | 15 | 27.3 |
| 19 | 12,454 | | | | 19,134 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,452 | 1,452 | 1,452 | 1,452 | 6.7 | | |
| 20 | 9,894 | | | | 18,761 | 1,452 | 1,452 | 1,431 | 1,431 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.7 | | |
| 21 | 11,770 | | | | 18,757 | 1,694 | 1,694 | 1,669 | 1,670 | 1,646 | 1,646 | 1,419 | 1,419 | 1,452 | 1,452 | 1,452 | 1,452 | 6.6 | | |
| 22 | 16,128 | | | | 18,665 | 1,452 | 1,452 | 1,431 | 1,431 | 1,500 | 1,500 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.1 | | |
| 23 | 12,672 | | | | 18,369 | 1,694 | 1,694 | 1,431 | 1,431 | 1,452 | 1,452 | 1,419 | 1,419 | 1,452 | 1,452 | 1,694 | 1,694 | 6.6 | | |
| 24 | 10,162 | 227 | 207 | | 18,284 | 484 | 484 | 477 | 477 | 484 | 484 | 473 | 473 | 484 | 484 | 484 | 484 | 6.8 | 14 | 24.3 |
| 25 | 14,828 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 26 | 14,050 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 27 | 12,126 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 28 | 15,716 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 29 | 11,537 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 30 | 13,110 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 31 | | | | | | | | | | | | | | | | | | | | |
| **Total** | **393,105** | | | | **303,786** | | | | | | | | | | | | | | | |
| **Avg** | **13,104** | **269** | **259** | | | | | | | | | | | | | | | **6.6** | 15 | **26** |
| **Min** | **9,208** | | | | | | | | | | | | | | | | | **7.9** | | |
| **Max** | **19,014** | | | | | | | | | | | | | | | | | | **15** | **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:** 100 E. 5th Street
Chester, PA 19013

| PERMIT NUMBER | MONITORING PERIOD Year/Month/Day | | | | | | |
|---|---|---|---|---|---|---|---|
| PA 1507415 | 19 | 09 | 01 | TO | 19 | 09 | 30 |

| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER[2] |
|---|---|---|---|
| BOD5/BOD5 | S5210B-11 | DELCORA | 23-00671 |
| TSS | S2540D-11 | DELCORA | 23-00671 |
| pH | Meter | DELCORA-Operations Meter | 23-00671 |
| | | | |
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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:** 10/3/2019

**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: 2019
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 | 0.0133 | | | | | | | | | |
| 2 | 0.0139 | | | | | | | | | |
| 3 | 0.0098 | | | | | | | | | |
| 4 | 0.0152 | | | | | | | | | |
| 5 | 0.0129 | | | | | | | | | |
| 6 | 0.0138 | | | | | | | | | |
| 7 | 0.0124 | | | | | | | | | |
| 8 | 0.0175 | | | | | | | | | |
| 9 | 0.0124 | | | | | | | | | |
| 10 | 0.0092 | | | | | | | | | |
| 11 | 0.019 | | | | | | | | | |
| 12 | 0.0138 | | | | | | | | | |
| 13 | 0.0109 | | | | | | | | | |
| 14 | 0.0148 | | | | | | | | | |
| 15 | 0.0123 | | | | | | | | | |
| 16 | 0.0123 | | | | | | | | | |
| 17 | 0.012 | | | | | | | | | |
| 18 | 0.0132 | 311.0 | 34 | 310.0 | 34 | | | | | |
| 19 | 0.0125 | | | | | | | | | |
| 20 | 0.0099 | | | | | | | | | |
| 21 | 0.0118 | | | | | | | | | |
| 22 | 0.0161 | | | | | | | | | |
| 23 | 0.0127 | | | | | | | | | |
| 24 | 0.0102 | 227.0 | 19 | 207.0 | 18 | | | | | |
| 25 | 0.0148 | | | | | | | | | |
| 26 | 0.0141 | | | | | | | | | |
| 27 | 0.0121 | | | | | | | | | |
| 28 | 0.0157 | | | | | | | | | |
| 29 | 0.0115 | | | | | | | | | |
| 30 | 0.0131 | | | | | | | | | |
| 31 | | | | | | | | | | |
| Avg | 0.013 | 269 | 27 | 259 | 26 | | | | | |
| Max | 0.019 | 311 | 34 | 310 | 34 | | | | | |

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: 10/3/2019

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

November 25, 2019

FED EX PRIORITY OVERNIGHT

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 2019**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village/ Preserve Wastewater Treatment Facility for October 2019.

There were no violations during the reporting period. The drip fields were utilized throughout the month with a total of 290,492 gallons discharged. A total of 402,555 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 256, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober via email
C. Mariani via email
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 |
| 19/10/01 | 19/10/31 |

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 | 0.012986 | 0.018198 | | 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 | 20 | 22 | mg/L | 0 | 2/month | Grab |
| | PERMIT REQUIREMENT | XXXX | XXXX | | XXXX | 30 | 60 | | | 2/month | Grab |
| pH | SAMPLE MEASUREMENT | N/A | XXXX | | 6.1 | XXXX | 7.0 | s.u. | 0 | 1/Day | Grab |
| | PERMIT REQUIREMENT | N/A | XXXX | | 6.0 | XXXX | 9.0 | | | 1/Day | Grab |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

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: 19/11/25 (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 5 Form

POCOPSON PRESERVE CORRINE VILLAGE WWTP PERMIT # 1507415

MONTH: October
YEAR: 2019

| 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 | 10,580 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 2 | 10,724 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 3 | 11,532 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 4 | 11,768 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 5 | 13,488 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 6 | 12,428 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 7 | 14,910 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 8 | 9,372 | | | | 4,331 | 484 | 484 | 477 | 477 | 484 | 484 | 237 | 236 | 242 | 242 | 242 | 242 | 6.9 | | |
| 9 | 18,198 | 246 | 266 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6.8 | 8 | 18 |
| 10 | 13,080 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 11 | 12,908 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 12 | 10,832 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 13 | 12,560 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 14 | 17,572 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 15 | 10,892 | | | | 13,462 | 1,210 | 1,210 | 1,192 | 1,193 | 1,210 | 1,210 | 1,182 | 1,183 | 968 | 968 | 968 | 968 | 6.4 | | |
| 16 | 15,148 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 6.7 | | |
| 17 | 15,024 | | | | 19,241 | 1,694 | 1,694 | 1,431 | 1,431 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.8 | | |
| 18 | 12,068 | | | | 19,718 | 1,452 | 1,452 | 1,665 | 1,665 | 1,669 | 1,669 | 1,655 | 1,656 | 1,669 | 1,669 | 1,669 | 1,669 | 6.6 | | |
| 19 | 11,830 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 6.8 | | |
| 20 | 14,950 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,694 | 1,694 | 6.5 | | |
| 21 | 13,426 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 6.8 | | |
| 22 | 12,732 | | | | 19,692 | 1,694 | 1,694 | 1,656 | 1,656 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.7 | | |
| 23 | 13,170 | 244 | 170 | | 232 | 726 | 726 | 954 | 954 | 1,210 | 1,210 | 1,182 | 1,183 | 968 | 968 | 726 | 726 | 6.8 | 6 | 21.6 |
| 24 | 11,392 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.6 | | |
| 25 | 10,706 | | | | 19,648 | 1,936 | 1,936 | 1,669 | 1,670 | 1,694 | 1,694 | 1,620 | 1,621 | 1,452 | 1,452 | 1,452 | 1,452 | 6.9 | | |
| 26 | 14,509 | | | | 19,799 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,454 | 1,454 | 1,694 | 1,694 | 1,694 | 1,694 | 6.7 | | |
| 27 | 13,006 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,656 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.0 | | |
| 28 | 14,094 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.8 | | |
| 29 | 10,074 | | | | 16,825 | 1,452 | 1,452 | 1,669 | 1,670 | 1,452 | 1,452 | 1,419 | 1,419 | 1,210 | 1,210 | 1,210 | 1,210 | 6.1 | | |
| 30 | 15,752 | | | | 19,489 | 1,576 | 1,576 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.7 | | |
| 31 | 13,830 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| **Total** | **402,555** | | | | **290,492** | | | | | | | | | | | | | | | |
| **Avg** | **12,986** | **245** | **218** | | | | | | | | | | | | | | | **6.1** | 7 | **20** |
| **Min** | **9,372** | | | | | | | | | | | | | | | | | 7.0 | | |
| **Max** | **18,198** | | | | | | | | | | | | | | | | | | **8** | **22** |

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 | 19 | 10 | 01 | TO | 19 | 10 | 31 |

| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER[2] |
|---|---|---|---|
| BOD5/BOD5 | S5210B-11 | DELCORA | 23-00671 |
| TSS | S2540D-11 | DELCORA | 23-00671 |
| pH | Meter | DELCORA-Operations Meter | 23-00671 |
| | | | |
| | | | |
| | | | |
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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:** 11/7/2019

**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: 2019
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 | 0.0106 | | | | | | | | | |
| 2 | 0.0107 | | | | | | | | | |
| 3 | 0.0115 | | | | | | | | | |
| 4 | 0.0118 | | | | | | | | | |
| 5 | 0.0135 | | | | | | | | | |
| 6 | 0.0124 | | | | | | | | | |
| 7 | 0.0149 | | | | | | | | | |
| 8 | 0.0094 | | | | | | | | | |
| 9 | 0.0182 | 246.0 | 37 | 266.0 | 40 | | | | | |
| 10 | 0.0131 | | | | | | | | | |
| 11 | 0.0129 | | | | | | | | | |
| 12 | 0.0108 | | | | | | | | | |
| 13 | 0.0126 | | | | | | | | | |
| 14 | 0.0176 | | | | | | | | | |
| 15 | 0.0109 | | | | | | | | | |
| 16 | 0.0151 | | | | | | | | | |
| 17 | 0.015 | | | | | | | | | |
| 18 | 0.0121 | | | | | | | | | |
| 19 | 0.0118 | | | | | | | | | |
| 20 | 0.015 | | | | | | | | | |
| 21 | 0.0134 | | | | | | | | | |
| 22 | 0.0127 | | | | | | | | | |
| 23 | 0.0132 | 244.0 | 27 | 170.0 | 19 | | | | | |
| 24 | 0.0114 | | | | | | | | | |
| 25 | 0.0107 | | | | | | | | | |
| 26 | 0.0145 | | | | | | | | | |
| 27 | 0.013 | | | | | | | | | |
| 28 | 0.0141 | | | | | | | | | |
| 29 | 0.0101 | | | | | | | | | |
| 30 | 0.0158 | | | | | | | | | |
| 31 | 0.0138 | | | | | | | | | |
| Avg | **0.013** | **245** | **32** | **218** | **30** | | | | | |
| Max | **0.018** | **246** | **37** | **266** | **40** | | | | | |

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: 11/7/2019

## Lab Report for Pocopson Preserve

Influent & Effluent DMR Data

Lab Certification No: 23-00671

| Date | 21604 PP Influent BOD5 Daily Avg mg/l | 21600 PP Influent TSS Daily Avg mg/l | 21605 PP Effluent CBOD5 Daily Avg mg/l | 21601 PP Effluent TSS Daily Avg mg/l |
|---|---|---|---|---|
| Oct 1, 2019 | | | | |
| Oct 2, 2019 | | | | |
| Oct 3, 2019 | | | | |
| Oct 4, 2019 | | | | |
| Oct 5, 2019 | | | | |
| Oct 6, 2019 | | | | |
| Oct 7, 2019 | | | | |
| Oct 8, 2019 | | | | |
| Oct 9, 2019 | * 246 | 266 | 8 | 18.0 |
| Oct 10, 2019 | | | | |
| Oct 11, 2019 | | | | |
| Oct 12, 2019 | | | | |
| Oct 13, 2019 | | | | |
| Oct 14, 2019 | | | | |
| Oct 15, 2019 | | | | |
| Oct 16, 2019 | | | | |
| Oct 17, 2019 | | | | |
| Oct 18, 2019 | | | | |
| Oct 19, 2019 | | | | |
| Oct 20, 2019 | | | | |
| Oct 21, 2019 | | | | |
| Oct 22, 2019 | | | | |
| Oct 23, 2019 | 244 | 170 | 6 | 21.6 |
| Oct 24, 2019 | | | | |
| Oct 25, 2019 | | | | |
| Oct 26, 2019 | | | | |
| Oct 27, 2019 | | | | |
| Oct 28, 2019 | | | | |
| Oct 29, 2019 | | | | |
| Oct 30, 2019 | | | | |
| Oct 31, 2019 | | | | |
| **Count** | **2** | **2** | **2** | **2** |
| **Maximum** | **246** | **266** | **8** | **21.6** |
| **Minimum** | **244** | **170** | **6** | **18.0** |
| **Average** | **245** | **218** | **7** | **19.8** |
| **Total** | **490** | **436** | **14** | **39.6** |

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

December 11, 2019

FED EX PRIORITY OVERNIGHT

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 2019**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village/ Preserve Wastewater Treatment Facility for November 2019.

There were no violations during the reporting period. The drip fields were utilized throughout the month with a total of 470,014 gallons discharged. A total of 374,215 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 256, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober via email
C. Mariani via email
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 |
|---|---|---|---|---|---|---|
| 19/11/01 | | | | 19/11/30 | | |

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 | 0.012474 | 0.016286 | | 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 | 10 | 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 | 16 | 21 | 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 | 7.4 | s.u. | 0 | 1/Day | Grab |
| | PERMIT REQUIREMENT | N/A | XXXX | | 6.0 | XXXX | 9.0 | | | 1/Day | Grab |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | DATE |
|---|---|---|---|---|
| Michael J. DiSantis<br>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 | 19/12/11 |
| 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

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: 2019

| 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 | 12,544 | | | | 20,232 | 1,812 | 1,812 | 1,808 | 1,809 | 1,655 | 1,656 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 6.6 | | |
| 2 | 12,904 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 3 | 14,452 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 4 | 11,214 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 5 | 11,858 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 6 | 10,230 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 7 | 13,272 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 8 | 11,930 | | | | 19,540 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,605 | 1,605 | 1,452 | 1,452 | 6.3 | | |
| 9 | 11,364 | | | | 19,253 | 1,458 | 1,458 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.2 | | |
| 10 | 11,296 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 6.7 | | |
| 11 | 11,966 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,694 | 1,694 | 6.3 | | |
| 12 | 12,436 | 642 | 611 | | 15,875 | 1,452 | 1,452 | 1,431 | 1,431 | 1,452 | 1,452 | 1,182 | 1,183 | 1,210 | 1,210 | 1,210 | 1,210 | 6.6 | 7 | 10 |
| 13 | 11,208 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 6.9 | | |
| 14 | 10,586 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.6 | | |
| 15 | 14,406 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,655 | 1,694 | 1,694 | 1,694 | 1,694 | 6.7 | | |
| 16 | 12,464 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.5 | | |
| 17 | 14,652 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 6.5 | | |
| 18 | 11,984 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,694 | 1,694 | 6.9 | | |
| 19 | 11,334 | | | | 20,101 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,605 | 1,605 | 1,694 | 1,694 | 1,694 | 1,694 | 6.7 | | |
| 20 | 11,776 | 219 | 220 | | 19,819 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,706 | 1,706 | 1,694 | 1,694 | 1,452 | 1,452 | 6.8 | 10 | 21 |
| 21 | 11,440 | | | | 19,513 | 1,694 | 1,694 | 1,669 | 1,670 | 1,586 | 1,586 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 6.6 | | |
| 22 | 11,526 | | | | 19,457 | 1,694 | 1,694 | 1,437 | 1,437 | 1,560 | 1,560 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.7 | | |
| 23 | 11,454 | | | | 19,718 | 1,452 | 1,452 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.7 | | |
| 24 | 14,762 | | | | 19,234 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 6.6 | | |
| 25 | 13,310 | | | | 21,900 | 1,894 | 1,894 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 6.5 | | |
| 26 | 13,257 | | | | 19,314 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,453 | 1,454 | 1,452 | 1,452 | 1,694 | 1,694 | 7.4 | | |
| 27 | 16,286 | | | | 19,649 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,621 | 1,621 | 1,694 | 1,694 | 1,694 | 1,894 | 6.9 | | |
| 28 | 13,838 | | | | 19,241 | 1,452 | 1,452 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.0 | | |
| 29 | 14,628 | | | | 19,252 | 1,703 | 1,703 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 6.6 | | |
| 30 | 9,838 | | | | 20,154 | 1,906 | 1,907 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 6.6 | | |
| 31 | | | | | | | | | | | | | | | | | | | | |
| **Total** | **374,215** | | | | **470,014** | | | | | | | | | | | | | | | |
| **Avg** | **12,474** | **431** | **416** | | | | | | | | | | | | | | | **6.2** | **9** | **16** |
| **Min** | **9,838** | | | | | | | | | | | | | | | | | **7.4** | | |
| **Max** | **16,286** | | | | | | | | | | | | | | | | | | **10** | **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 | 19 | 11 | 01 | TO | 19 | 11 | 30 |

| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER[2] |
|---|---|---|---|
| BOD5/BOD5 | S5210B-11 | DELCORA | 23-00671 |
| TSS | S2540D-11 | DELCORA | 23-00671 |
| pH | Meter | DELCORA-Operations Meter | 23-00671 |
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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:** 12/4/2019

**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: November Year: 2019
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 | 0.0125 | | | | | | | | | |
| 2 | 0.0129 | | | | | | | | | |
| 3 | 0.0145 | | | | | | | | | |
| 4 | 0.0112 | | | | | | | | | |
| 5 | 0.0119 | | | | | | | | | |
| 6 | 0.0102 | | | | | | | | | |
| 7 | 0.0133 | | | | | | | | | |
| 8 | 0.0119 | | | | | | | | | |
| 9 | 0.0114 | | | | | | | | | |
| 10 | 0.0113 | | | | | | | | | |
| 11 | 0.012 | | | | | | | | | |
| 12 | 0.0124 | 642.0 | 67 | 611.0 | 63 | | | | | |
| 13 | 0.0112 | | | | | | | | | |
| 14 | 0.0106 | | | | | | | | | |
| 15 | 0.0144 | | | | | | | | | |
| 16 | 0.0125 | | | | | | | | | |
| 17 | 0.0147 | | | | | | | | | |
| 18 | 0.012 | | | | | | | | | |
| 19 | 0.0113 | | | | | | | | | |
| 20 | 0.0118 | 219.0 | 22 | 220.0 | 22 | | | | | |
| 21 | 0.0114 | | | | | | | | | |
| 22 | 0.0115 | | | | | | | | | |
| 23 | 0.0115 | | | | | | | | | |
| 24 | 0.0148 | | | | | | | | | |
| 25 | 0.0133 | | | | | | | | | |
| 26 | 0.0133 | | | | | | | | | |
| 27 | 0.0163 | | | | | | | | | |
| 28 | 0.0138 | | | | | | | | | |
| 29 | 0.0146 | | | | | | | | | |
| 30 | 0.0098 | | | | | | | | | |
| 31 | | | | | | | | | | |
| Avg | 0.012 | 431 | 44 | 416 | 42 | | | | | |
| Max | 0.016 | 642 | 67 | 611 | 63 | | | | | |

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: 12/4/2019

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

January 10, 2020

FED EX PRIORITY OVERNIGHT

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 2019**

Dear Mr. McAdams:

Please find enclosed the above reports for the Pocopson Corrine Village/ Preserve Wastewater Treatment Facility for December 2019.

There were no violations during the reporting period. The drip fields were utilized throughout the month with a total of 415,446 gallons discharged. A total of 358,389 gallons of influent was metered at the facility during the reporting period. Please contact me at 610-876-5523, ext. 256, if you need any additional information.

Sincerely,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
enclosures

cc: S. Simone, Pocopson Twp.
S. Gober via email
C. Mariani via email
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 |
|---|---|---|---|---|---|---|
| 19 | 12 | 01 | | 19 | 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 | 0.011561 | 0.019439 | | 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 | 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 | 26 | 26 | 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 | s.u. | 0 | 1/Day | Grab |
| | PERMIT REQUIREMENT | N/A | XXXX | | 6.0 | XXXX | 9.0 | | | 1/Day | Grab |
| | | | | | | | | | | | |
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| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | DATE |
|---|---|---|---|---|
| Michael J. DiSantis<br>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<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 610-876-5523 EXT 264 | 20/01/10 |
| 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: December
YEAR: 2019

| 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 | 19,439 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.8 | | |
| 2 | 13,552 | | | | 19,725 | 1,694 | 1,694 | 1,431 | 1,431 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.9 | | |
| 3 | 11,839 | | | | 19,718 | 1,270 | 1,270 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.8 | | |
| 4 | 14,034 | | | | 19,234 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 7.1 | | |
| 5 | 11,666 | | | | 19,708 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,650 | 1,651 | 1,694 | 1,694 | 1,452 | 1,452 | 7.0 | | |
| 6 | 11,070 | | | | 19,255 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,424 | 1,424 | 1,694 | 1,694 | 1,694 | 1,694 | 7.1 | | |
| 7 | 9,970 | | | | 1,922 | 484 | 484 | 477 | 477 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6.8 | | |
| 8 | 14,614 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 9 | 11,928 | | | | 12,505 | 1,210 | 1,210 | 1,192 | 1,193 | 968 | 968 | 946 | 946 | 968 | 968 | 968 | 968 | 6.2 | | |
| 10 | 11,621 | | | | 20,202 | 1,936 | 1,936 | 1,669 | 1,670 | 1,936 | 1,936 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 6.6 | 12 | 26 |
| 11 | 12,914 | 189 | 240 | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.0 | | |
| 12 | 12,812 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.0 | | |
| 13 | 11,790 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,936 | 1,936 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 6.5 | | |
| 14 | 12,353 | | | | 19,709 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,892 | 1,892 | 1,452 | 1,452 | 1,452 | 1,452 | 7.0 | | |
| 15 | 11,975 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 6.8 | | |
| 16 | 11,253 | | | | 19,707 | 1,694 | 1,694 | 1,664 | 1,664 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 6.9 | | |
| 17 | 8,797 | 184 | 142 | | 20,086 | 1,936 | 1,936 | 1,675 | 1,675 | 1,872 | 1,873 | 1,655 | 1,656 | 1,452 | 1,452 | 1,452 | 1,452 | 6.9 | 13 | 25 |
| 18 | 13,431 | | | | 19,729 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,419 | 1,419 | 1,694 | 1,694 | 1,694 | 1,694 | 7.4 | | |
| 19 | 10,554 | | | | 19,358 | 1,694 | 1,694 | 1,489 | 1,490 | 1,452 | 1,452 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.5 | | |
| 20 | 9,768 | | | | 20,056 | 1,679 | 1,680 | 1,611 | 1,611 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.0 | | |
| 21 | 11,369 | | | | 19,747 | 1,466 | 1,467 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,694 | 1,694 | 7.2 | | |
| 22 | 12,386 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,694 | 1,694 | 1,452 | 1,452 | 7.0 | | |
| 23 | 9,166 | | | | 19,718 | 1,694 | 1,694 | 1,669 | 1,670 | 1,694 | 1,694 | 1,655 | 1,656 | 1,452 | 1,452 | 1,694 | 1,694 | 7.4 | | |
| 24 | 11,749 | | | | 6,737 | 484 | 484 | 477 | 477 | 484 | 484 | 473 | 473 | 726 | 726 | 724 | 725 | 7.2 | | |
| 25 | 10,502 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 26 | 9,283 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 27 | 9,529 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 28 | 8,689 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 29 | 10,098 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 30 | 9,475 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 31 | 10,763 | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| **Total** | **358,389** | | | | 415,446 | | | | | | | | | | | | | | | |
| **Avg** | 11,561 | 187 | 191 | | | | | | | | | | | | | | | **6.2** | **13** | **26** |
| **Min** | **8,689** | | | | | | | | | | | | | | | | | **7.5** | | |
| **Max** | **19,439** | | | | | | | | | | | | | | | | | | 13 | 26 |

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 | 19 | 12 | 01 | TO | 19 | 12 | 31 |

| PARAMETER | ANALYSIS METHOD | LAB NAME | LAB ID NUMBER[2] |
|---|---|---|---|
| BOD5/BOD5 | S5210B-11 | DELCORA | 23-00671 |
| TSS | S2540D-11 | DELCORA | 23-00671 |
| pH | Meter | DELCORA-Operations Meter | 23-00671 |
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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:** 1/3/2020

**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: **December** Year: **2019**
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 | 0.0194 | | | | | | | | | |
| 2 | 0.0136 | | | | | | | | | |
| 3 | 0.0118 | | | | | | | | | |
| 4 | 0.014 | | | | | | | | | |
| 5 | 0.0117 | | | | | | | | | |
| 6 | 0.0111 | | | | | | | | | |
| 7 | 0.01 | | | | | | | | | |
| 8 | 0.0146 | | | | | | | | | |
| 9 | 0.0119 | | | | | | | | | |
| 10 | 0.0116 | | | | | | | | | |
| 11 | 0.0129 | 189.0 | 20 | 240.0 | 26 | | | | | |
| 12 | 0.0128 | | | | | | | | | |
| 13 | 0.0118 | | | | | | | | | |
| 14 | 0.0124 | | | | | | | | | |
| 15 | 0.012 | | | | | | | | | |
| 16 | 0.0113 | | | | | | | | | |
| 17 | 0.0088 | 184.0 | 13 | 142.0 | 10 | | | | | |
| 18 | 0.0134 | | | | | | | | | |
| 19 | 0.0106 | | | | | | | | | |
| 20 | 0.0098 | | | | | | | | | |
| 21 | 0.0114 | | | | | | | | | |
| 22 | 0.0124 | | | | | | | | | |
| 23 | 0.0092 | | | | | | | | | |
| 24 | 0.0117 | | | | | | | | | |
| 25 | 0.0105 | | | | | | | | | |
| 26 | 0.0093 | | | | | | | | | |
| 27 | 0.0095 | | | | | | | | | |
| 28 | 0.0087 | | | | | | | | | |
| 29 | 0.0101 | | | | | | | | | |
| 30 | 0.0095 | | | | | | | | | |
| 31 | 0.0108 | | | | | | | | | |
| Avg | **0.012** | **187** | **17** | **191** | **18** | | | | | |
| Max | **0.019** | **189** | **20** | **240** | **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 unsworn falsification).

Prepared By: **Michael J. DiSantis** License No.: **T0403**
Title: **Dir. of Operations and Maintenance** Date: **1/3/2020**