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EXHIBIT N6

DISCHARGE MONITORING REPORTS -  
SHEEDER TRACT WWTF

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

February 20, 2015

**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 January 2015**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract Wastewater Treatment Facility Monthly Reports for January 2015. Due freezing weather conditions, there was no spraying done during the month.

A total of 663,900 gallons of influent entered the facility for an average of 21,416 gallons per day.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
J. DiMatteo, hard copy via interoffice mail  
D. Harrower, Penco Management via email [dharrower@penco.com](mailto:dharrower@penco.com))  
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

Original eDMR Submission 91833 Received Confirmation  
From: depgreenporthelpdesk@state.pa.us  
Sent: Friday, February 20, 2015 3:57 PM  
To: DiSantis, Michael  
Subject: Original eDMR Submission 91833 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 91833 has been recieved.  
The details of your original submission and report sender are as follows:

Login Name: MDiS0001  
First Name: Michael  
Last Name: DiSantis  
Submission ID: 91833  
Permit Number: 1505419  
Facility Name: SHEEDER TRACT SUBDIVISION STP  
Submission Status: received  
Report Type: Summary DMR

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

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

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## Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

**FACILITY:** SHEEDER TRACT SUBDIVISION STP      **PERMIT NUMBER:** 1505419      **REGION:** EP SE Rgnl Off  
**PERMITTEE:** POCOPSON TWP CHESTER CNTY      **OUTFALL:** 001      **COUNTY:** Chester  
**ADDRESS:** PO BOX 999 CHESTER, PA 19016      **MONITORING PERIOD:** From: 2015-01-01 To: 2015-01-31      **NO DISCHARGE FROM SITE:** (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
pH	Sample Measurement	****	****		****	****	****	S.U.			
Parameter Code: 00400	Permit Requirement	****	****		6.0 Minimum	****	9.0 Maximum			1/month	Grab
Total Suspended Solids	Sample Measurement	****	****		****	****	****	mg/L			
Parameter Code: 00530	Permit Requirement	****	****		****	30 Average Monthly	45 Weekly Average			1/month	8-Hr Composite
Total Nitrogen	Sample Measurement	****	****		****	****	****	mg/L			
Parameter Code: 00600	Permit Requirement	****	****		Report Average Monthly	Report Weekly Average	Report Instantaneous Maximum			1/month	Calculation
Flow (mgd)	Sample Measurement	****	****		****	****	****				
Parameter Code: 50050	Permit Requirement	0.045150 Average Monthly	Report Daily Maximum	MGD	****	****	****			Continuous	Metered
Fecal Coliform	Sample Measurement	****	****		****	****	****	CFU/100 mL			
Parameter Code: 74055	Permit Requirement	****	****		****	200 Geometric Mean	****			1/month	Grab
CBOD5	Sample Measurement	****	****		****	****	****	mg/L			
Parameter Code: 80082	Permit Requirement	****	****		****	25 Average Monthly	40 Weekly Average			1/month	8-Hr Composite
<b>Name/Title of Principal Executive Officer Or Authorized Agent</b>	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						<b>Signature of Principal Executive Officer Or Authorized Agent</b>	<b>Telephone No</b>	<b>Date</b>		

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

**GENERAL REPORT COMMENT:**

There was no discharge during the month due to freezing weather conditions.

**PARAMETER SPECIFIC COMMENTS:**

POCOPSON SHEEDER TRACT WWTP  
 PERMIT # 1505419

JANUARY, 2015

DATE	Influent Flow (gpd)	Influent pH	Influent BOD5	Influent 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	16,500	7.6														
2	25,000															
3	24,000	7.2			0.5											
4	22,200				0.3											
5	20,000	6.7														
6	19,400															
7	24,800	6.7							0							
8	19,300															
9	23,600	7.2														
10	20,900															
11	18,600	7.4														
12	27,300				0.3											
13	21,600	7.1														
14	18,600								0							
15	18,900	7.2														
16	18,400															
17	19,300	7.3														
18	26,600				1.6											
19	19,300															
20	19,400	7.0														
21	18,500								0							
22	22,000															
23	21,300	7.2			0.1											
24	19,700				0.4											
25	22,000	6.8														
26	21,000															
27	29,200	6.7														
28	29,200		211.0	74.0					0							
29	20,100															
30	16,900	7.1														
31	20,300	6.9														
Total	663,900				3.2				0							
Avg.	21,416															
Min	16,500	6.7								0.0						
Max	29,200	7.6								0.0						



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

March 18, 2015

**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 February 2015**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract Wastewater Treatment Facility Monthly Reports for February 2015. Due to freezing weather conditions, there was no spraying done during the month.

A total of 536,900 gallons of influent entered the facility for an average of 19,175 gallons per day.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:vm  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
J. DiMatteo, hard copy via interoffice mail  
D. Harrower, Penco Management via email [dharrower@pencomanagement.com](mailto:dharrower@pencomanagement.com)  
File

ADMINISTRATION

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PURCHASING & STORES

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

PLANT & MAINTENANCE

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

## Middleton, Vale

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Wednesday, March 18, 2015 11:25 AM  
**To:** DiSantis, Michael  
**Subject:** Original eDMR Submission 93621 Received Confirmation

### eDMR System Message:

This email is sent as confirmation that Submission 93621 has been received. The details of your original submission and report sender are as follows:

Login Name: MDiS0001  
First Name: Michael  
Last Name: DiSantis  
Submission ID: 93621  
Permit Number: 1505419  
Facility Name: SHEEDER TRACT SUBDIVISION STP  
Submission Status: received  
Report Type: Summary DMR

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

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

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



**GENERAL REPORT COMMENT:**

No spray discharge during the month due to freezing conditions.

**PARAMETER SPECIFIC COMMENTS:**





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

April 22, 2015

**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 March 2015**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract Wastewater Treatment Facility Monthly Reports for March 2015. Due to freezing weather conditions for the majority of the month, there was no spraying performed during the month.

A total of 617,000 gallons of influent entered the facility for an average of 19,903 gallons per day.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:vm  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
J. DiMatteo, hard copy via interoffice mail  
D. Harrower, Penco Management via email [dharrower@pencomanagement.com](mailto:dharrower@pencomanagement.com)  
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

## Middleton, Vale

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Wednesday, April 22, 2015 3:52 PM  
**To:** DiSantis, Michael  
**Subject:** Original eDMR Submission 95942 Received Confirmation

### eDMR System Message:

This email is sent as confirmation that Submission 95942 has been recieved. The details of your original submission and report sender are as follows:

Login Name: MDiS0001  
First Name: Michael  
Last Name: DiSantis  
Submission ID: 95942  
Permit Number: 1505419  
Facility Name: SHEEDER TRACT SUBDIVISION STP  
Submission Status: received  
Report Type: Summary DMR

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

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

## Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

**FACILITY:** SHEEDER TRACT  
 SUBDIVISION STP      **PERMIT NUMBER:** 1505419      **REGION:** EP SE Rgnl Off  
**PERMITTEE:** POCOPSON TWP      **OUTFALL:** 001      **COUNTY:** Chester  
 CHESTER CNTY      **CITY:** CHESTER  
**ADDRESS:** PO BOX 999      **MONITORING**      **From:** 2015-03-01 **NO DISCHARGE**  
 CHESTER, PA 19016      **PERIOD:**      **To:** 2015-03-31      **FROM SITE:** (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
pH	Sample Measurement	*****	*****		*****	*****	*****	S.U.			
Parameter Code: 00400	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum		1/month	Grab	
Stage Code: PI											
Total Suspended Solids	Sample Measurement	*****	*****		*****	*****	*****	mg/L			
Parameter Code: 00530	Permit Requirement	*****	*****		*****	30 Average Monthly	45 Weekly Average		1/month	8-Hr Composite	
Stage Code: PI											
Total Nitrogen	Sample Measurement	*****	*****		*****	*****	*****	mg/L			
Parameter Code: 00600	Permit Requirement	*****	*****		Report Average Monthly	Report Weekly Average	Report Instantaneous Maximum		1/month	Calculation	
Stage Code: PI											
Flow (mgd)	Sample Measurement	*****	*****	MGD	*****	*****	*****				
Parameter Code: 50050	Permit Requirement	0.045150 Average Monthly	Report Daily Maximum		*****	*****	*****		Continuous	Metered	
Stage Code: PI											
Fecal Coliform	Sample Measurement	*****	*****		*****	*****	*****	CFU/100 mL			
Parameter Code: 74055	Permit Requirement	*****	*****		*****	200 Geometric Mean	*****		1/month	Grab	
Stage Code: PI											
CBOD5	Sample Measurement	*****	*****		*****	*****	*****	mg/L			
Parameter Code: 80082	Permit Requirement	*****	*****		*****	25 Average Monthly	40 Weekly Average		1/month	8-Hr Composite	
Stage Code: PI											
<b>Name/Title of Principal Executive Officer Or Authorized Agent</b>	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						<b>Signature of Principal Executive Officer Or Authorized Agent</b>	<b>Telephone No</b>	<b>Date</b>		

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

**GENERAL REPORT COMMENT:**

There was no spray discharge during the month due to cold weather conditions.

**PARAMETER SPECIFIC COMMENTS:**





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

May 19, 2015

**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 April 2015**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract Wastewater Treatment Facility Monthly Reports for April 2015.

A total of 587,200 gallons of influent entered the facility for an average of 19,573 gallons per day.

Spraying started on April 1<sup>st</sup> and a total of 1,813,700 gallons were sprayed to all three spray fields.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
J. DiMatteo, hard copy via interoffice mail  
D. Harrower, Penco Management via email [dharrower@pencomanagement.com](mailto:dharrower@pencomanagement.com)  
File

ADMINISTRATION

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

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PURCHASING & STORES

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

PLANT & MAINTENANCE

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

**Foley, Sue**

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Tuesday, May 19, 2015 1:11 PM  
**To:** DiSantis, Michael  
**Subject:** Original eDMR Submission 97730 Received Confirmation

**eDMR System Message:**

This email is sent as confirmation that Submission 97730 has been received. The details of your original submission and report sender are as follows:

Login Name: MDis0001  
First Name: Michael  
Last Name: DiSantis  
Submission ID: 97730  
Permit Number: 1505419  
Facility Name: SHEEDER TRACT SUBDIVISION STP  
Submission Status: received  
Report Type: Summary DMR

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

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

**Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)**

**FACILITY:** SHEEDER TRACT SUBDIVISION STP      **PERMIT NUMBER:** 1505419      **REGION:** EP SE Rgnl Off  
**PERMITTEE:** POCOPSON TWP CHESTER CNTY      **OUTFALL:** 001      **COUNTY:** Chester  
**ADDRESS:** PO BOX 999 CHESTER, PA 19016      **MONITORING PERIOD:** From: 2015-04-01 To: 2015-04-30      **CITY:** CHESTER  
**NO DISCHARGE FROM SITE:** ( )

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
pH Parameter Code: 00400 Stage Code: PI	Sample Measurement	*****	*****		6.6	*****	7.3	S.U.	0	Daily when Discharging	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/month	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: PI	Sample Measurement	*****	*****		*****	20	20	mg/L	0	1/month	8-Hr Composite
	Permit Requirement	*****	*****		*****	30 Average Monthly	45 Weekly Average			1/month	8-Hr Composite
Total Nitrogen Parameter Code: 00600 Stage Code: PI	Sample Measurement	*****	*****		30.4	30.4	30.4	mg/L	0	1/month	Calculation
	Permit Requirement	*****	*****		Report Average Monthly	Report Weekly Average	Report Instantaneous Maximum			1/month	Calculation
Flow (mgd) Parameter Code: 50050 Stage Code: PI	Sample Measurement	0.01973	0.0261	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	0.045150 Average Monthly	Report Daily Maximum		*****	*****	*****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: PI	Sample Measurement	*****	*****		*****	1	*****	CFU/100 mL	0	1/month	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	*****			1/month	Grab
CBOD5 Parameter Code: 80082 Stage Code: PI	Sample Measurement	*****	*****		*****	8	8	mg/L	0	1/month	8-Hr Composite
	Permit Requirement	*****	*****		*****	25 Average Monthly	40 Weekly Average			1/month	8-Hr Composite
<b>Name/Title of Principal Executive Officer Or Authorized Agent</b>	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						<b>Signature of Principal Executive Officer Or Authorized Agent</b>	<b>Telephone No</b>	<b>Date</b>		

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

**PARAMETER SPECIFIC COMMENTS:**





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

**SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>**

**Permittee Name:** DELCORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1505419	15	4	01	TO	15	4	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
CBOD5	SM 5210 B	DELCORA - Central Laboratory	23-0061
TSS	SM 2540 D	DELCORA - Central Laboratory	23-0061
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-0061
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293
TKN	S4500NH3C-97	ALS Environmental	22-293
Total Nitrogen	Calculation	ALS Environmental	22-293
pH	Meter	DELCORA - Operations Meter	23-00671

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

**Name/Title Principal Executive Officer** Michael J. DiSantis, Operations & Maintenance Manager

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

**Date:** 5/19/15

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

<sup>1</sup> 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.

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



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

June 22, 2015

**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 May 2015**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract Wastewater Treatment Facility Monthly Reports for May 2015.

A total of 648,900 gallons of influent entered the facility for an average of 20,932 gallons per day.

Spraying commenced through the reporting period and a total of 1,957,600 gallons was sprayed to all three spray fields.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
J. DiMatteo, Hard copy via interoffice mail  
D. Harrower, Penco Management via email [dharrower@penco.com](mailto:dharrower@penco.com))  
File

ADMINISTRATION

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

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PURCHASING & STORES

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PLANT & MAINTENANCE

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

**Foley, Sue**

---

**From:** depgreenporthehelpdesk@state.pa.us  
**Sent:** Monday, June 22, 2015 1:45 PM  
**To:** DiSantis, Michael  
**Subject:** Original eDMR Submission 99863 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 99863 has been received. The details of your original submission and report sender are as follows:

Login Name: MDis0001  
First Name: Michael  
Last Name: DiSantis  
Submission ID: 99863  
Permit Number: 1505419  
Facility Name: SHEEDER TRACT SUBDIVISION STP  
Submission Status: received  
Report Type: Summary DMR

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

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

**Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)**

**FACILITY:** SHEEDER TRACT SUBDIVISION STP      **PERMIT NUMBER:** 1505419      **REGION:** EP SE Rgnl Off  
**PERMITTEE:** POCOPSON TWP CHESTER CNTY      **OUTFALL:** 001      **COUNTY:** Chester  
**ADDRESS:** PO BOX 999 CHESTER, PA 19016      **MONITORING PERIOD:** From: 2015-05-01 To: 2015-05-31      **CITY:** CHESTER  
**NO DISCHARGE FROM SITE:** ( )

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
pH Parameter Code: 00400 Stage Code: PI	Sample Measurement	****	****		6.4	****	7.4	S.U.	0	Daily when Discharging	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum				
Total Suspended Solids Parameter Code: 00530 Stage Code: PI	Sample Measurement	****	****		****	3	3	mg/L	0	1/month	8-Hr Composite
	Permit Requirement	*****	*****		****	30 Average Monthly	45 Weekly Average				
Total Nitrogen Parameter Code: 00600 Stage Code: PI	Sample Measurement	****	****		30.3	30.3	30.3	mg/L	0	1/month	Calculation
	Permit Requirement	*****	*****		Report Average Monthly	Report Weekly Average	Report Instantaneous Maximum				
Flow (mgd) Parameter Code: 50050 Stage Code: PI	Sample Measurement	0.020932	0.0279	MGD	****	****	****		0	Continuous	Metered
	Permit Requirement	0.045150 Average Monthly	Report Daily Maximum		****	****	****				
Fecal Coliform Parameter Code: 74055 Stage Code: PI	Sample Measurement	****	****		****	1	****	CFU/100 mL	0	1/month	Grab
	Permit Requirement	*****	*****		****	200 Geometric Mean	****				
CBOD5 Parameter Code: 80082 Stage Code: PI	Sample Measurement	****	****		****	2	2	mg/L	0	1/month	8-Hr Composite
	Permit Requirement	*****	*****		****	25 Average Monthly	40 Weekly Average				

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

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

**PARAMETER SPECIFIC COMMENTS:**





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

**SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>**

Permittee Name: DELCORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1505419	15	5	01	TO	15	5	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
CBOD5	SM 5210 B	DELCORA - Central Laboratory	23-0061
TSS	SM 2540 D	DELCORA - Central Laboratory	23-0061
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-0061
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293
TKN	S4500NH3C-97	ALS Environmental	22-293
Total Nitrogen	Calculation	ALS Environmental	22-293
pH	Meter	DELCORA - Operations Meter	23-00671

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

Name/Title Principal Executive Officer      Phone: 610-876-5523 ext 264      Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Operations & Maintenance Manager      Date: 6/22/15

<sup>1</sup> 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.

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



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

July 20, 2015

**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 2015**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract Wastewater Treatment Facility Monthly Reports for June 2015.

A total of 601,400 gallons of influent entered the facility for an average of 20,047 gallons per day.

Spraying continued through the reporting period and a total of 2,028,200 gallons was sprayed to all three spray fields.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
S. Gober, Hard copy via interoffice mail  
D. Harrower, Penco Management via email [dharrower@penco.com](mailto:dharrower@penco.com))  
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

**Foley, Sue**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, July 27, 2015 11:53 AM  
**To:** DiSantis, Michael  
**Subject:** Original eDMR Submission 102554 Received Confirmation

*eDMR System Message:*

This email is sent as confirmation that Submission 102554 has been recieved. The details of your original submission and report sender are as follows:

Login Name: MDis0001  
First Name: Michael  
Last Name: DiSantis  
Submission ID: 102554  
Permit Number: 1505419  
Facility Name: SHEEDER TRACT SUBDIVISION STP  
Submission Status: received  
Report Type: Summary DMR

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

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

**Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)**

**FACILITY:** SHEEDER TRACT SUBDIVISION STP      **PERMIT NUMBER:** 1505419      **REGION:** EP SE Rgnl Off  
**PERMITTEE:** POCOPSON TWP CHESTER CNTY      **OUTFALL:** 001      **COUNTY:** Chester  
**ADDRESS:** PO BOX 999 CHESTER, PA 19016      **MONITORING PERIOD:** From: 2015-06-01 To: 2015-06-30      **NO DISCHARGE FROM SITE:** ( )

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
pH Parameter Code: 00400 Stage Code: PI	Sample Measurement	****	****		6.7	****	7.5	S.U.	0	Daily when Discharging	Grab
	Permit Requirement	****	****		6.0 Minimum	****	9.0 Maximum			1/month	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: PI	Sample Measurement	****	****		****	1	1	mg/L	0	1/month	8-Hr Composite
	Permit Requirement	****	****		****	30 Average Monthly	60 Instantaneous Maximum			1/month	8-Hr Composite
Total Nitrogen Parameter Code: 00600 Stage Code: PI	Sample Measurement	****	****		****	28.5	28.5	mg/L	0	1/month	Calculation
	Permit Requirement	****	****		****	Report Average Monthly	Report Instantaneous Maximum			1/month	Calculation
Flow (mgd) Parameter Code: 50050 Stage Code: PI	Sample Measurement	0.020047	0.0299	MGD	****	****	****		0	Continuous	Metered
	Permit Requirement	0.045150 Average Monthly	Report Daily Maximum		****	****	****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: PI	Sample Measurement	****	****		****	2	****	CFU/100 mL	0	1/month	Grab
	Permit Requirement	****	****		****	200 Geometric Mean	****			1/month	Grab
CBOD5 Parameter Code: 80082 Stage Code: PI	Sample Measurement	****	****		****	2	2	mg/L	0	1/month	8-Hr Composite
	Permit Requirement	****	****		****	25 Average Monthly	50 Instantaneous Maximum			1/month	8-Hr Composite
<b>Name/Title of Principal Executive Officer Or Authorized Agent</b>	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						<b>Signature of Principal Executive Officer Or Authorized Agent</b>	<b>Telephone No</b>	<b>Date</b>		

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

**PARAMETER SPECIFIC COMMENTS:**

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POCOPSON SHEEDER TRACT WWTP  
 PERMIT # 1505419

JUNE, 2015

DATE	Influent Flow (gpd)	Influent pH	Influent BOD5	Influent 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	21,400	7.3														
2	19,300															
3	21,100	7.2														
4	21,200															
5	19,500	7.1														
6	22,800															
7	19,100	7.3			0.6				0							
8	26,200															
9	16,800	7.1														
10	23,500															
11	20,300	6.7					101,000			7.2	3.7	0.70				
12	17,900	6.8				105,100	120,600	54,000		6.9	4.1	0.64				
13	20,500	7.0														
14	17,500				0.2				380,700							
15	19,400	6.9														
16	20,100					119,900	95,500	59,900		6.7	2.2	0.92				
17	20,000	6.8	224.0	155.0	1.0	122,100	101,100	65,000		6.9	3.9	0.71	2	1	2	28.5
18	21,900				0.2											
19	17,000	7.0				8,900	26,600	13,900		7.3	3.0	0.52				
20	17,900								612,900							
21	17,900				0.6											
22	29,900	6.5				134,700	110,300	70,600		7.1	2.9	0.96				
23	15,200	6.7			0.6	117,500	111,900	58,300		6.8	4.8	1.08				
24	18,000															
25	13,100	7.6			0.1											
26	21,500															
27	25,100	7.0			2.1				1,034,600							
28	20,900															
29	19,200	6.9				184,900	149,900	96,500		7.0	3.5	1.37				
30	17,200	7.6				71,300	73,000	37,500		7.5	7.1	0.75				
Total	601,400				5.4				2,028,200							
Avg.	20,047															
Min										6.7						
Max	29,900									7.5						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>									
Address: <u>P.O. Box 999</u>									
<u>Chester, PA 19016</u>									
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day					
PA 1505419				15	6	01	TO 15	6	30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>						
CBOD5	SM 5210 B	DELCORA - Central Laboratory	23-0061						
TSS	SM 2540 D	DELCORA - Central Laboratory	23-0061						
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-0061						
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293						
TKN	S4500NH3C-97	ALS Environmental	22-293						
Total Nitrogen	Calculation	ALS Environmental	22-293						
pH	Meter	DELCORA - Operations Meter	23-00671						

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Operations & Maintenance ManagerDate: 7/20/15

<sup>1</sup> 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.

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



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

August 18, 2015

**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 July 2015**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract Wastewater Treatment Facility Monthly Reports for July 2015.

A total of 561,300 gallons of influent entered the facility for an average of 18,106 gallons per day.

Due to low lagoon levels, no spraying was done during the month.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
S. Gober, Hard copy via interoffice mail  
D. Harrower, Penco Management via email [dharrower@pencomanagement.com](mailto:dharrower@pencomanagement.com))  
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

**Foley, Sue**

---

**From:** depgreenporthehelpdesk@state.pa.us  
**Sent:** Tuesday, August 18, 2015 1:02 PM  
**To:** DiSantis, Michael  
**Subject:** Original eDMR Submission 103790 Received Confirmation

*eDMR System Message:*

This email is sent as confirmation that Submission 103790 has been recieved. The details of your original submission and report sender are as follows:

Login Name: MDiS0001  
First Name: Michael  
Last Name: DiSantis  
Submission ID: 103790  
Permit Number: 1505419  
Facility Name: SHEEDER TRACT SUBDIVISION STP  
Submission Status: received  
Report Type: Summary DMR

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

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

**Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)**

**FACILITY:** SHEEDER TRACT SUBDIVISION STP      **PERMIT NUMBER:** 1505419      **REGION:** EP SE Rgnl Off  
**PERMITTEE:** POCOPSON TWP CHESTER CNTY      **OUTFALL:** 001      **COUNTY:** Chester  
**ADDRESS:** PO BOX 999 CHESTER, PA 19016      **MONITORING PERIOD:** From: 2015-07-01 To: 2015-07-31      **NO DISCHARGE FROM SITE:** ( X )

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
pH	Sample Measurement	****	****		****	****	****	S.U.			
Parameter Code: 00400	Permit Requirement	****	****		6.0 Minimum	****	9.0 Maximum			1/month	Grab
Stage Code: PI											
Total Suspended Solids	Sample Measurement	****	****		****	****	****	mg/L			
Parameter Code: 00530	Permit Requirement	****	****		****	30 Average Monthly	60 Instantaneous Maximum			1/month	8-Hr Composite
Stage Code: PI											
Total Nitrogen	Sample Measurement	****	****		****	****	****	mg/L			
Parameter Code: 00600	Permit Requirement	****	****		****	Report Average Monthly	Report Instantaneous Maximum			1/month	Calculation
Stage Code: PI											
Flow (mgd)	Sample Measurement	****	****		****	****	****				
Parameter Code: 50050	Permit Requirement	0.045150 Average Monthly	Report Daily Maximum	MGD	****	****	****			Continuous	Metered
Stage Code: PI											
Fecal Coliform	Sample Measurement	****	****		****	****	****	CFU/100 mL			
Parameter Code: 74055	Permit Requirement	****	****		****	200 Geometric Mean	****			1/month	Grab
Stage Code: PI											
CBOD5	Sample Measurement	****	****		****	****	****	mg/L			
Parameter Code: 80082	Permit Requirement	****	****		****	25 Average Monthly	50 Instantaneous Maximum			1/month	8-Hr Composite
Stage Code: PI											
<b>Name/Title of Principal Executive Officer Or Authorized Agent</b>	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						<b>Signature of Principal Executive Officer Or Authorized Agent</b>	<b>Telephone No</b>	<b>Date</b>		

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

**GENERAL REPORT COMMENT:**

No discharge during the month due to low storage lagoon level.

**PARAMETER SPECIFIC COMMENTS:**

POCOPSON SHEEDER TRACT WWTP  
 PERMIT # 1505419

JULY, 2015

DATE	Influent Flow (gpd)	Influent pH	Influent BOD5	Influent 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	21,000	6.9	181	52	0.7											
2	13,600															
3	13,600	6.9			0.0											
4	15,300				0.1											
5	18,900	7.1														
6	16,000															
7	15,100	7.5							0							
8	17,800				0.6											
9	17,900	6.9			0.5											
10	18,600															
11	19,600	7.0														
12	16,300															
13	17,900	7.1			0.2											
14	16,700				1.2				0							
15	22,800	7.2			0.2											
16	16,100															
17	15,300	7.1														
18	26,900															
19	24,100	6.9														
20	19,000								0							
21	17,200	7.0														
22	19,300															
23	17,800	7.3														
24	17,300															
25	19,500	7.1			0.2											
26	23,700															
27	17,200	7.6							0							
28	18,100															
29	16,000	7.5			0.3											
30	17,600															
31	15,100	6.6														
Total	561,300				4.1				0							
Avg.	18,106															
Min										0.0						
Max	26,900									0.0						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>DELCORA-Sheeder Tract WWTP</u>										
<b>Address:</b> <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<hr/>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA 1505419				15	7	01	TO	15	7	31
<hr/>										
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>							
cBOD5	SM 5210 B	DELCORA - Central Laboratory	23-0061							
TSS	SM 2540 D	DELCORA - Central Laboratory	23-0061							
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-0061							
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293							
TKN	S4500NH3C-97	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
pH	Meter	DELCORA - Operations Meter	23-00671							

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

**Name/Title Principal Executive Officer**

Michael J. DiSantis, Operations & Maintenance Manager

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

**Date:** 8/18/15

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

<sup>1</sup> 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.

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



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

September 9, 2015

**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 August 2015**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract Wastewater Treatment Facility Monthly Reports for August 2015.

A total of 590,400 gallons of influent entered the facility for an average of 19,045 gallons per day.

Due to low lagoon levels, no spraying was done during the month.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
D. Harrower, Penco Management via email [dharrower@penco.com](mailto:dharrower@penco.com))  
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

**Foley, Sue**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Thursday, September 10, 2015 10:42 AM  
**To:** DiSantis, Michael  
**Subject:** Original eDMR Submission 105348 Received Confirmation

*eDMR System Message:*

This email is sent as confirmation that Submission 105348 has been recieved. The details of your original submission and report sender are as follows:

Login Name: MDiS0001  
First Name: Michael  
Last Name: DiSantis  
Submission ID: 105348  
Permit Number: 1505419  
Facility Name: SHEEDER TRACT SUBDIVISION STP  
Submission Status: received  
Report Type: Summary DMR

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

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

**Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)**

**FACILITY:** SHEEDER TRACT SUBDIVISION STP      **PERMIT NUMBER:** 1505419      **REGION:** EP SE Rgnl Off  
**PERMITTEE:** POCOPSON TWP CHESTER CNTY      **OUTFALL:** 001      **COUNTY:** Chester  
**ADDRESS:** PO BOX 999 CHESTER, PA 19016      **MONITORING PERIOD:** From: 2015-08-01 To: 2015-08-31      **NO DISCHARGE FROM SITE:** ( X )

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
pH Parameter Code: 00400 Stage Code: PI	Sample Measurement	****	****		****	****	****	S.U.			
	Permit Requirement	****	****		6.0 Minimum	****	9.0 Maximum			1/month	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: PI	Sample Measurement	****	****		****	****	****	mg/L			
	Permit Requirement	****	****		****	30 Average Monthly	60 Instantaneous Maximum			1/month	8-Hr Composite
Total Nitrogen Parameter Code: 00600 Stage Code: PI	Sample Measurement	****	****		****	****	****	mg/L			
	Permit Requirement	****	****		****	Report Average Monthly	Report Instantaneous Maximum			1/month	Calculation
Flow (mgd) Parameter Code: 50050 Stage Code: PI	Sample Measurement	****	****		****	****	****	MGD			
	Permit Requirement	0.045150 Average Monthly	Report Daily Maximum		****	****	****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: PI	Sample Measurement	****	****		****	****	****	CFU/100 mL			
	Permit Requirement	****	****		****	200 Geometric Mean	****			1/month	Grab
CBOD5 Parameter Code: 80082 Stage Code: PI	Sample Measurement	****	****		****	****	****	mg/L			
	Permit Requirement	****	****		****	25 Average Monthly	50 Instantaneous Maximum			1/month	8-Hr Composite
<b>Name/Title of Principal Executive Officer Or Authorized Agent</b>	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						<b>Signature of Principal Executive Officer Or Authorized Agent</b>	<b>Telephone No</b>	<b>Date</b>		

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

**GENERAL REPORT COMMENT:**

No spray discharge due to low storage lagoon level.

**PARAMETER SPECIFIC COMMENTS:**

POCOPSON SHEEDER TRACT WWTP  
 PERMIT # 1505419

AUGUST, 2015

DATE	Influent Flow (gpd)	Influent pH	Influent BOD5	Influent 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	18,600															
2	16,600	7.3														
3	19,700				0.1											
4	19,100	7.2														
5	17,700															
6	17,700	7.5			0.1											
7	16,300				0.1				0							
8	15,900	7.1														
9	21,000															
10	18,800	7.3			0.6											
11	22,900															
12	19,100	7.4														
13	21,000															
14	15,600	7.2							0							
15	17,600															
16	20,600	7.3														
17	20,100															
18	19,900	7.4														
19	18,100															
20	15,700	7.6			0.5				0							
21	22,200															
22	11,600	7.3														
23	25,400															
24	19,000	7.5														
25	17,500															
26	19,800	7.4														
27	20,600								0							
28	16,500	7.1														
29	21,700															
30	22,900	7.2														
31	21,200															
Total	590,400				1.3				0							
Avg.	19,045															
Min										0.0						
Max	25,400									0.0						



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

**SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>**

Permittee Name: DELCORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1505419	15	8	01	TO	15	8	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
cBOD5	SM 5210 B	DELCORA - Central Laboratory	23-0061
TSS	SM 2540 D	DELCORA - Central Laboratory	23-0061
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-0061
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293
TKN	S4500NH3C-97	ALS Environmental	22-293
Total Nitrogen	Calculation	ALS Environmental	22-293
pH	Meter	DELCORA - Operations Meter	23-00671

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

Name/Title Principal Executive Officer      Phone: 610-876-5523 ext 264      Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Operations & Maintenance Manager      Date: 9/9/15

<sup>1</sup> 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.

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



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

October 13, 2015

**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 September 2015**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract Wastewater Treatment Facility Monthly Reports for September 2015.

A total of 597,440 gallons of influent entered the facility for an average of 19,915 gallons per day. Due to low lagoon levels, no spraying was done during the month.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
D. Harrower, Penco Management via email [dharrower@pencomanagement.com](mailto:dharrower@pencomanagement.com)  
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

**Foley, Sue**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Tuesday, October 13, 2015 4:52 PM  
**To:** DiSantis, Michael  
**Subject:** Original eDMR Submission 107535 Received Confirmation

*eDMR System Message:*

This email is sent as confirmation that Submission 107535 has been recieved. The details of your original submission and report sender are as follows:

Login Name: MDiS0001  
First Name: Michael  
Last Name: DiSantis  
Submission ID: 107535  
Permit Number: 1505419  
Facility Name: SHEEDER TRACT SUBDIVISION STP  
Submission Status: received  
Report Type: Summary DMR

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

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

## Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

**FACILITY:** SHEEDER TRACT  
 SUBDIVISION STP  
**PERMITTEE:** POCOPSON TWP  
 CHESTER CNTY  
**PERMIT NUMBER:** 1505419  
**REGION:** EP SE Rgnl Off  
**OUTFALL:** 001  
**COUNTY:** Chester  
**CITY:** CHESTER  
**ADDRESS:** PO BOX 999  
 CHESTER, PA 19016  
**MONITORING PERIOD:** From: 2015-09-01  
 To: 2015-09-30  
**NO DISCHARGE FROM SITE:** (X)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
pH	Sample Measurement	*****	*****		*****	*****	*****	S.U.			
Parameter Code: 00400	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/month	Grab
Total Suspended Solids	Sample Measurement	*****	*****		*****	*****	*****	mg/L			
Parameter Code: 00530	Permit Requirement	*****	*****		*****	30 Average Monthly	60 Instantaneous Maximum			1/month	8-Hr Composite
Total Nitrogen	Sample Measurement	*****	*****		*****	*****	*****	mg/L			
Parameter Code: 00600	Permit Requirement	*****	*****		*****	Report Average Monthly	Report Instantaneous Maximum			1/month	Calculation
Flow (mgd)	Sample Measurement	*****	*****		*****	*****	*****				
Parameter Code: 50050	Permit Requirement	0.045150 Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Metered
Fecal Coliform	Sample Measurement	*****	*****		*****	*****	*****	CFU/100 mL			
Parameter Code: 74055	Permit Requirement	*****	*****		*****	200 Geometric Mean	*****			1/month	Grab
CBOD5	Sample Measurement	*****	*****		*****	*****	*****	mg/L			
Parameter Code: 80082	Permit Requirement	*****	*****		*****	25 Average Monthly	50 Instantaneous Maximum			1/month	8-Hr Composite
<b>Name/Title of Principal Executive Officer Or Authorized Agent</b>	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						<b>Signature of Principal Executive Officer Or Authorized Agent</b>		<b>Telephone No</b>	<b>Date</b>	

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

**GENERAL REPORT COMMENT:**

There was no spray discharge due to low lagoon levels.

**PARAMETER SPECIFIC COMMENTS:**

POCOPSON SHEEDER TRACT WWTP  
 PERMIT # 1505419

September, 2015

DATE	Influent Flow (gpd)	Influent pH	Influent BOD5	Influent 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	18,000	7.3														
2	19,100															
3	14,900	7.5			0.9											
4	18,900															
5	17,040	7.5														
6	14,900															
7	18,500	7.2							0							
8	30,700															
9	18,600	7.4			0.2											
10	17,000				0.7											
11	19,300	7.0			0.0											
12	15,800				0.3											
13	17,800	7.1														
14	27,200								0							
15	20,500	7.3														
16	19,200															
17	18,600	7.4														
18	17,700															
19	23,300	6.8														
20	22,400								0							
21	21,100	7.1														
22	15,300															
23	19,800	7.0														
24	20,400		174	73												
25	23,000	7.1														
26	23,000															
27	23,900	7.3							0							
28	22,600															
29	22,700	7.2			1.6											
30	16,200				0.0											
Total	597,440				3.7				0							
Avg.	19,915															
Min										0.0						
Max	30,700									0.0						



## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

**Permittee Name:** DELCORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1505419	15	9	01	TO	15	9	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
cBOD5	SM 5210 B	DELCORA - Central Laboratory	23-0061
TSS	SM 2540 D	DELCORA - Central Laboratory	23-0061
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-0061
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293
TKN	S4500NH3C-97	ALS Environmental	22-293
Total Nitrogen	Calculation	ALS Environmental	22-293
pH	Meter	DELCORA - Operations Meter	23-00671

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

<b>Name/Title Principal Executive Officer</b>	Phone: <u>610-876-5523 ext 264</u>	<b>Signature of Principal Executive Officer or Authorized Agent</b>
<u>Michael J. DiSantis, Operations &amp; Maintenance Manager</u>	Date: <u>10/5/15</u>	_____

<sup>1</sup> 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.

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



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

December 1, 2015

**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: Revised Discharge Monitoring Report with Attachments for the Pocopson Sheeder Tract WWTP Permit #1505419 for October 2015**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract Wastewater Treatment Facility Monthly Reports for October 2015. The report was revised to include the total nitrogen analysis which was run out of hold time.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:vm  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
D. Harrower, Penco Management via email ([dharrower@penco.com](mailto:dharrower@penco.com))  
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



**GENERAL REPORT COMMENT:**

Total nitrogen was run out of hold time

**PARAMETER SPECIFIC COMMENTS:**

1019176	Total Nitrogen	Concentration Avg: Concentration Avg:	Lab failed to analyze parameter sample was run out of hold time
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POCOPSON SHEEDER TRACT WWTP  
 PERMIT # 1505419

October, 2015

DATE	Influent Flow (gpd)	Influent pH	Influent BOD5	Influent 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	25,800	7.3			0.6	47,900	53,400	46,200		6.8	8.0					
2	38,400				1.3											
3	10,000	6.9			0.0											
4	27,100															
5	21,200	7.3				48,500	53,100	47,400		6.8	5.2	0.29				
6	23,000					58,100	42,600	9,900		7.0	5.5	0.27				
7	21,300	7.1							407,100							
8	13,300				0.4											
9	22,800	7.4														
10	24,400	7.4														
11	22,800															
12	26,300	7.2														
13	20,000					49,100	53,200	48,300		6.2	8.0	0.31				
14	21,600	6.6	150.0	121.0		49,000	47,800	9,900	257,300				2	7	1	
15	20,700															
16	20,000	7.0														
17	22,000															
18	22,000															
19	21,700	7.2				50,000	53,300	48,600		6.9	5.1	0.33				
20	20,500					61,200	45,700	9,000		7.1	6.6	0.55				
21	21,600	7.2							267,800							
22	20,500															
23	19,500	7.6														
24	18,100	7.6	174	73	0.0											
25	27,200															
26	29,200	6.8				47,500	53,200	48,100		7.2	4.0					
27	20,500				0.1		35,200	5,900		7.0	5.1					
28	30,500	7.2			2.0				189,900							
29	21,300															
30	20,500	7.4														
31	22,900								0							
Total	696,700				4.4				1,122,100							
Avg.	22,474												2	7	1	#DIV/0!
Min										6.2						
Max	38,400									7.2						



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

November 13, 2015

**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 October 2015**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract Wastewater Treatment Facility Monthly Reports for October 2015. We regret to report that the monitor only testing for Total Nitrogen was not done during the month. We have taken steps to ensure this doesn't happen again. All other parameters were in compliance.

A total of 696,700 gallons of influent entered the facility for an average of 22,474 gallons per day. A total of 1,122,100 gallons was discharged to the spray fields during the month.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:vm  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
D. Harrower, Penco Management via email [dharrower@pencomanagement.com](mailto:dharrower@pencomanagement.com))  
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

## Middleton, Vale

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, November 16, 2015 3:57 PM  
**To:** DiSantis, Michael  
**Subject:** Original eDMR Submission 109894 Received Confirmation

### eDMR System Message:

This email is sent as confirmation that Submission 109894 has been received. The details of your original submission and report sender are as follows:

Login Name: MDiS0001  
First Name: Michael  
Last Name: DiSantis  
Submission ID: 109894  
Permit Number: 1505419  
Facility Name: SHEEDER TRACT SUBDIVISION STP  
Submission Status: received  
Report Type: Summary DMR

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

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



**GENERAL REPORT COMMENT:**

Lab failed to run analysis for total nitrogen.

**PARAMETER SPECIFIC COMMENTS:**

1019176	Total Nitrogen	Concentration Avg:	Lab failed to analyze parameter
---------	----------------	--------------------	---------------------------------

POCOPSON SHEEDER TRACT WWTP  
 PERMIT # 1505419

October, 2015

DATE	Influent Flow (gpd)	Influent pH	Influent BOD5	Influent 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	25,800	7.3			0.6	47,900	53,400	46,200		6.8	8.0					
2	38,400				1.3											
3	10,000	6.9			0.0											
4	27,100															
5	21,200	7.3				48,500	53,100	47,400		6.8	5.2	0.29				
6	23,000					58,100	42,600	9,900		7.0	5.5	0.27				
7	21,300	7.1							407,100							
8	13,300				0.4											
9	22,800	7.4														
10	24,400	7.4														
11	22,800															
12	26,300	7.2														
13	20,000					49,100	53,200	48,300		6.2	8.0	0.31				
14	21,600	6.6	150.0	121.0		49,000	47,800	9,900	257,300				2	7	1	
15	20,700															
16	20,000	7.0														
17	22,000															
18	22,000															
19	21,700	7.2				50,000	53,300	48,600		6.9	5.1	0.33				
20	20,500					61,200	45,700	9,000		7.1	6.6	0.55				
21	21,600	7.2							267,800							
22	20,500															
23	19,500	7.6														
24	18,100	7.6	174	73	0.0											
25	27,200															
26	29,200	6.8				47,500	53,200	48,100		7.2	4.0					
27	20,500				0.1		35,200	5,900		7.0	5.1					
28	30,500	7.2			2.0				189,900							
29	21,300															
30	20,500	7.4														
31	22,900								0							
Total	696,700				4.4				1,122,100							
Avg.	22,474												2	7	1	#DIV/0!
Min										6.2						
Max	38,400									7.2						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>DELCORA-Sheeder Tract WWTP</u>										
<b>Address:</b> <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<hr/>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
<b>PA 1505419</b>				15	10	01	<b>TO</b>	15	10	31
<hr/>										
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>							
cBOD5	SM 5210 B	DELCORA - Central Laboratory	23-0061							
TSS	SM 2540 D	DELCORA - Central Laboratory	23-0061							
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-0061							
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293							
TKN	S4500NH3C-97	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
pH	Meter	DELCORA - Operations Meter	23-00671							

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

**Name/Title Principal Executive Officer**

Michael J. DiSantis, Operations & Maintenance Manager

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

**Date:** 11/5/15

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

\_\_\_\_\_

<sup>1</sup> 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.

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

**NON-COMPLIANCE REPORTING FORM**

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

Facility Name: Sheeder Tract Subdivision STP Month: October Year: 2015  
 Municipality: Pocopson Township County: Chester Permit No.: 1505419

**Violations of Permit Effluent Limitations\***

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken

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

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

**Other Permit Violations\***

- Sample collection less frequent than required Explain \_\_\_\_\_
- Sample type not in compliance with permit Explain \_\_\_\_\_
- Violation of permit schedule Explain \_\_\_\_\_
- Other Explain Failure to monitor for effluent total nitrogen
- Other Explain \_\_\_\_\_

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

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

Prepared By: Michael J. DiSantis  
 Title: Director of Operations and Maintenance

Signature: \_\_\_\_\_  
 Date: 11/16/2015



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

December 3, 2015

**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 November 2015**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract Wastewater Treatment Facility Monthly Reports for November 2015. All parameters were in compliance.

A total of 636,100 gallons of influent entered the facility for an average of 22,474 gallons per day. A total of 845,500 gallons was discharged to the spray fields during the month.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:vm  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
D. Harrower, Penco Management via email [dharrower@penco.com](mailto:dharrower@penco.com)  
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

## Middleton, Vale

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, December 07, 2015 4:57 PM  
**To:** DiSantis, Michael  
**Subject:** Original eDMR Submission 111858 Received Confirmation

### eDMR System Message:

This email is sent as confirmation that Submission 111858 has been received. The details of your original submission and report sender are as follows:

Login Name: MDiS0001  
First Name: Michael  
Last Name: DiSantis  
Submission ID: 111858  
Permit Number: 1505419  
Facility Name: SHEEDER TRACT SUBDIVISION STP  
Submission Status: received  
Report Type: Summary DMR

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

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

**Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)**

<b>FACILITY:</b>	SHEEDER TRACT SUBDIVISION STP	<b>PERMIT NUMBER:</b>	<b>1505419</b>	<b>REGION:</b>	EP SE Rgnl Off
<b>PERMITTEE:</b>	POCOPSON TWP CHESTER CNTY	<b>OUTFALL:</b>	001	<b>COUNTY:</b>	Chester
<b>ADDRESS:</b>	PO BOX 999 CHESTER, PA 19016	<b>MONITORING PERIOD:</b>	From: 2015-11-01 To: 2015-11-30	<b>NO DISCHARGE FROM SITE:</b>	( )

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
pH Parameter Code: 00400 Stage Code: PI	Sample Measurement	****	****		6.6	****	7.5	S.U.	0	1/month	Grab
	Permit Requirement	****	****		6.0 Minimum	****	9.0 Maximum			1/month	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: PI	Sample Measurement	****	****		****	5	5	mg/L	0	1/month	8-Hr Composite
	Permit Requirement	****	****		****	30 Average Monthly	60 Instantaneous Maximum			1/month	8-Hr Composite
Total Nitrogen Parameter Code: 00600 Stage Code: PI	Sample Measurement	****	****		****	15.4	15.4	mg/L	0	1/month	Calculation
	Permit Requirement	****	****		****	Report Average Monthly	Report Instantaneous Maximum			1/month	Calculation
Flow (mgd) Parameter Code: 50050 Stage Code: PI	Sample Measurement	0.021203	0.0335	MGD	****	****	****		0	Continuous	Metered
	Permit Requirement	0.045150 Average Monthly	Report Daily Maximum		****	****	****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: PI	Sample Measurement	****	****		****	1	****	CFU/100 mL	0	1/month	Grab
	Permit Requirement	****	****		****	200 Geometric Mean	****			1/month	Grab
CBOD5 Parameter Code: 80082 Stage Code: PI	Sample Measurement	****	****		****	2	2	mg/L	0	1/month	8-Hr Composite
	Permit Requirement	****	****		****	25 Average Monthly	50 Instantaneous Maximum			1/month	8-Hr Composite
<b>Name/Title of Principal Executive Officer Or Authorized Agent</b>	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						<b>Signature of Principal Executive Officer Or Authorized Agent</b>	<b>Telephone No</b>	<b>Date</b>		

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

**PARAMETER SPECIFIC COMMENTS:**

POCOPSON SHEEDER TRACT WWTP  
 PERMIT # 1505419

November, 2015

DATE	Influent Flow (gpd)	Influent pH	Inf BODs	Influent 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	19,000	7.0														
2	16,300					6,600	12,700	8,600		6.6	3.7					
3	27,800	6.5				95,000	49,400	44,100		6.8	5.3	1.90				
4	19,100															
5	10,800	7.2														
6	25,000															
7	20,400	6.8							216,400							
8	33,500															
9	12,300	7.3			0.3											
10	22,000				0.3											
11	24,100	7.3			13.0	97,100	58,500	48,500		7.3	5.9	0.96				
12	19,700															
13	22,800	7.5														
14	18,100								204,100							
15	21,800	7.3														
16	19,600															
17	17,400	7.5				78,300	24,300	48,300		7.5	6.2	0.82				
18	21,100		203	140	0.1	23,400	33,700	4,100		7.2	6.0	1.56	2	5	1	15.4
19	21,300	7.0			0.9	23,400		4,200								
20	17,300															
21	28,300	7.5							239,700							
22	24,600															
23	11,000	7.1														
24	25,800															
25	23,200	7.5				81,100	57,600	46,600		7.3	7.2	1.06				
26	23,600															
27	20,500	7.0														
28	19,400				0.1				185,300							
29	24,700	7.1														
30	25,600				0.5											
Total	636,100				15.0				845,500							
Avg.	21,203												2	5	1	15.4
Min										6.6						
Max	33,500									7.5						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

**Permittee Name:** DELCTORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1505419	15	11	01	TO	15	11	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
cBOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
Fecal Coliform	S9222D-97	ALS Environmental	22-293
Nitrate + Nitrite	EPA 353.2	ALS Environmental	22-293
TKN	S4500NH3G-11	ALS Environmental	22-293
Total Nitrogen	Calculation	ALS Environmental	22-293
pH	Meter	DELCTORA - 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**      **Phone:** 610-876-5523 ext 264      **Signature of Principal Executive Officer or Authorized Agent**

Michael J. DiSantis, Operations & Maintenance Manager      **Date:** 12/3/15      \_\_\_\_\_

<sup>1</sup> 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.

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



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

January 13, 2016

**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 2015**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract Wastewater Treatment Facility Monthly Reports for December 2015. All parameters were in compliance.

A total of 667,680 gallons of influent entered the facility for an average of 21,538 gallons per day. A total of 265,500 gallons was discharged to the spray fields during the month.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

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

ADMINISTRATION

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

CUSTOMER SERVICE/BILLING

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PURCHASING & STORES

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

PLANT & MAINTENANCE

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

**Foley, Sue**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Wednesday, January 13, 2016 2:10 PM  
**To:** DiSantis, Michael  
**Subject:** Original Monitoring Report Submission 6860 Received Confirmation

**Submitted By :** Michael DiSantis  
**Submission Id :** 6860  
**Submission Status :** Received  
**Facility Name :** SHEEDER TRACT SUBDIVISION STP  
**Permit Number :** 1505419  
**Report Type :** Monthly  
**Monitoring Report Period :** 12/01/2015-12/31/2015  
**Monitoring Report Due Date :** 01/28/2016

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DISCHARGE MONITORING REPORT (DMR)

HEADER INFORMATION					
Facility ID:	670845	Facility Name:	SHEEDER TRACT SUBDIVISION STP	Location Address:	POCOPSON RD, POCOPSON PA, 19366
Permit Number:	1505419	Monitoring Period:	12/01/2015-12/31/2015	Mailing Address:	PO BOX 999, CHESTER PA, 19016

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Prior to Irrigation		No Discharge Indicator	N
Parameter:	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
pH	Sample Measurement	***	***	***	6.4	***	6.6	S,U	Grab	When Discharging
	Permit Measurement	***	***		6.0 Min	***	9.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	5	5	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***		***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	19.2	19.2	mg/L	Calculation	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	.021538	.031	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***		***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	2	2	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***		***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
Facility Comments										

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

<b>ATTACHMENT DETAILS</b>			
<b>File Name</b>	<b>Attachment Type</b>	<b>Uploaded Time</b>	<b>Attachment Comment</b>
Pocopson Riverside DEP cov. lett. December 15.doc	Cover Letter	2016-01-13T14:08:54-05:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	DAE1EFD43CA9163303B0170BA5724A33E98905CEB0403F1CFA9EF8C49689FFE005F83D8F31F7A2B53086528812FC7F369B16A6120E33879FD8F883E4442E5B15		
Pocopson Riverside Lab Accred December 15.doc	Laboratory Accreditation Form	2016-01-13T14:09:19-05:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	333735CE1423F7E30E3618546368F8EF6582D609E37E540BEC1F75F2FCA5165D08FAC72B5B9748B3DC1A235F556792F10BDBF975E45C421CA001D4765108949		
Pocopson Riverside supp. s. December 15.xls	Daily Effluent Monitoring Form	2016-01-13T14:09:39-05:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	B176572F5B46C567D74BA107CC222269ECE5553247D904280201926E411210BFF9116136EDB1620033B712985AA8D2970673177C9555A875EEEF3F0E3F6FE3F7		

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

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

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

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

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6108765523

SUBMISSION INFORMATION			
<p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p>			
Submitted By GreenPort User	DISANTISM	Submitted By Full Name	Michael DiSantis
Email Address	disantism@delcora.org	Document Generated	1/13/2016

POCOPSON SHEEDER TRACT WWTP  
 PERMIT # 1505419

December, 2015

DATE	Influent Flow (gpd)	Influent pH	Inf BOD5	Influent 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	18,600	6.9			0.4											
2	23,700				0.6											
3	26,600	6.9			0.2	50,700	47,000	25,400				2.10				
4	18,600															
5	23,600	7.3														
6	23,000															
7	19,300	7.0							123,100							
8	31,000															
9	12,100	6.8				53,900	4,500					0.93				
10	19,100		280	532	0.0		35,900	9,000				0.90	2	5	1	19.2
11	19,500	7.1					4,300	16,000		6.6	6.9	0.84				
12	23,800															
13	20,000	6.8														
14	22,500				0.3	5,500	4,300	9,000	142,400	6.4	6.9					
15	21,000	7.1														
16	20,000															
17	27,100	6.9			1.0											
18	20,700															
19	19,200	7.2														
20	25,100				0.1											
21	20,000	7.6			0.0											
22	18,900				1.3											
23	29,000	6.6			0.0											
24	21,800				0.3											
25	18,880	6.5			0.3											
26	23,500				0.1											
27	16,500	6.7			0.8											
28	21,100				0.0											
29	28,300	7.2			0.2											
30	10,600															
31	24,600	7.1														
Total	667,680				5.5				265,500							
Avg.	21,538												2	5	1	19.2
Min										6.4						
Max	31,000									6.6						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>DELCORA-Sheeder Tract WWTP</u>										
<b>Address:</b> <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA 1505419				15	12	01	TO	15	12	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Nitrate + Nitrite	EPA 353.2	ALS Environmental	22-293							
TKN	S4500NH3G-11	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
pH	Meter	DELCORA - Operations Meter	23-00671							

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

**Name/Title Principal Executive Officer**

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

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

Michael J. DiSantis, Operations &  
Maintenance Manager

**Date:** 1/4/16

<sup>1</sup> 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.

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



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

February 22, 2016

**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 January 2016**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract Wastewater Treatment Facility Monthly Reports for January 2016. All parameters were in compliance.

A total of 644,200 gallons of influent entered the facility for an average of 20,781 gallons per day. Please note that due to the significant snow event during the month, the influent flow for 1/22 through 1/24 was averaged based on the influent meter totalizer readings before and after the event. A total of 159,400 gallons was discharged to the spray fields during the month.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:vm  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
D. Harrower, Penco Management via email [dharrower@pencomanagement.com](mailto:dharrower@pencomanagement.com)  
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

## Middleton, Vale

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, February 22, 2016 4:49 PM  
**To:** DiSantis, Michael  
**Subject:** Original Monitoring Report Submission 11267 Received Confirmation

**Submitted By :** Michael DiSantis  
**Submission Id :** 11267  
**Submission Status :** Received  
**Facility Name :** SHEEDER TRACT SUBDIVISION STP  
**Permit Number :** 1505419  
**Report Type :** Monthly  
**Monitoring Report Period :** 01/01/2016-01/31/2016  
**Monitoring Report Due Date :** 02/28/2016

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

HEADER INFORMATION											
Facility ID:	670845	Facility Name:	SHEEDER TRACT SUBDIVISION STP				Location Address:	POCOPSON RD, POCOPSON PA, 19366			
Permit Number:	1505419	Monitoring Period:	01/01/2016-01/31/2016				Mailing Address:	PO BOX 999, CHESTER PA, 19016			
PARAMETERS REPORTED VALUES											
Sampling Point	Limit Type	001	001	Stage Code	Conc 1	Conc 2	Conc 3	Prior to Irrigation	No Discharge Indicator	N	
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency	
pH	Sample Measurement	***	***	***	6.8	***	7.1	S.U.	Grab	Daily when Discharging	
	Permit Measurement	***	***	***	6.0 Min	***	9.0 Max		Grab	1/month	
Total Suspended Solids	Sample Measurement	***	***	***	***	5	5	mg/L	8-Hr Composite	1/month	
	Permit Measurement	***	***	***	***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month	
Total Nitrogen	Sample Measurement	***	***	***	***	15.3	15.3	mg/L	Calculation	1/month	
	Permit Measurement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month	
Flow	Sample Measurement	.020871	.0281	MGD	***	***	***	***	Metered	Continuous	
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous	
Fecal Coliform	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	Grab	1/month	
	Permit Measurement	***	***	***	***	200 Geo Mean	***		Grab	1/month	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	2	2	mg/L	8-Hr Composite	1/month	
	Permit Measurement	***	***	***	***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month	
Facility Comments											

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

<b>ATTACHMENT DETAILS</b>			
<b>File Name</b>	<b>Attachment Type</b>	<b>Uploaded Time</b>	<b>Attachment Comment</b>
Pocopson Riverside DEP cov. lett. January 16.doc	Cover Letter	2016-02-22T16:47:35-05:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	C5E80F28A090EBB70368164C55CEBD57C4AF7BD48F0AEFED2429B5E08D12492D55D394719DA1B1F26904ACE5EA0BCF5D84C9700ED353FCC742BA4749EAACEBFA		
Pocopson Riverside Lab Accred January 16.doc	Laboratory Accreditation Form	2016-02-22T16:47:54-05:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	D95F02D21391BBCF5A102DCB8955576F9CFA225BED35A6D7F487B6ADE75E06840F2A2BB65B27A62CF404D67547C649F9448FBF7BB0CC16DB3E3DB5A1B11DE780		
Pocopson Riverside supp. s. January 16.xls	Daily Effluent Monitoring Form	2016-02-22T16:48:12-05:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	B9759DA1E98D7F80F813C32F4BED7C869490BF30D80D2432510D041C3CD113474E44428C84D821DDCC6A398759249596860AE0F6EFAF10DF638F7BCDBE84B280		

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

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

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

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

<b>COMMENTS DETAILS</b>			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J, DiSantis	T0403	6108765523

<b>SUBMISSION INFORMATION</b>			
<p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p>			
<b>Submitted By GreenPort User</b>	<b>DISANTISM</b>	<b>Submitted By Full Name</b>	<b>Michael DiSantis</b>
<b>Email Address</b>	<b>disantism@delcora.org</b>	<b>Document Generated</b>	<b>2/22/2016</b>

POCOPSON SHEEDER TRACT WWTP  
 PERMIT # 1505419

January, 2016

DATE	Influent Flow (gpd)	Influent pH	Inf BODs	Influent 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	21,300															
2	19,400	7.5														
3	22,000															
4	17,700	7.1														
5	21,100															
6	19,600	7.2														
7	21,000				0.0											
8	26,600	7.2			0.9											
9	15,900				0.0											
10	22,300	6.9														
11	21,600															
12	10,500	7.1														
13	28,100															
14	22,400	7.0			0.2											
15	19,300															
16	19,300	7.2														
17	19,500				0.0											
18	21,600	7.0														
19	19,600															
20	22,600	7.1				48,400	40,400	25,600		7.1	2.8	2.37				
21	23,000		226	156		24,000	16,000	5,000	159,400	6.8	10.6	2.41	2	5	1	15.3
22	21,267	6.7														
23	21,267				2.2											
24	21,266				0.1											
25	21,400				0.2											
26	23,500															
27	20,700	7.2														
28	16,900															
29	15,800	7.4														
30	25,200															
31	22,500	7.1														
Total	644,200				3.6				159,400							
Avg.	20,781												2	5	1	15.3
Min										6.8						
Max	28,100									7.1						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>DELCORA-Sheeder Tract WWTP</u>										
<b>Address:</b> <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA 1505419				16	1	01	TO	16	1	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Nitrate + Nitrite	EPA 353.2	ALS Environmental	22-293							
TKN	S4500NH3G-11	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
pH	Meter	DELCORA - Operations Meter	23-00671							

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

**Name/Title Principal Executive Officer**

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

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

Michael J. DiSantis, Operations &  
Maintenance Manager

**Date:** 2/22/16

<sup>1</sup> 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.

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



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

March 17, 2016

**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 February 2016**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for February 2016.

A total of 608,100 gallons of influent entered the facility for an average of 20,969 gallons per day. Due to weather conditions and storage lagoon level, no spraying was done during the month.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
D. Harrower, Penco Management via email [dharrower@penco.com](mailto:dharrower@penco.com))  
S. Gober  
S. Babylon

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

**Foley, Sue**

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Thursday, March 17, 2016 2:25 PM  
**To:** DiSantis, Michael  
**Subject:** Original Monitoring Report Submission 14456 Received Confirmation

**Submitted By :** Michael DiSantis  
**Submission Id :** 14456  
**Submission Status :** Received  
**Facility Name :** SHEEDER TRACT SUBDIVISION STP  
**Permit Number :** 1505419  
**Report Type :** Monthly  
**Monitoring Report Period :** 02/01/2016-02/29/2016  
**Monitoring Report Due Date :** 03/28/2016

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

HEADER INFORMATION					
Facility ID:	670845	Facility Name:	SHEEDER TRACT SUBDIVISION STP	Location Address:	POCOPSON RD, POCOPSON PA, 19366
Permit Number:	1505419	Monitoring Period:	02/01/2016-02/29/2016	Mailing Address:	PO BOX 999, CHESTER PA, 19016

PARAMETERS REPORTED VALUES											
Sampling Point		001		Stage Code			Prior to Irrigation			No Discharge Indicator	Y
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency	
pH	Sample Measurement	***	***	***	***	***	***	S.U.			
	Permit Measurement	***	***		6.0 Min	***	9.0 Max		Grab	1/month	
Total Suspended Solids	Sample Measurement	***	***	***	***	***	***	mg/L			
	Permit Measurement	***	***		***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month	
Total Nitrogen	Sample Measurement	***	***	***	***	***	***	mg/L			
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month	
Flow	Sample Measurement	***	***	MGD	***	***	***	***			
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous	
Fecal Coliform	Sample Measurement	***	***	***	***	***	***	CFU/100 ml			
	Permit Measurement	***	***		***	200 Geo Mean	***		Grab	1/month	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	***	***	mg/L			
	Permit Measurement	***	***		***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month	
Facility Comments											

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

<b>ATTACHMENT DETAILS</b>			
<b>File Name</b>	<b>Attachment Type</b>	<b>Uploaded Time</b>	<b>Attachment Comment</b>
Pocopson Riverside DEP cov. lett. February 16.doc	Cover Letter	2016-03-17T14:23:17-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	C35E4094E025505F128D7A322E66EEEB365EFD8C449EE6BAFC0B4365755C6532DF218D0CA2A13D507DCA99EEBF621F8D67C07F824701C27D0C34419B28724C9		
Pocopson Riverside supp. s. February 16.xls	Daily Effluent Monitoring Form	2016-03-17T14:23:40-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	B87045982FCF1F1041AE6087D4AA51EAD797670E5B702D1750FBB84F16DBC83F45FA381AAA7159C1D33E7A4DD805C65E0D761DD0F954AF5A6CA2982B298802F8		

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

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

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

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

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
Due to weather conditions and low storage lagoon levels, there was no spray discharge during the month.	Michael J. DiSantis	T0403	6108765523

SUBMISSION INFORMATION			
<p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p>			
Submitted By GreenPort User	DISANTISM	Submitted By Full Name	Michael DiSantis
Email Address	disantism@delcora.org	Document Generated	3/17/2016

POCOPSON SHEEDER TRACT WWTP  
 PERMIT # 1505419

February, 2016

DATE	Influent Flow (gpd)	Influent pH	Inf BODs	Influent 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	19,900				0.1											
2	17,700	8.0			0.0											
3	28,500				0.7											
4	26,700	7.4														
5	28,800															
6	6,800	7.7														
7	23,000															
8	16,800	7.1			0.0											
9	21,200				0.2											
10	21,400	7.3														
11	20,200	7.0														
12	18,500															
13	27,100	6.9														
14	16,800															
15	22,900	7.2			0.3											
16	21,900				0.8											
17	21,200	7.3														
18	25,100															
19	16,200	7.5														
20	18,100															
21	21,600	7.1							0							
22	16,400				0.1											
23	22,000	7.2			0.5											
24	26,000				1.8											
25	21,000	7.1														
26	19,200															
27	20,400	7.1														
28	21,900															
29	20,800	6.9			0.0											
Total	608,100				4.5				0							
Avg.	20,969												#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Min										0.0						
Max	28,800									0.0						



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

April 19, 2016

**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 March 2016**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for March 2016. There were no violations during the month.

A total of 620,900 gallons of influent entered the facility for an average of 20,029 gallons per day. Spraying was resumed during the month with 1,212,700 gallons applied during the month.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:vm  
Enclosures

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

## Middleton, Vale

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Wednesday, April 20, 2016 8:36 AM  
**To:** DiSantis, Michael  
**Subject:** Original Monitoring Report Submission 16740 Received Confirmation

**Submitted By :** Michael DiSantis  
**Submission Id :** 16740  
**Submission Status :** Received  
**Facility Name :** SHEEDER TRACT SUBDIVISION STP  
**Permit Number :** 1505419  
**Report Type :** Monthly  
**Monitoring Report Period :** 03/01/2016-03/31/2016  
**Monitoring Report Due Date :** 04/28/2016

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

HEADER INFORMATION											
Facility ID:	670845	Facility Name:	SHEEDER TRACT SUBDIVISION STP				Location Address:	POCOPSON RD, POCOPSON PA, 19366			
Permit Number:	1505419	Monitoring Period:	03/01/2016-03/31/2016				Mailing Address:	PO BOX 999, CHESTER PA, 19016			
PARAMETERS REPORTED VALUES											
Sampling Point		001		Stage Code	Prior to Irrigation			No Discharge Indicator	N		
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency	
pH	Sample Measurement	***	***	***	6.6	***	7.4	S.U.	Grab	Daily when Discharging	
	Permit Measurement	***	***	***	6.0 Min	***	9.0 Max		Grab	1/month	
Total Suspended Solids	Sample Measurement	***	***	***	***	5	5	mg/L	8-Hr Composite	1/month	
	Permit Measurement	***	***	***	***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month	
Total Nitrogen	Sample Measurement	***	**	***	***	26.8	26.8	mg/L	Calculation	1/month	
	Permit Measurement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month	
Flow	Sample Measurement	.020029	.0294	MGD	***	***	***	***	Metered	Continuous	
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous	
Fecal Coliform	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	Grab	1/month	
	Permit Measurement	***	***	***	***	200 Geo Mean	***		Grab	1/month	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	2	2	mg/L	8-Hr Composite	1/month	
	Permit Measurement	***	***	***	***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month	
Facility Comments											

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

<b>ATTACHMENT DETAILS</b>			
<b>File Name</b>	<b>Attachment Type</b>	<b>Uploaded Time</b>	<b>Attachment Comment</b>
Pocopson Riverside DEP cov. lett. March 16.doc	Cover Letter	2016-04-20T08:35:03-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	2E6DFC4202298A77E2A6472BB9FFA87816A4854BACB84686EDD408FFDA7F3CEC15D76DFEE326D9AA70FE7B3A6F1D281A83A26DC27E0F0AB59B514A1C673B03D8		
Pocopson Riverside supp. s. March 16.xls	Daily Effluent Monitoring Form	2016-04-20T08:35:45-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	C04C1DA7FC5CC4392522F09D177A38E13E7EC69101862C4A6ACCBA4A33CE72D72DA69FAB5C76044AE8B615A9DDC7C4E9831F4343F9D5A0B50B7C2E474F11F12		
Pocopson Riverside Lab Accred March 16.doc	Laboratory Accreditation Form	2016-04-20T08:35:23-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	2E32F363005DFD2D77FBA4634260055D17135397674CD783D5EE9491E9F5454787788CE76097F50D057141DBD393E5CEAE8C0906929E16CB52A119E09E60BDBC		

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

<b>PERMIT VIOLATIONS</b>													
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments		
<b>UNAUTHORISED DISCHARGES</b>													
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments	
<b>OTHER PERMIT VIOLATIONS</b>													
Non Compliance ID	Stage Code (Sampling Point)		Reported Parameter		Non Compliance Type		Comments						
<b>COMMENTS DETAILS</b>													
Comment					Operator Name				Operator Certification Number		Operator Contact Number		
					Michael J. DiSantis				T0403		6108765523		
<b>SUBMISSION INFORMATION</b>													
*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).													
<b>Submitted By GreenPort User</b>				<b>DISANTISM</b>				<b>Submitted By Full Name</b>				<b>Michael DiSantis</b>	
<b>Email Address</b>				disantism@delcora.org				<b>Document Generated</b>				4/20/2016	

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

March, 2016

DATE	Influent Flow (gpd)	Influent pH	Inf BOD5	Influent 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	23,000				0.1											
2	21,200	7.2														
3	20,500				0.0											
4	22,800	7.3														
5	23,700															
6	21,100	7.4														
7	16,400								0							
8	29,100	7.3				118,000	85,200	51,400		7.3	2.2	0.54				
9	22,100					32,700	17,200	23,000		7.0	2.0	0.79				
10	18,400	7.1														
11	16,600					2,700	31,900	73,000		6.9	7.2	1.96				
12	25,200	7.3														
13	25,600				1.2											
14	27,100	7.4			0.0				435,100							
15	13,900															
16	19,800	7.4				110,200	88,300	50,300		7.0	7.3	0.56				
17	17,300		170	142	0.0	37,600	42,700	25,900		7.1	4.8	1.40	2	5	1	26.8
18	16,100	7.5			0.0	5,300	2,200	4,000		6.6	5.9	0.54				
19	28,300															
20	9,300	7.4														
21	14,600								366,500							
22	16,400	7.1				96,900	88,800	43,300		7.3	4.8	0.33				
23	18,000					49,700	42,400			7.4	6.7	1.10				
24	17,800	6.9				5,200	2,100			7.0	6.5	0.70				
25	14,700															
26	20,000	7.1														
27	29,400				0.5											
28	14,800	7.2							328,400							
29	19,900					44,300	38,400			7.3	6.7	0.36				
30	28,900	7.2														
31	8,900				0.02				82,700							
Total	620,900				1.9				1,212,700							
Avg.	20,029												2	5	1	26.8
Min										6.6						
Max	29,400									7.4						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>DELCORA-Sheeder Tract WWTP</u>									
<b>Address:</b> <u>P.O. Box 999</u>									
<u>Chester, PA 19016</u>									
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day					
PA 1505419				16	3	01	TO 16	3	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>						
cBOD5	S5210B-11	ALS Environmental	22-293						
TSS	S2540D-11	ALS Environmental	22-293						
Fecal Coliform	S9222D-97	ALS Environmental	22-293						
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293						
TKN	S4500NH3G-11	ALS Environmental	22-293						
Total Nitrogen	Calculation	ALS Environmental	22-293						
pH	Meter	DELCORA - Operations Meter	23-00671						

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

**Name/Title Principal Executive Officer**

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

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

Michael J. DiSantis, Operations &  
Maintenance Manager

**Date:** 4/19/16

<sup>1</sup> 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.

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



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

May 12, 2016

**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 April 2016**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for April 2016. There were no violations during the month.

A total of 631,600 gallons of influent entered the facility for an average of 21,053 gallons per day. Spraying occurred throughout the month with 1,449,900 gallons applied.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
D. Harrower, Penco Management via email [dharrower@penco.com](mailto:dharrower@penco.com))  
S. Gober  
S. Babylon  
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

**Foley, Sue**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Thursday, May 12, 2016 3:36 PM  
**To:** DiSantis, Michael  
**Subject:** Original Monitoring Report Submission 18739 Received Confirmation

**Submitted By :** Michael DiSantis  
**Submission Id :** 18739  
**Submission Status :** Received  
**Facility Name :** SHEEDER TRACT SUBDIVISION STP  
**Permit Number :** 1505419  
**Report Type :** Monthly  
**Monitoring Report Period :** 04/01/2016-04/30/2016  
**Monitoring Report Due Date :** 05/28/2016

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

HEADER INFORMATION					
Facility ID:	670845	Facility Name:	SHEEDER TRACT SUBDIVISION STP	Location Address:	POCOPSON RD, POCOPSON PA, 19366
Permit Number:	1505419	Monitoring Period:	04/01/2016-04/30/2016	Mailing Address:	PO BOX 999, CHESTER PA, 19016

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Prior to Irrigation		No. Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
pH	Sample Measurement	***	***	***	6.8	***	7.6	S.U.	Grab	Daily when Discharging
	Permit Measurement	***	***		6.0 Min	***	9.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	5	5	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***		***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	28,1	28,1	mg/L	Calculation	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	.021053	.0346	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***		***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	2	2	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***		***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
Facility Comments										

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

<b>ATTACHMENT DETAILS</b>			
<b>File Name</b>	<b>Attachment Type</b>	<b>Uploaded Time</b>	<b>Attachment Comment</b>
Pocopson Riverside DEP cov. lett. April 16.doc	Cover Letter	2016-05-12T15:34:24-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	025F9021006098A69DF1E3AFE7FEAB9661029FBBAD9BE0DD996E004D8EF712323B4D7F498D8DA435DB9873798013A3979D8700326A64CB1E4ADDBF329165E3D		
Pocopson Riverside Lab Accred April 16.doc	Laboratory Accreditation Form	2016-05-12T15:34:45-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	38417455908EAE8BB0281E23D919992B485FC10E86C0A707F9BB22B0C576BE2AF70D9C834C55FD8331197CC7A245007E9734230970CDD1C9DB4733F32C28E60		
Pocopson Riverside supp. s. April 16.xls	Daily Effluent Monitoring Form	2016-05-12T15:35:04-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	A18B7B4CD4DDBF3D69B778BFD721FFA8DBAB9756B25CD443E63A7C39FFEA038C2207BDF5AFA5318FFAC76DC603A0A4B5AFBD8A27A92C7A898491D705E81EC868		

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

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

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

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

<b>COMMENTS DETAILS</b>			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6108765523

<b>SUBMISSION INFORMATION</b>			
<p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p>			
<b>Submitted By GreenPort User</b>	<b>DISANTISM</b>	<b>Submitted By Full Name</b>	<b>Michael DiSantis</b>
<b>Email Address</b>	disantism@delcora.org	<b>Document Generated</b>	5/12/2016

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

April, 2016

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BODs	Influent 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	15,400	78	62			0.2											
2	22,300	63	44			0.1											
3	20,900	47	35			0.1											
4	31,000	67	34			0.1	97,100	85,600	47,800		7.4	7.0	0.31				
5	9,100	45	30			0.1											
6	20,300	51	29				48,100	45,800	27,600		7.6	6.6	0.94				
7	34,600	62	46				6,200		2,500	360,700	7.2	6.0	0.80				
8	29,500	51	39			0.6											
9	13,000	42	33			0.4											
10	21,200	49	25			0.4											
11	16,400	67	42														
12	18,700	64	42			0.1											
13	21,300	57	35			0.2	96,700	103,700	66,500		7.1	5.3	0.24				
14	24,400	62	34				54,300	27,500	10,400	359,100	7.4	7.0	0.74				
15	12,400	63	35														
16	25,800	66	37														
17	21,100	72	36														
18	20,000	82	43				53,700	34,100			7.2	7.5	0.25				
19	29,300	78	48				94,000	90,000	58,000		7.0	5.3	1.30				
20	19,000	71	41	213	146		5,800	6,900	20,400		7.2	5.5	0.65	2	5	1	28.1
21	19,300	71	44							362,900							
22	24,000	76	58			0.2											
23	20,600	71	50														
24	21,600	68	43														
25	11,500	75	47			0.0											
26	11,900	85	54			0.9	98,100	102,500	47,400		7.3	4.4	0.51				
27	22,800	54	46				52,200	29,700	26,300		6.8	5.1	1.10				
28	22,000	54	45			0.2	3,400		7,600	367,200	7.0	4.9	0.52				
29	24,500	52	45														
30	27,700	61	47			0.4											
										0							
Total	631,600					3.9				1,449,900							
Avg.	21,053													2	5	1	28.1
Min											6.8						
Max	34,600										7.6						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>DELCORA-Sheeder Tract WWTP</u>							
<b>Address:</b> <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day			
PA 1505419				16	4	01	TO 16 4 30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293				
TKN	S4500NH3G-11	ALS Environmental	22-293				
Total Nitrogen	Calculation	ALS Environmental	22-293				
pH	Meter	DELCORA - Operations Meter	23-00671				

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

**Name/Title Principal Executive Officer**

Michael J. DiSantis, Operations & Maintenance Manager

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

**Date:** 5/5/16

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

<sup>1</sup> 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.

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



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

June 20, 2016

**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 May 2016**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for May 2016. We regret to report that there was a violation during the month for exceeding the monthly average TSS concentration due to excessive algae.

A total of 684,400 gallons of influent entered the facility for an average of 22,077 gallons per day. Spraying occurred throughout the month with 1,945,800 gallons applied.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:vm  
Enclosures

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

## Middleton, Vale

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, June 20, 2016 2:28 PM  
**To:** DiSantis, Michael  
**Subject:** Original Monitoring Report Submission 21408 Received Confirmation

**Submitted By :** Michael DiSantis  
**Submission Id :** 21408  
**Submission Status :** Received  
**Facility Name :** SHEEDER TRACT SUBDIVISION STP  
**Permit Number :** 1505419  
**Report Type :** Monthly  
**Monitoring Report Period :** 05/01/2016-05/31/2016  
**Monitoring Report Due Date :** 06/28/2016

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

HEADER INFORMATION					
Facility ID:	670845	Facility Name:	SHEEDER TRACT SUBDIVISION STP	Location Address:	POCOPSON RD, POCOPSON PA, 19366
Permit Number:	1505419	Monitoring Period:	05/01/2016-05/31/2016	Mailing Address:	PO BOX 999, CHESTER PA, 19016

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Prior to Irrigation		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
pH	Sample Measurement	***	***	***	6.2	***	7.1	S.U.	Grab	Daily when Discharging
	Permit Measurement	***	***	***	6.0 Min	***	9.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	40	46	mg/L	8-Hr Composite	2/month
	Permit Measurement	***	***	***	***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	29.1	29.1	mg/L	Calculation	1/month
	Permit Measurement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	.022077	.0355	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***	***	***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	8	11	mg/L	8-Hr Composite	2/month
	Permit Measurement	***	***	***	***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
Facility Comments										

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

<b>ATTACHMENT DETAILS</b>			
<b>File Name</b>	<b>Attachment Type</b>	<b>Uploaded Time</b>	<b>Attachment Comment</b>
Pocopson Riverside DEP cov. lett. May 16.doc	Cover Letter	2016-06-20T14:24:57-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	<b>BE9AA239D4DF8971888F3F287D68A0812BAA6440BAC9CE81623DADF3C160BEBFA83E47F599ABABC4D732875909348E97813CE21A219C18474894AB03432DD5C</b>		
Pocopson Riverside Lab Accred May 16.doc	Laboratory Accreditation Form	2016-06-20T14:25:17-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	<b>DB7524D4C8282D0E0840821731B495DC3DB7304F77B93C195BE013F9174E736115EEA7CE99597D268D6A2D288E0F2ADE602D318EFF21EF0410A9BA3B6B209EA9</b>		
Pocopson Riverside supp. s. May 16.xls	Daily Effluent Monitoring Form	2016-06-20T14:25:39-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	<b>ABBFAF618088679A50E33A93CF79785CE58B7EDA9C89437F8BAF4D8CBEDC03D0C0ED742C847B85DC246B03741CB53673C81666478795C0D63739755F09AFA4DEC</b>		

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

<b>PERMIT VIOLATIONS</b>												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	
31607	05/01/2016	05/31/2016	Total Suspended Solids	Average Monthly	40	30		001	See attached comments	See attached comments	High TSS caused by excessive algae, Increased recirculation of storage lagoon to stabilization pond, adjusted aeration operation to change dissolved oxygen concentration, and treated storage lagoon with algaecide.	

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

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

<b>COMMENTS DETAILS</b>			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6108765523

<b>SUBMISSION INFORMATION</b>			
<p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p>			
Submitted By GreenPort User	DISANTISM	Submitted By Full Name	Michael DiSantis
Email Address	disantism@delcora.org	Document Generated	6/20/2016

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

May, 2016

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BOD <sub>5</sub>	Influent 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 Cl <sub>2</sub> residual (Effluent)	cBOD <sub>5</sub> (Effluent)	TSS (Eff.)	Fecal Coliform (Eff.)	Total Nitrogen (Eff.)
1	10,100	50	49			0.4											
2	31,600	51	49			0.5											
3	25,400	56	50			0.3											
4	10,700	50	50				113,700	115,800	74,000		7.0	3.3	0.71				
5	29,900	48	51				88,300	63,900	32,300		6.2	2.6	0.33				
6	25,000	49	51			1.0											
7	20,400	57	50			0.5				488,000							
8	21,000	66	50														
9	20,800	68	46														
10	16,000	51	48			0.3											
11	27,400	53	50			0.1	114,600	93,700	59,300		6.7	11.6	1.02				
12	34,400	64	52	221	180		88,200	81,800	44,500		7.1	9.0	1.29	11	34	1	29.1
13	5,300	64	59			0.1											
14	23,100	68	50			0.1				482,100							
15	21,900	53	39			0.1											
16	23,600	50	37				72,100	79,000	37,400		7.0	5.8	1.00				
17	19,500	58	48														
18	23,500	53	46			0.1	112,700	90,000	57,700		6.9	9.0	1.30				
19	27,300	67	52				17,900	8,200	10,900		7.0	7.5	1.30	5	46		
20	15,800	72	54														
21	30,600	57	50							485,900							
22	17,200	65	50														
23	23,300	56	56			0.8	100,600	80,300	49,800		6.9	3.8	1.30				
24	25,700	64	57			0.5	96,300	90,200	53,400		7.1	7.3	1.46				
25	21,300	80	57				9,200	6,200	3,800		7.1	6.3	0.44				
26	20,700	77	57														
27	22,200	70	58														
28	27,300	72	58							489,800							
29	17,700	81	58			0.9											
30	35,500	71	59														
31	10,200	78	59							0							
Total	684,400					5.6				1,945,800							
Avg.	22,077													8	40	1	29.1
Min											6.2						
Max	35,500										7.1						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>DELCORA-Sheeder Tract WWTP</u>										
<b>Address:</b> <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA 1505419				16	5	01	<b>TO</b>	16	5	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293							
TKN	S4500NH3G-11	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
pH	Meter	DELCORA - Operations Meter	23-00671							

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

**Name/Title Principal Executive Officer**

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

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

Michael J. DiSantis, Operations &  
Maintenance Manager

**Date:** 6/3/16

<sup>1</sup> 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.

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



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

July 18, 2016

**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 2016**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for June 2016. We regret to report that there was a violation during the month for exceeding the monthly average TSS concentration due to excessive algae.

A total of 601,900 gallons of influent entered the facility for an average of 20,063 gallons per day. Spraying occurred throughout the month with 2,535,400 gallons applied.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

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

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

**Foley, Sue**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, July 18, 2016 3:17 PM  
**To:** DiSantis, Michael  
**Subject:** Original Monitoring Report Submission 23386 Received Confirmation

**Submitted By :** Michael DiSantis  
**Submission Id :** 23386  
**Submission Status :** Received  
**Facility Name :** SHEEDER TRACT SUBDIVISION STP  
**Permit Number :** 1505419  
**Report Type :** Monthly  
**Monitoring Report Period :** 06/01/2016-06/30/2016  
**Monitoring Report Due Date :** 07/28/2016

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

HEADER INFORMATION					
Facility ID:	670845	Facility Name:	SHEEDER TRACT SUBDIVISION STP	Location Address:	POCOPSON RD, POCOPSON PA, 19366
Permit Number:	1505419	Monitoring Period:	06/01/2016-06/30/2016	Mailing Address:	PO BOX 999, CHESTER PA, 19016

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code	Prior to Irrigation			No Discharge Indicator	N	
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
pH	Sample Measurement	***	***	***	6,5	***	7,8	S.U.	Grab	Daily when Discharging
	Permit Measurement	***	***	***	6,0 Min	***	9,0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	33	33	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	19,0	19,0	mg/L	Calculation	1/month
	Permit Measurement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	.020063	.0287	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	183	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***	***	***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	14	14	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
Facility Comments										

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
Pocopson Riverside DEP cov. lett, June 2016.doc	Cover Letter	2016-07-18T15:13:12-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	31E4C42868C4D7EF08B5A85004129FCC3705E9AF58A89FF84E195DCF6C49EB85914E273327722F0F398D7A61ABDD772FA7DCEB71488D589EFAC3693E1B0681C7		
Pocopson Riverside supp. s. June 2016.xls	Daily Effluent Monitoring Form	2016-07-18T15:14:18-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	06FA123E2531632533628D048A80EC47183881A30C0B5E4626558F521D67417B64D65F85C2A9D3A8EA68163A34FA578BD205E504A1B65B5999CED89ACE369BFE		
Pocopson Riverside Lab Accred June 2016.doc	Laboratory Accreditation Form	2016-07-18T15:13:56-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	1BD3E815A17B23AC4845EA9BC2E1D4AC10E8249D6F810CEE2E2C7BF8B51CF75547DEF03D34A9B0EECEE2189CF083905E5D739403A9C69FCD5CB46025E0536725		

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

<b>PERMIT VIOLATIONS</b>												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	
32352	06/01/2016	06/30/2016	Total Suspended Solids	Average Monthly	33	30		001	See attached comments	See attached comments	TSS exceedance caused by excessive algae. Continue program of increased recirculation to stabilization lagoon, algaecide addition, and lagoon dissolved oxygen monitoring and revision.	

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

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

<b>COMMENTS DETAILS</b>			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6108765523

<b>SUBMISSION INFORMATION</b>			
<p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p>			
Submitted By GreenPort User	DISANTISM	Submitted By Full Name	Michael DiSantis
Email Address	disantism@delcora.org	Document Generated	7/18/2016

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

June, 2016

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BODs	Influent 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	20,500	77	61														
2	18,200	69	61			0.3											
3	18,300	65	63			0.3	126,300	102,800	65,600		6.6	3.4	0.13				
4	26,300	67	64			0.0	123,300	99,200	63,000		6.5	4.1	0.43				
5	26,300	73	65			0.5											
6	20,700	84	63														
7	18,600	82	64			0.1	95,500	101,800	65,100	842,600	7.5	2.6	0.18				
8	14,300	59	55			0.1	115,500	93,100	60,400		7.8	5.6	0.66				
9	23,700	58	48				38,700	27,500	6,200		7.3	3.7	0.27				
10	17,700	65	51														
11	28,300	59	54														
12	16,200	86	66														
13	24,700	61	58				86,700	76,500	42,900		7.1	3.5	0.11				
14	18,700	68	60							547,500							
15	20,700	59	50			0.3	103,400	86,200	55,400		7.2	4.2	0.88				
16	20,200	62	61			0.3	17,000	13,300	8,800		7.1	6.8	0.98				
17	23,900	67	55				46,900	47,000	23,400		7.1	6.7	0.29				
18	28,700	79	55														
19	4,000	87	60														
20	20,500	65	63				75,200	58,600	37,500		7.1	3.8	0.14				
21	19,400	78	69				89,400	82,900	44,300	789,300	7.2	5.8	0.37				
22	20,500	72	66	239	48		91,000	73,200	48,200		6.7	6.1	0.19	14	33	183	19.0
23	16,500	70	64			1.0											
24	16,900	70	66														
25	23,900	66	61														
26	15,200	83	60														
27	16,900	69	59			0.4											
28	22,600	70	67			0.0	62,100	49,000	32,500	356,000	7.4	4.8	0.15				
29	20,200	73	65														
30	19,300	78	60														
										0							
Total	601,900					3.1				2,535,400							
Avg.	20,063													14	33	183	19.0
Min											6.5						
Max	28,700										7.8						



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

**SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>**

**Permittee Name:** DELCORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1505419	16	6	01	TO	16	6	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
cBOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
Fecal Coliform	S9222D-97	ALS Environmental	22-293
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293
TKN	S4500NH3G-11	ALS Environmental	22-293
Total Nitrogen	Calculation	ALS Environmental	22-293
pH	Meter	DELCORA - Operations Meter	23-00671

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

**Name/Title Principal Executive Officer**      **Phone:** 610-876-5523 ext 264      **Signature of Principal Executive Officer or Authorized Agent**

Michael J. DiSantis, Operations & Maintenance Manager      **Date:** 7/5/16

<sup>1</sup> 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.

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



August 16, 2016

**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 July 2016**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for July 2016.

There were no violations as there was no spraying done during the month due to low storage lagoon level. A total of 596,800 gallons of influent entered the facility for an average of 19,252 gallons per day.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

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

**Foley, Sue**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Tuesday, August 16, 2016 2:48 PM  
**To:** DiSantis, Michael  
**Subject:** Original Monitoring Report Submission 25800 Received Confirmation

**Submitted By :** Michael DiSantis  
**Submission Id :** 25800  
**Submission Status :** Received  
**Facility Name :** SHEEDER TRACT SUBDIVISION STP  
**Permit Number :** 1505419  
**Report Type :** Monthly  
**Monitoring Report Period :** 07/01/2016-07/31/2016  
**Monitoring Report Due Date :** 08/28/2016

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

**HEADER INFORMATION**

<b>Facility ID:</b>	670845	<b>Facility Name:</b>	SHEEDER TRACT SUBDIVISION STP	<b>Location Address:</b>	POCOPSON RD, POCOPSON PA, 19366
<b>Permit Number:</b>	1505419	<b>Monitoring Period:</b>	07/01/2016-07/31/2016	<b>Mailing Address:</b>	PO BOX 999, CHESTER PA, 19016

**PARAMETERS REPORTED VALUES**

Sampling Point		001		Stage Code		Prior to Irrigation		No Discharge Indicator	Y	
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
pH	Sample Measurement	***	***	***	***	***	***	S.U.		
	Permit Measurement	***	***		6.0 Min	***	9.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Measurement	***	***		***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	***	***	MGD	***	***	***	***		
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	***	***	CFU/100 ml		
	Permit Measurement	***	***		***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Measurement	***	***		***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
<b>Facility Comments</b>										

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

<b>ATTACHMENT DETAILS</b>			
<b>File Name</b>	<b>Attachment Type</b>	<b>Uploaded Time</b>	<b>Attachment Comment</b>
Pocopson Riverside Lab Accred July 2016.doc	Laboratory Accreditation Form	2016-08-16T14:46:38-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>			5286437553CD6DA918DD238FB359C648CC08CE9057E9BF605702F55C765B2A523614D463DB7721D9A4308F9507F07F61032DDC5DA37CE40237D4CFC35C4C17E
Pocopson Riverside DEP cov. lett. July 2016.doc	Cover Letter	2016-08-16T14:46:16-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>			3572E0A588C26F874B598873A5FC2D2B94400BEF65251A096138B3935A4A282A7E07DA7AA8217AC000564A5F7577DF2DDF3FF785ACCB97E85184D9D3E95223D
Pocopson Riverside supp. s. July 2016.xls	Daily Effluent Monitoring Form	2016-08-16T14:47:05-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>			DB4ADB2F600618DA986EF7B34093ECC29B2DEF6657F4B907FB9B9169E892F43539A5D1EC3746CE30EC5EE01D53C381DA5802D0A4902F3E16C55D1FC8DF935B3

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

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

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

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

<b>COMMENTS DETAILS</b>			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
There was no discharge during the month as no spraying was done due to low storage lagoon level.	Michael J, DiSantis	T0403	6108765523

<b>SUBMISSION INFORMATION</b>			
<p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p>			
Submitted By GreenPort User	DISANTISM	Submitted By Full Name	Michael DiSantis
Email Address	disantism@delcora.org	Document Generated	8/16/2016

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

June, 2016

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BOD <sub>5</sub>	Influent 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 Cl <sub>2</sub> residual (Effluent)	cBOD <sub>5</sub> (Effluent)	TSS (Eff.)	Fecal Coliform (Eff.)	Total Nitrogen (Eff.)
1	18,500	80	64														
2	19,000	74	63														
3	15,000	75	61														
4	15,800	74	62														
5	20,400	74	62			0.4											
6	21,800	82	70														
7	11,600	89	72							0							
8	16,600	78	72														
9	27,700	72	71														
10	17,300	79	63			1.5											
11	19,700	73	63														
12	16,500	75	63														
13	17,200	75	70														
14	20,900	75	73			0.2				0							
15	21,600	80	73														
16	25,500	85	70														
17	19,400	86	66			0.3											
18	15,600	89	70			1.5											
19	18,400	80	68														
20	17,600	75	64														
21	17,600	73	64	225	182					0							
22	19,200	71	70														
23	24,100	69	72			0.1											
24	16,600	87	68			0.6											
25	20,000	82	70			0.9											
26	19,300	81	70														
27	19,600	74	72														
28	25,000	74	70			2.1				0							
29	18,000	78	70														
30	16,500	83	70														
31	24,800	80	70			0.77				0							
Total	596,800					8.3				0							
Avg.	19,252													#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Min											0.0						
Max	27,700										0.0						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>DELCORA-Sheeder Tract WWTP</u>							
<b>Address:</b> <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day			
PA 1505419				16	7	01	TO 16 7 31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293				
TKN	S4500NH3G-11	ALS Environmental	22-293				
Total Nitrogen	Calculation	ALS Environmental	22-293				
pH	Meter	DELCORA - Operations Meter	23-00671				

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

**Name/Title Principal Executive Officer**

Phone: 610-876-5523 ext 264

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

Michael J. DiSantis, Operations &  
Maintenance Manager

Date: 8/8/16

<sup>1</sup> 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.

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



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

September 19, 2016

**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 August 2016**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for August 2016.

There were no violations during the month. A total of 574,600 gallons of influent entered the facility for an average of 18,535 gallons per day. Spraying occurred as needed throughout the month with 1,075,680 gallons applied.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

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

**Foley, Sue**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, September 19, 2016 5:17 PM  
**To:** DiSantis, Michael  
**Subject:** Original Monitoring Report Submission 28444 Received Confirmation

**Submitted By :** Michael DiSantis  
**Submission Id :** 28444  
**Submission Status :** Received  
**Facility Name :** SHEEDER TRACT SUBDIVISION STP  
**Permit Number :** 1505419  
**Report Type :** Monthly  
**Monitoring Report Period :** 08/01/2016-08/31/2016  
**Monitoring Report Due Date :** 09/28/2016

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

HEADER INFORMATION					
Facility ID:	670845	Facility Name:	SHEEDER TRACT SUBDIVISION STP	Location Address:	POCOPSON RD, POCOPSON PA, 19366
Permit Number:	1505419	Monitoring Period:	08/01/2016-08/31/2016	Mailing Address:	PO BOX 999, CHESTER PA, 19016

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Prior to Irrigation		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
pH	Sample Measurement	***	***	***	6.2	***	7.8	S.U.	Grab	Daily when Discharging
	Permit Measurement	***	***		6.0 Min	***	9.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	5	5	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***		***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	6.8	6.8	mg/L	Calculation	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	.018535	.0331	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	71	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***		***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	2	2	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***		***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
Facility Comments										

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

<b>ATTACHMENT DETAILS</b>			
<b>File Name</b>	<b>Attachment Type</b>	<b>Uploaded Time</b>	<b>Attachment Comment</b>
Pocopson Riverside DEP cov. lett. Aug 2016.doc	Cover Letter	2016-09-19T17:15:06-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	C374FC50DFF268A0C08219C99A921445D2A76FE40A4FF85C0DD36691CF9DE30D1DB672D81F8FB8C57434D31EC72E5DF88383B1B6EEE07DC3A6C1D2A2AB6B3495		
Pocopson Riverside supp. s. Aug 2016.xls	Daily Effluent Monitoring Form	2016-09-19T17:16:12-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	FF1A0A17C9C2C8C358E916D4A504A26B4DE3CA52DBF5D7190A25C194038230FFB182CE1817F4D1ECDFA110FA87AFA3400520F88A134E210F9BE8F418181B87F		
Pocopson Riverside Lab Accred Aug 2016.doc	Laboratory Accreditation Form	2016-09-19T17:15:42-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	91F85009A3446A3F8D805100088137DC8F2F83F2E840AEA40A93FDC9EDB41B2630C3481D87AE38A049C11083273EB22B50186C5680073305E371A9BAD4840185		

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

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

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

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

<b>COMMENTS DETAILS</b>			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6108765523

<b>SUBMISSION INFORMATION</b>			
<p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p>			
<b>Submitted By GreenPort User</b>	<b>DISANTISM</b>	<b>Submitted By Full Name</b>	<b>Michael DiSantis</b>
<b>Email Address</b>	disantism@delcora.org	<b>Document Generated</b>	9/19/2016

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

June, 2016

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BOD5	Influent 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	16,200	76	72				0	0	0								
2	16,200	74	67				81,300	71,500	42,000		6.9	5.1	0.14				
3	18,300	69	61				95,800	63,300	56,200		6.2	3.5	0.11				
4	19,800	73	60	138	43		79,700	0	32,600		7.0	4.1		2	5		6.8
5	18,600	66	62				0	0	0								
6	24,500	75	72				0	0	0								
7	17,500	83	64				0	0	0	522,400							
8	21,800	68	66				98,500	77,000	50,600		7.4	6.4	0.10				
9	11,700	68	65			0.0	101,500	78,600	52,400		7.2	6.7	0.07				
10	18,200	78	73				52,200	0	28,200		7.2	5.8	0.19				
11	22,200	78	76				0	0	0								
12	11,300	92	78				0	0	0								
13	22,700	84	76				0	0	0								
14	13,100	91	75			0.2	0	0	0	539,000							
15	33,100	75	71			0.1	420	260	200								
16	22,700	83	77				0	0	0								
17	6,700	81	72			0.2	0	0	0								
18	14,100	83	69			0.1	0	0	0								
19	16,400	81	68				0	0	0								
20	19,000	82	66			0.1	0	0	0								
21	18,000	76	71			0.1	0	0	0	880							
22	17,600	77	61				0	0	0								
23	18,800	77	54				0	0	0								
24	19,900	80	58				0	0	0								
25	16,400	83	63				0	0	0								
26	27,800	84	71				0	0	0								
27	11,300	81	66				0	0	0								
28	20,400	80	63				0	0	0	0							
29	22,600	69	67				0	0	0								
30	18,300	79	65				0	0	0								
31	19,400	77	65			0.30	0	0	13,400	13,400	7.8	3.6	1.10			71	
Total	574,600					1.2				1,075,680							
Avg.	18,535													2	5	71	6.8
Min											6.2						
Max	33,100										7.8						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day			
PA 1505419				16	8	01	TO 16 8 31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293				
TKN	S4500NH3G-11	ALS Environmental	22-293				
Total Nitrogen	Calculation	ALS Environmental	22-293				
pH	Meter	DELCORA - Operations Meter	23-00671				

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or  
Authorized Agent

Michael J. DiSantis, Operations & Maintenance Manager

Date: 9/8/16

<sup>1</sup> 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.

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



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

October 17, 2016

**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 September 2016**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for September 2016.

Due to low storage lagoon levels, there was no spraying done during the month. A total of 595,200 gallons of influent entered the facility for an average of 19,840 gallons per day.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

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

**Foley, Sue**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, October 17, 2016 9:22 AM  
**To:** DiSantis, Michael  
**Subject:** Original Monitoring Report Submission 30562 Received Confirmation

**Submitted By :** Michael DiSantis  
**Submission Id :** 30562  
**Submission Status :** Received  
**Facility Name :** SHEEDER TRACT SUBDIVISION STP  
**Permit Number :** 1505419  
**Report Type :** Monthly  
**Monitoring Report Period :** 09/01/2016-09/30/2016  
**Monitoring Report Due Date :** 10/28/2016

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

<b>HEADER INFORMATION</b>					
Facility ID:	670845	Facility Name:	SHEEDER TRACT SUBDIVISION STP	Location Address:	POCOPSON RD, POCOPSON PA, 19366
Permit Number:	1505419	Monitoring Period:	09/01/2016-09/30/2016	Mailing Address:	PO BOX 999, CHESTER PA, 19016

<b>PARAMETERS REPORTED VALUES</b>										
Sampling Point		001		Stage Code			Prior to Irrigation		No Discharge Indicator	Y
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
pH	Sample Measurement	***	***	***	***	***	***	S.U.		
	Permit Measurement	***	***		6.0 Min	***	9.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Measurement	***	***		***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	***	***	MGD	***	***	***	***		
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	***	***	CFU/100 ml		
	Permit Measurement	***	***		***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Measurement	***	***		***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
Facility Comments										

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

<b>ATTACHMENT DETAILS</b>			
<b>File Name</b>	<b>Attachment Type</b>	<b>Uploaded Time</b>	<b>Attachment Comment</b>
Pocopson Riverside DEP cov. lett. Sept 2016.doc	Cover Letter	2016-10-17T09:20:33-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	F9F1619550F453480D5CA087513EB2F0E277394BFB7F783E3014AF5485B4591F85041E36C67A9CE84250FEC0F62C5DEC86B7A6C2EE30469A0B25D671BCEA3209		
Pocopson Riverside Lab Accred Sept 2016.doc	Laboratory Accreditation Form	2016-10-17T09:20:53-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	CD60CE89B117021C10A5AA5B3F96BF86DF75DBF7BFB5C5B393BA198EA011C0C2E98D7D42FCB46761F3F615C41CD2C94B4BC99FA83CF0D56347737EC3E27308B		
Pocopson Riverside supp. s. Sept 2016.xls	Daily Effluent Monitoring Form	2016-10-17T09:21:14-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	D78F7B72A6DE0423206BC342E4721D53E44BE8543FB93044D127C13CCEB754350DAD494FD62A7C793BF949896B287202D45DA379F5E08A65F8659373AA857DF4		

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

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

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

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

<b>COMMENTS DETAILS</b>			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
Due to low storage lagoon levels, no spraying was done during the month.	Michael J. DiSantis	T0403	6108765523

<b>SUBMISSION INFORMATION</b>			
<p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p>			
Submitted By GreenPort User	DISANTISM	Submitted By Full Name	Michael DiSantis
Email Address	disantism@delcora.org	Document Generated	10/17/2016

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

June, 2016

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BODs	Influent 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	17,000	73	66				0	0	0								
2	15,200	76	68				0	0	0								
3	15,500	65	59				0	0	0								
4	23,500	78	57				0	0	0								
5	33,800	77	56				0	0	0								
6	9,900	81	64				0	0	0								
7	18,600	82	68				0	0	0	0							
8	24,300	85	69				0	0	0								
9	14,500	88	75				0	0	0								
10	27,800	73	73				0	0	0								
11	20,600	78	64				0	0	0								
12	24,100	53	55				0	0	0								
13	16,600	81	57				0	0	0								
14	19,600	78	62				0	0	0	0							
15	15,600	70	59				0	0	0								
16	17,800	61	51				0	0	0								
17	24,500	62	56				0	0	0								
18	23,700	78	66			1.8	0	0	0								
19	21,500	72	66			0.1	0	0	0								
20	20,500	74	65				0	0	0								
21	15,500	71	62				0	0	0	0							
22	19,600	72	56	117	41		0	0	0								
23	15,800	82	53				0	0	0								
24	19,800	66	55				0	0	0								
25	21,400	65	47				0	0	0								
26	18,200	66	46				0	0	0								
27	19,700	65	55				0	0	0								
28	21,200	60	52			0.5	0	0	0	0							
29	20,500	63	58			2.4	0	0	0								
30	18,900	57	54				0	0	0								
Total	595,200					4.7				0							
Avg.	19,840													#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Min											0.0						
Max	33,800										0.0						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>DELCORA-Sheeder Tract WWTP</u>							
<b>Address:</b> <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day			
PA 1505419				16	9	01	TO 16 9 30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293				
TKN	S4500NH3G-11	ALS Environmental	22-293				
Total Nitrogen	Calculation	ALS Environmental	22-293				
pH	Meter	DELCORA - Operations Meter	23-00671				

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

**Name/Title Principal Executive Officer**

Michael J. DiSantis, Operations & Maintenance Manager

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

**Date:** 10/4/16

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

<sup>1</sup> 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.

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



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

November 15, 2016

**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 October 2016**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for October 2016.

There were no violations during the month. A total of 622,700 gallons of influent entered the facility for an average of 20,087 gallons per day. Spraying was performed as needed during the month with 1,092,800 gallons discharged to the spray fields.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
D. Harrower, Penco Management via email [dharrower@penco.com](mailto:dharrower@penco.com))  
S. Gober  
S. Babylon  
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

**Foley, Sue**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Tuesday, November 15, 2016 4:45 PM  
**To:** DiSantis, Michael  
**Subject:** Original Monitoring Report Submission 33455 Received Confirmation

**Submitted By :** Michael DiSantis  
**Submission Id :** 33455  
**Submission Status :** Received  
**Facility Name :** SHEEDER TRACT SUBDIVISION STP  
**Permit Number :** 1505419  
**Report Type :** Monthly  
**Monitoring Report Period :** 10/01/2016-10/31/2016  
**Monitoring Report Due Date :** 11/28/2016

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

HEADER INFORMATION					
Facility ID:	670845	Facility Name:	SHEEDER TRACT SUBDIVISION STP	Location Address:	POCOPSON RD, POCOPSON PA, 19366
Permit Number:	1505419	Monitoring Period:	10/01/2016-10/31/2016	Mailing Address:	PO BOX 999, CHESTER PA, 19016

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code	Prior to Irrigation			No Discharge Indicator	N	
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
pH	Sample Measurement	***	***	***	7.5	***	8.3	S.U.	Grab	Daily when Discharging
	Permit Measurement	***	***		6.0 Min	***	9.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	5	5	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***		***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	8.2	8.2	mg/L	Calculation	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	.020087	.027800	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	27	***	CFU/100 ml	Grab	2/month
	Permit Measurement	***	***		***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	4	4	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***		***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
Facility Comments										

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

<b>ATTACHMENT DETAILS</b>			
<b>File Name</b>	<b>Attachment Type</b>	<b>Uploaded Time</b>	<b>Attachment Comment</b>
Pocopson Riverside DEP cov. lett. Oct 2016.doc	Cover Letter	2016-11-15T16:42:52-05:00	*
<b>Cryptographic Hash Value of File (SHA-512)</b>	B31DF259937D87F5042DB352945B8276E9AC2BACAAF6AB275F70E60511D887D6A9ED99B0F0B84C8141085D65F992E30B43D5FA4EEDDD735222CFD25920FB1F6D		
Pocopson Riverside supp. s. Oct 2016.xls	Daily Effluent Monitoring Form	2016-11-15T16:43:51-05:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	B6B98E6CB9DA31D8DCCA2558E20668C225D0366B83A1D819123B1CFA741A673363F0AC61FB4BCBCFE5FDED559E3EF45334E4133F7DAEB67D8B3899236D6F1EF7		
Pocopson Riverside Lab Accred Oct 2016.doc	Laboratory Accreditation Form	2016-11-15T16:43:21-05:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	FAE8B0C2AB5D45A8B2615C9A5F035328621FF6CDA620A2EB8A2BC3497D99B2C1BE4EBF0BB24179673A0401F030C8648E0D66F0042C0E9199F061F23F579F4262		

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

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

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

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

<b>COMMENTS DETAILS</b>			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6108765523

<b>SUBMISSION INFORMATION</b>			
<p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p>			
<b>Submitted By GreenPort User</b>	<b>DISANTISM</b>	<b>Submitted By Full Name</b>	<b>Michael DiSantis</b>
<b>Email Address</b>	disantism@delcora.org	<b>Document Generated</b>	11/15/2016

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

June, 2016

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BODs	Influent 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	59	55				0	0	0								
2	17,000	62	59			0.5	0	0	0								
3	19,600	67	57				0	0	0								
4	15,400	65	55				15,000	12,400	9,700		7.7	6.5	0.22				
5	20,700	51	50				84,900	70,100	41,200		7.6	8.0	1.34				
6	18,200	57	50				13,500	13,100	6,800		7.7	8.7	1.40				
7	15,000	47	52				0	0	0	266,700							
8	27,800	56	57			0.2	0	0	0								
9	21,400	59	50				0	0	0								
10	18,500	60	45				0	0	0								
11	22,000	59	41				0	0	0								
12	17,000	66	43				107,100	85,300	50,800		7.6	6.5	2.02				
13	17,200	64	48	106	41		5,100	13,100	7,400		7.6	6.4	0.02	4	5	745	8.2
14	15,500	54	43				0	0	0	268,800							
15	25,800	45	39				0	0	0								
16	21,300	65	45				0	0	0								
17	21,500	79	55				0	0	0								
18	19,100	81	59				10,000	10,400	9,000		7.7	5.2	0.13				
19	18,800	81	63				0	0	0								
20	18,100	66	61				110,100	96,200	54,600		8.0	7.2	1.06				
21	22,500	67	51			0.1	0	0	0	290,300							
22	21,700	51	45				0	0	0								
23	21,000	59	43				0	0	0								
24	17,500	60	43				0	0	0								
25	20,500	49	34				10,200	10,200	9,500		8.1	6.5					
26	19,400	50	32				100,200	91,600	45,300		8.3	9.0	1.15			1	
27	21,500	49	41			0.3	0	0	0								
28	17,900	50	37				0	0	0	267,000							
29	24,700	57	46				0	0	0								
30	23,000	75	52			0.5	0	0	0								
31	17,600	53	39				21,800	13,900	12,500		7.5	4.7	0.05				
Total	622,700					1.7				1,092,800							
Avg.	20,087													4	5	27	8.2
Min											7.5						
Max	27,800										8.3						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>DELCORA-Sheeder Tract WWTP</u>										
<b>Address:</b> <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA 1505419				16	10	01	TO	16	10	31
<b>PARAMETER</b>		<b>ANALYSIS METHOD</b>		<b>LAB NAME</b>		<b>LAB ID NUMBER<sup>2</sup></b>				
cBOD5		S5210B-11		ALS Environmental		22-293				
TSS		S2540D-11		ALS Environmental		22-293				
Fecal Coliform		S9222D-97		ALS Environmental		22-293				
Nitrate + Nitrite		EPA 300.0		ALS Environmental		22-293				
TKN		S4500NH3G-11		ALS Environmental		22-293				
Total Nitrogen		Calculation		ALS Environmental		22-293				
pH		Meter		DELCORA - Operations Meter		23-00671				

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

**Name/Title Principal Executive Officer**

Michael J. DiSantis, Operations & Maintenance Manager

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

**Date:** 11/4/16

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

<sup>1</sup> 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.

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



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

December 19, 2016

**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 November 2016**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for November 2016.

There were no violations during the month. A total of 628,200 gallons of influent entered the facility for an average of 20,940 gallons per day. Spraying was performed as needed during the month with 790,500 gallons discharged to the spray fields.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:smf  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
D. Harrower, Penco Management via email [dharrower@penco.com](mailto:dharrower@penco.com))  
S. Gober  
S. Babylon  
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

**Foley, Sue**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, December 19, 2016 1:31 PM  
**To:** DiSantis, Michael; 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:** 11/01/2016-11/30/2016

**Report Due Date:** 12/28/2016

**Submitted By:** Michael DiSantis

**Submission Id:** 36677

**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.



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

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

**1505419**  
 PERMIT NUMBER

**001**  
 OUTFALL NUMBER

Reporting Frequency: Monthly  
 DMR Effective From: 11/01/2016  
 DMR Effective To: 11/30/2016  
 Permit Expires: 04/30/2020  
 Permit Application Due: 12/28/2016  
 No Discharge?: No

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
FROM 2016	11	01	TO	2016	11	30

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
pH	Sample Measurement	---	---	---	7.1	---	8.0	S.U.	Grab	Daily when Discharging
	Permit Measurement	---	---	---	6.0 Min	---	8.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	---	---	---	---	5	5	mg/L	8-Hr Composite	1/month
	Permit Measurement	---	---	---	---	30 Avg Mo	50 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	---	---	---	---	14.6	14.6	mg/L	Calculation	1/month
	Permit Measurement	---	---	---	---	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	.020940	.0285	MGD	---	---	---	---	Metered	Continuous
	Permit Measurement	0.45150 Avg Mo	Monitor & Report Daily Max	---	---	---	---		Metered	Continuous
Fecal Coliform	Sample Measurement	---	---	---	---	35	---	CFU/100 ml	Grab	1/month
	Permit Measurement	---	---	---	---	200 Geo Mean	---		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	---	---	---	---	4	4	mg/L	8-Hr Composite	1/month
	Permit Measurement	---	---	---	---	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
Facility Comments										



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

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Pocopson Riverside Lab Accred Nov 2016.doc	Laboratory Accreditation Form	2016-12-19T13:30:12-05:00	
Pocopson Riverside supp. s. Nov 2016.xls	Daily Effluent Monitoring Form	2016-12-19T13:30:32-05:00	
Pocopson Riverside DEP cov. lett. Nov 2016.doc	Cover Letter	2016-12-19T13:29:49-05:00	

PERMIT VIOLATIONS

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

UNAUTHORISED DISCHARGES

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

OTHER PERMIT VIOLATIONS

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

COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6108765523

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).	SUBMITTED BY FULL NAME	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
DISANTISM		Michael DiSantis			2016	12	19

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

June, 2016

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BODs	Influent 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	19,700	55	35				49,000	21,300	18,500		8.0	6.6	1.44				
2	20,300	72	47				49,400	32,100	27,900		7.6	7.0	1.52				
3	17,000	69	53			0.0	1,400	2,000	1,000		7.7	7.1	1.51				
4	18,500	57	43				0	0	0								
5	22,500	60	36				0	0	0								
6	20,900	60	44				0	0	0								
7	21,500	52	36				0	0	0	202,600							
8	20,000	67	35			0.3	49,700	20,600	18,200		7.6	7.9	1.00				
9	21,500	53	45	165	112	0.2	16,100	12,200	8,000		7.5	7.1	0.98	4	5	36	14.6
10	15,900	56	40				30,100	33,100	26,200		7.9	10.0	1.63				
11	16,900	58	41				0	0	0								
12	20,600	43	33				0	0	0								
13	25,100	49	30				0	0	0								
14	22,400	59	32				49,300	21,400	18,400	303,300	7.7	9.4	1.27				
15	17,100	61	43				44,500	21,400	18,500		7.1	5.4	2.91				
16	17,700	57	33				6,300	9,600	12,100		7.8	7.9	2.76				
17	27,300	58	44				0	0	0								
18	19,300	69	36				0	0	0								
19	16,200	68	35			0.3	0	0	0								
20	28,500	42	37				0	0	0								
21	22,000	42	36				0	0	0	112,400							
22	17,000	46	33				0	0	0								
23	19,800	49	30				79,600	39,600	53,000		8.0	10.9	1.36				
24	21,400	43	38			0.0	0	0	0								
25	25,800	45	42			0.0	0	0	0								
26	22,000	45	39				0	0	0				1.15				
27	21,000	47	34				0	0	0								
28	21,500	49	30			0.9	0	0	0	172,200							
29	27,700	58	47			0.4	0	0	0								
30	21,100	60	54			1.0	0	0	0								
Total	628,200					3.0				790,500							
Avg.	20,940													4	5	36	14.6
Min											7.1						
Max	28,500										8.0						



## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

**Permittee Name:** DELCORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1505419	16	11	01	TO	16	11	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
cBOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
Fecal Coliform	S9222D-97	ALS Environmental	22-293
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293
TKN	S4500NH3G-11	ALS Environmental	22-293
Total Nitrogen	Calculation	ALS Environmental	22-293
pH	Meter	DELCORA - Operations Meter	23-00671

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

<b>Name/Title Principal Executive Officer</b>	<b>Phone:</b> <u>610-876-5523 ext 264</u>	<b>Signature of Principal Executive Officer or Authorized Agent</b>
<u>Michael J. DiSantis, Operations &amp; Maintenance Manager</u>	<b>Date:</b> <u>12/5/16</u>	_____

<sup>1</sup> 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.

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



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

January 17, 2017

**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 2016**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for December 2016.

There were no violations during the month. A total of 700,800 gallons of influent entered the facility for an average of 22,606 gallons per day. Please note that due to a malfunction of the influent meter, flow for 12/19 through 12/28 was estimated using the average for the remainder of the month. Due to low storage lagoon levels, spraying was performed only as needed during the month with 323,700 gallons discharged to the spray fields.

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

Very truly yours,

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:dds  
Enclosures

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

\\files\server\public\DEP\Reports\Monthly\Pocopson Riverside\2016\Dec\Pocopson Riverside DEP cov. lett. Dec 2016.doc

**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

**Saunders, Debbie**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Tuesday, January 17, 2017 2:56 PM  
**To:** DiSantis, Michael; 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:** 12/01/2016-12/31/2016

**Report Due Date:** 01/28/2017

**Submitted By:** Michael DiSantis

**Submission Id:** 39581

**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-BPNPSM0462 3/2012



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

NAME: DELCTORA  
ADDRESS: PO BOX 900, CHESTER PA, 19015  
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
2016	12	01	2016	12	31

Reporting Frequency: Monthly  
DMR Effective From: 12/01/2016  
DMR Effective To: 12/31/2016  
Permit Expires: 04/30/2020  
Permit Application Due: 11/02/2019  
No Discharge? No

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
pH	Sample Measurement	***	***	---	7.3	***	7.8	S.U.	Grabs	1/month
	Permit Measurement	***	***	---	6.0 MIN	***	9.0 MAX		Grabs	1/month
Total Suspended Solids	Sample Measurement	***	***	---	---	15	15	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	---	---	30 Avg Mo	50 MAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	---	***	19.7	16.7	mg/L	Calculation	1/quarter
	Permit Measurement	***	***	---	***	Monitor & Report Avg Mo	Monitor & Report MAX		Calculation	1/month
Flow	Sample Measurement	023606	02803	MGD	***	***	***	---	Metered	Continuous
	Permit Measurement	046160 Avg Mo	Monitor & Report Daily Max		***	***	***	---	Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	---	---	1	---	CFU/100 ml	Grabs	1/month
	Permit Measurement	***	***	---	---	200 Geo Mean	---		Grabs	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	---	---	5	5	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	---	---	25 Avg Mo	50 MAX		8-Hr Composite	1/month
Facility Comments										

3800-FM-BPNPSM0462 3/2012



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

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Program Reverts ODP Exp. Int. Dec 2016.doc	Cover Letter	2017-01-17T16:24:00-05:00	
Program Reverts Lab Acquired Dec 2016.doc	Laboratory Accreditation Form	2017-01-17T16:24:00-05:00	
Program Reverts Lab Acq. Dec 2016.xls	Only Discharge Monitoring Form	2017-01-17T16:24:00-05:00	

PERMIT VIOLATIONS

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

Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP HazMat	Comments
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OTHER PERMIT VIOLATIONS

Non Compliance ID	Begin Code (Sampling Point)	Reported Parameters	Non Compliance Type	Comments
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COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6106765523

SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 60, 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 ensure 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		
DISANTISM		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY
					2017	1	17

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

December, 2016

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BOD5	Influent 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	20,800	50	42				0	0	0								
2	21,200	46	37				0	0	0								
3	27,900	48	39				0	0	0								
4	27,400	45	40			0.1	0	0	0								
5	19,900	49	37			0.3	0	0	0								
6	26,500	41	45			0.6	0	0	0								
7	16,500	43	33				0	0	0	0							
8	17,800	43	30				46,700	37,200	26,100		7.9	9.4	0.50				
9	21,100	33	28				0	0	0								
10	20,600	33	26				0	0	0								
11	36,300	31	25			0.4	0	0	0								
12	23,000	44	33				0	0	0								
13	22,500	43	31				24,300	21,300	15,100		7.7	11.9	1.12				
14	17,700	38	30	260	164		23,400	8,300	8,900	211,300	7.3	10.0	1.42	5	10	1	19.7
15	22,000	22	15				0	0	0								
16	21,500	25	12			0.7	0	0	0								
17	20,100	34	25			0.7	0	0	0								
18	24,900	46	31				0	0	0								
19	22,600	30	24				0	0	0								
20	22,600	32	17				0	0	0								
21	22,600	41	24				48,000	39,700	24,700	112,400	7.8	12.2	1.18				
22	22,600	49	27				0	0	0								
23	22,600	44	30			0.4	0	0	0								
24	22,600	39	36			0.5	0	0	0								
25	22,600	45	33				0	0	0								
26	22,600	42	32			0.1	0	0	0								
27	22,600	63	45				0	0	0								
28	22,600	42	30			0.3	0	0	0	0							
29	21,000	43	30				0	0	0								
30	17,600	39	31				0	0	0								
31	28,500	32	27														
Total	700,800					4.0				323,700							
Avg.	22,606													5	10	1	19.7
Min											7.3						
Max	36,300										7.9						



## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

**Permittee Name:** DELCORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1505419	16	12	01	TO	16	12	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
cBOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
Fecal Coliform	S9222D-97	ALS Environmental	22-293
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293
TKN	S4500NH3G-11	ALS Environmental	22-293
Total Nitrogen	Calculation	ALS Environmental	22-293
pH	Meter	DELCORA - Operations Meter	23-00671

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

**Name/Title Principal Executive Officer**

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

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

Michael J. DiSantis, Operations & Maintenance Manager

**Date:** 1/4/17

<sup>1</sup> 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.

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



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

February 22, 2017

**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 January 2017**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for January 2017.

A total of 626,300 gallons of influent entered the facility for an average of 20,203 gallons per day. Due to weather conditions and storage lagoon level, no spraying was done during the month.

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

Very truly yours,

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:map  
Enclosures

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

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

**Palmer, Marcia**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Wednesday, February 22, 2017 2:52 PM  
**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:** 01/01/2017-01/31/2017  
**Report Due Date:** 02/28/2017

**Submitted By:** Michael DiSantis  
**Submission Id:** 45089  
**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.

**Palmer, Marcia**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Wednesday, February 22, 2017 3:53 PM  
**To:** DiSantis, Michael; Gober, Stan; DiSantis, Michael  
**Subject:** Your Revised 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:** 01/01/2017-01/31/2017  
**Report Due Date:** 02/28/2017

**Submitted By:** Michael DiSantis  
**Submission Id:** 45138  
**Submission Status:** Received  
**Submission Type:** Revision

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



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

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

1505419  
PERMIT NUMBER

001  
OUTFALL NUMBER

Reorting Frequency: Monthly  
 DMR Effective From: 01/01/2017  
 DMR Effective To: 01/31/2017  
 Permit Expires: 04/30/2020  
 Permit Application Due: 11/02/2019  
 No Discharge? Yes

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
FROM	2017	01	01	TO	2017	01	31

**PARAMETERS REPORTED VALUES**

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



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

**ATTACHMENT DETAILS**

File Name	Attachment Type	Uploaded Time	Attachment Comment
Pocopson Riverside DEP cov. lett. Jan. 2017.doc	Cover Letter	2017-02-22T12:44:50-05:00	
Pocopson Riverside Lab Accred Jan 2017.doc	Laboratory Accreditation Form	2017-02-22T12:49:27-05:00	
Pocopson Riverside supp. s. Jan 2017.xls	Daily Effluent Monitoring Form	2017-02-22T12:46:51-05:00	
Pocopson Riverside Influent and Process Control Form Jan 2017.xls	Influent and Process Control Form	2017-02-22T12:48:07-05:00	

**PERMIT VIOLATIONS**

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

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

**OTHER PERMIT VIOLATIONS**

Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments
-------------------	-----------------------------	--------------------	---------------------	----------

**COMMENTS DETAILS**

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6108765523

**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		
			AREA CODE	NUMBER	2017	2	22
DISANTISM		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

Month: January Year: 2017  
 NPDES Permit No.: 1505419  
 Renewal application due 180 days prior to expiration.  
 This permit will expire on: April 30, 2020

Day	Influent				Process Control					
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.0236									
2	0.025									
3	0.0208									
4	0.0229									
5	0.0188									
6	0.0141									
7	0.0159									
8	0.0165									
9	0.0192									
10	0.0187									
11	0.0181									
12	0.0211									
13	0.0205									
14	0.0215									
15	0.0215									
16	0.0265									
17	0.0195									
18	0.0207									
19	0.0178									
20	0.0199									
21	0.0184									
22	0.0183									
23	0.0274									
24	0.0236	150.0	30	44.0	9					
25	0.0215									
26	0.02									
27	0.0115									
28	0.0255									
29	0.0171									
30	0.0207									
31	0.0197									
Avg	0.02	150	30	44	9					
Max	0.027	150	30	44	9					

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

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

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



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>DELCORA-Sheeder Tract WWTP</u>										
<b>Address:</b> <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<hr/>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA 1505419				17	1	01	<b>TO</b>	17	1	31
<hr/>										
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293							
TKN	S4500NH3G-11	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
pH	Meter	DELCORA - Operations Meter	23-00671							

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

**Name/Title Principal Executive Officer**

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

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

Michael J. DiSantis, Operations & Maintenance Manager

**Date:** 2/6/17

<sup>1</sup> 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.

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

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

January, 2017

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BOD5	Influent 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	23,600	49	33			0.3	0	0	0								
2	25,000	40	34			0.4	0	0	0								
3	20,800	44	40			0.0	0	0	0								
4	22,900	53	32				0	0	0								
5	18,800	31	25			0.1	0	0	0								
6	14,100	28	23				0	0	0								
7	15,900	22	19				0	0	0	0							
8	16,500	21	14				0	0	0								
9	19,200	21	10				0	0	0								
10	18,700	31	13			0.3	0	0	0								
11	18,100	52	37			0.2	0	0	0								
12	21,100	60	49				0	0	0								
13	20,500	47	33				0	0	0								
14	21,500	34	29			0.0	0	0	0	0							
15	21,500	34	29				0	0	0								
16	26,500	29	23				0	0	0								
17	19,500	42	36			0.6	0	0	0								
18	20,700	44	39				0	0	0								
19	17,800	45	34			0.1	0	0	0								
20	19,900	37	32			0.1	0	0	0								
21	18,400	45	41				0	0	0	0							
22	18,300	45	44			0.3	0	0	0								
23	27,400	38	36			0.4	0	0	0								
24	23,600	40	36	150	44		0	0	0								
25	21,500	51	39			0.1	0	0	0								
26	20,000	47	41				0	0	0								
27	11,500	40	33				0	0	0								
28	25,500	36	41				0	0	0	0							
29	17,100	40	29				0	0	0								
30	20,700	33	27			0.1	0	0	0								
31	19,700	34	22														
Total	626,300					2.8				0							
Avg.	20,203													#DIV/0!	#DIV/0!	#NUM!	#DIV/0!
Min											0.0						
Max	27,400										0.0						



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

March 14, 2017

**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 February 2017**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for February 2017.

A total of 570,000 gallons of influent entered the facility for an average of 20,357 gallons per day. Due to weather conditions and storage lagoon level, no spraying was done during the month.

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

Very truly yours,

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:map  
Enclosures

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

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

**Palmer, Marcia**

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Wednesday, March 15, 2017 3:20 PM  
**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:** 02/01/2017-02/28/2017  
**Report Due Date:** 03/28/2017

**Submitted By:** Michael DiSantis  
**Submission Id:** 47878  
**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.



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

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

1505419  
PERMIT NUMBER

001  
OUTFALL NUMBER

Reorting Frequency: Monthly  
 DMR Effective From: 02/01/2017  
 DMR Effective To: 02/28/2017  
 Permit Expires: 04/30/2020  
 Permit Application Due: 11/02/2019  
 No Discharge? Yes

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
FROM	2017	02	01	TO	2017	02	28

**PARAMETERS REPORTED VALUES**

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



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

## ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Pocopson Riverside DEP cov, lett Feb. 2017.doc	Cover Letter	2017-03-15T12:59:34-04:00	
Pocopson Riverside Supp. S. Feb 2017.xls	Daily Effluent Monitoring Form	2017-03-15T13:02:47-04:00	
Pocopson Riverside Influent and Process Control Form Feb 2017.xls	Influent and Process Control Form	2017-03-15T10:02:53-04:00	
Pocopson Riverside Lab Accred Feb 2017.doc	Laboratory Accreditation Form	2017-03-15T10:03:44-04:00	

## PERMIT VIOLATIONS

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

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

Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments
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## COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6108765523

## 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		
DISANTISM		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY
					2017	3	15

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

Month: February Year: 2017  
 NPDES Permit No.: 1505419  
 Renewal application due **180 days** prior to expiration.  
 This permit will expire on: April 30, 2020

Day	Influent				Process Control			
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1	0.0236							
2	0.025							
3	0.0208							
4	0.0229							
5	0.0188							
6	0.0141							
7	0.0159							
8	0.0165							
9	0.0192							
10	0.0187							
11	0.0181							
12	0.0211							
13	0.0205							
14	0.0215							
15	0.0215							
16	0.0265							
17	0.0195							
18	0.0207							
19	0.0178							
20	0.0199							
21	0.0184							
22	0.0183	181.0	28	52.0	8			
23	0.0274							
24	0.0236							
25	0.0215							
26	0.02							
27	0.0115							
28	0.0255							
29	0.0171							
30	0.0207							
31	0.0197							
Avg	0.02	181	28	52	8			
Max	0.027	181	28	52	8			

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: 3/9/2017



POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

February, 2017

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BOD5	Influent 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	18,100	46	37			0.0	0	0	0								
2	19,400	44	30			0.0	0	0	0								
3	19,100	31	26			0.0	0	0	0								
4	17,900	29	19			0.0	0	0	0								
5	25,400	39	27			0.0	0	0	0								
6	26,700	46	36			0.1	0	0	0								
7	23,000	50	41			0.0	0	0	0								
8	19,800	63	46			0.6	0	0	0								
9	19,500	27	22			0.0	0	0	0								
10	22,500	29	20			0.0	0	0	0								
11	21,800	37	29			0.0	0	0	0								
12	23,800	39	35			0.2	0	0	0								
13	19,200	35	30			0.0	0	0	0								
14	19,300	29	25			0.0	0	0	0								
15	20,500	35	31			0.0	0	0	0								
16	14,000	36	28			0.0	0	0	0								
17	20,200	37	24			0.0	0	0	0								
18	29,800	58	28			0.0	0	0	0								
19	16,000	66	50			0.0	0	0	0								
20	22,500	52	40			0.0	0	0	0								
21	17,700	49	32			0.0	0	0	0								
22	17,800	56	41	181	52	0.0	0	0	0								
23	18,300	70	44			0.0	0	0	0								
24	22,300	71	53			0.0	0	0	0								
25	13,500	70	42			0.6	0	0	0								
26	22,500	35	29			0.0	0	0	0								
27	19,000	48	29			0.0	0	0	0								
28	20,400	55	42			0.2	0	0	0								
29																	
30																	
31																	
Total	570,000					1.7				0							
Avg.	20,357													#DIV/0!	#DIV/0!	#NUM!	#DIV/0!
Min											0.0						
Max	29,800										0.0						



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

April 20, 2017

**SUBMITTED ON LINE VIA PADEP eDMR SYSTEM**

Mr. 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 March 2017**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for March 2017.

There were no violations during the month. A total of 638,000 gallons of influent entered the facility for an average of 20,581 gallons per day. Spraying was performed as needed during the month with 723,500 gallons discharged to the spray fields.

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

Very truly yours,

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:map  
Enclosures

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

**Palmer, Marcia**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Thursday, April 20, 2017 8:22 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:** 03/01/2017-03/31/2017

**Report Due Date:** 04/28/2017

**Submitted By:** Michael DiSantis

**Submission Id:** 51165

**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.



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

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

1505419	001
PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Monthly  
 DMR Effective From: 03/01/2017  
 DMR Effective To: 03/31/2017  
 Permit Expires: 04/30/2020  
 Permit Application Due: 11/02/2019  
 No Discharge? No

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
FROM	2017	03	01	TO	2017	03	31

**PARAMETERS REPORTED VALUES**

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
pH	Sample Measurement	***	***	***	7.5	***	8.5	S U	Grab	Daily when Discharging
	Permit Measurement	***	***		6.0 Min	***	9.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	5	5	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***		***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	21	21	mg/L	Calculation	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	.020581	031100	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***		***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	7	7	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***		***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
Facility Comments										



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

**ATTACHMENT DETAILS**

File Name	Attachment Type	Uploaded Time	Attachment Comment
Pocopson Riverside DEP cov lett, March 2017.doc	Cover Letter	2017-04-20T08:21:54-04:00	
Pocopson Riverside Supp. 3 March 2017.xls	Daily Effluent Monitoring Form	2017-04-20T08:21:33-04:00	
Pocopson Riverside Lab Accred March 2017.doc	Laboratory Accreditation Form	2017-04-18T12:32:23-04:00	
Pocopson Riverside Influent and Process Control Form March 2017.xls	Influent and Process Control Form	2017-04-18T12:31:35-04:00	

**PERMIT VIOLATIONS**

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

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

Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments
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**COMMENTS DETAILS**

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6109765523

**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		
DISANTISM			AREA CODE	NUMBER	2017	4	20
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

March, 2017

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BOD5	Influent 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	20,000	60	55			0.0	0	0	0								
2	26,500	44	34			0.0	0	0	0								
3	10,500	35	23			0.0	0	0	0								
4	23,400	34	18			0.0	0	0	0								
5	21,800	36	12			0.0	0	0	0								
6	19,000	48	23			0.1	0	0	0								
7	17,000	64	39			0.0	0	0	0	0							
8	18,200	48	45			0.3	101,100	76,800	80,400		8.5	12.6	1.24				
9	18,800	60	46			0.0	45,800	56,200	0		8.4	11.1	1.20				
10	14,300	35	23			0.0	0	0	0								
11	22,700	23	16			0.0	0	0	0								
12	24,900	27	16			0.9	0	0	0								
13	19,100	26	16			1.5	0	0	0								
14	21,600	29	21			0.1	0	0	0	360,300							
15	24,000	23	16			0.2	0	0	0								
16	20,700	34	21			0.1	0	0	0								
17	17,400	39	23			0.0	0	0	0								
18	23,600	41	34			0.0	0	0	0								
19	25,800	45	32			0.0	0	0	0								
20	18,500	49	32			0.0	0	0	0								
21	19,500	54	39			0.0	0	0	0	0							
22	22,100	37	25			0.0	0	0	0								
23	23,000	38	19			0.0	0	0	0								
24	13,200	53	30			0.0	0	0	0								
25	17,500	71	45			0.0	0	0	0								
26	24,800	43	39			0.2	0	0	0								
27	18,100	54	39			0.3	0	0	0								
28	21,500	51	50			0.3	93,900	74,000	68,100	236,000	7.9	10.2	1.57				
29	20,700	49	43	118	156	0.0	58,200	56,500	12,500		7.5	9.8	1.34	7	5	1	21.0
30	18,700	46	32			0.3											
31	31,100	40	37			1.75				127,200							
Total	638,000					5.9	299,000	263,500	161,000	723,500							
Avg.	20,581													7	5	1	21.0
Min	10,500										7.5						
Max	31,100										8.5						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

**Permittee Name:** DELCORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1505419	17	3	01	TO	17	3	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
cBOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
Fecal Coliform	S9222D-97	ALS Environmental	22-293
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293
TKN	S4500NH3G-11	ALS Environmental	22-293
Total Nitrogen	Calculation	ALS Environmental	22-293
pH	Meter	DELCORA - Operations Meter	23-00671

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

<b>Name/Title Principal Executive Officer</b>	Phone: <u>610-876-5523 ext 264</u>	<b>Signature of Principal Executive Officer or Authorized Agent</b>
<u>Michael J. DiSantis, Operations &amp; Maintenance Manager</u>	Date: <u>4/5/2017</u>	_____

<sup>1</sup> 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.

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

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

Month: March Year: 2017  
 NPDES Permit No.: 1505419  
 Renewal application due 180 days prior to expiration.  
 This permit will expire on: April 30, 2020

Day	Influent					Process Control				
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.02									
2	0.0265									
3	0.0105									
4	0.0234									
5	0.0218									
6	0.019									
7	0.017									
8	0.0182									
9	0.0188									
10	0.0143									
11	0.0227									
12	0.0249									
13	0.0191									
14	0.0216									
15	0.024									
16	0.0207									
17	0.0174									
18	0.0236									
19	0.0258									
20	0.0185									
21	0.0195									
22	0.0221									
23	0.023									
24	0.0132									
25	0.0175									
26	0.0248									
27	0.0181									
28	0.0215									
29	0.0207	118.0	20	156.0	27					
30	0.0187									
31	0.0311									
Avg	0.021	118	20	156	27					
Max	0.031	118	20	156	27					

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

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

License No.: T0403  
 Date: 4/5/2017



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

May 18, 2017

**SUBMITTED ON LINE VIA PADEP eDMR SYSTEM**

Mr. 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 April 2017**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for April 2017.

There were no violations during the month. A total of 587,500 gallons of influent entered the facility for an average of 19,583 gallons per day. Spraying was performed as needed during the month with 1,490,700 gallons discharged to the spray fields.

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

Very truly yours,

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:mc  
enclosures

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

## Cummings, Meghan

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Thursday, May 18, 2017 1:14 PM  
**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:** 04/01/2017-04/30/2017

**Report Due Date:** 05/28/2017

**Submitted By:** Michael DiSantis

**Submission Id:** 54464

**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.



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

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

**1505419**  
PERMIT NUMBER

**001**  
OUTFALL NUMBER

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
FROM	2017	04	01	TO	2017	04	30

Reorting Frequency: Monthly  
 DMR Effective From: 04/01/2017  
 DMR Effective To: 04/30/2017  
 Permit Expires: 04/30/2020  
 Permit Application Due: 11/02/2019  
 No Discharge? No

**PARAMETERS REPORTED VALUES**

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
pH	Sample Measurement	***	***	***	6.9	***	8.0	S,U	Grab	Daily when Discharging
	Permit Measurement	***	***		6.0 Min	***	9.0 Max		Grab	
Total Suspended Solids	Sample Measurement	***	***	***	***	26	26	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***		***	30 Avg Mo	60 IMAX		8-Hr Composite	
Total Nitrogen	Sample Measurement	***	***	***	***	21.5	21.5	mg/L	Calculation	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	
Flow	Sample Measurement	.018583	.035000	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	
Facal Coliform	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***		***	200 Geo Mean	***		Grab	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	5	5	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***		***	25 Avg Mo	50 IMAX		8-Hr Composite	
Facility Comments										



POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

March, 2017

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BOD5	Influent 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	21,500	49	37			0.0	0	0	0								
2	27,800	53	37			0.0	0	0	0								
3	18,800	64	41			0.3	0	0	0								
4	15,000	66	54			0.0	0	0	0								
5	15,900	66	50			0.4	79,800	63,800	59,800		7.8	8.5	1.10				
6	35,000	46	45			0.7	0	0	0								
7	10,000	44	39			0.0	0	0	0	203,400							
8	22,800	57	34			0.0	75,300	69,400	16,900		6.9	5.9	1.31				
9	14,600	64	36			0.0	0	0	0								
10	15,900	72	45			0.0	0	0	0								
11	16,000	74	55			0.0	75,300	69,500	45,200		7.4	7.2	1.26				
12	15,700	67	55	164	47	0.0	74,900	60,900	35,700		8.0	7.4	1.76	5	26	1	21.5
13	15,500	57	46			0.0	0	0	0								
14	18,400	62	45			0.0	0	0	0	523,100							
15	16,600	60	52			0.0	0	0	0								
16	19,800	79	54			0.0	0	0	0								
17	22,800	63	59			0.1	98,800	77,500	75,800		7.9	8.7	1.30				
18	19,800	65	46			0.0	51,800	55,900	36,000		8.0	7.6	1.01				
19	19,800	56	45			0.0	0	0	0								
20	21,200	72	52			0.3	0	0	0								
21	17,500	58	54			0.1	0	0	0	395,800							
22	18,100	52	45			0.1	0	0	0								
23	22,700	54	41			0.0	0	0	0								
24	22,300	52	48			0.1	90,300	70,300	69,000		7.5	4.4	1.06				
25	20,200	52	50			0.9	0	0	0								
26	26,800	57	54			0.0	61,500	65,400	11,900		7.6	6.8	1.22				
27	15,000	63	57			0.0	0	0	0								
28	19,000	76	59			0.0	0	0	0	368,400							
29	18,000	82	64			0.0	0	0	0								
30	25,000	66	52			0.0	0	0	0								
31										0							
Total	587,500					3.0	607,700	532,700	350,300	1,490,700							
Avg.	19,583													5	26	1	21.5
Min	10,000										6.9						
Max	35,000										8.0						



## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

**Permittee Name:** DELCORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1505419	17	4	01	TO	17	4	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
cBOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
Fecal Coliform	S9222D-97	ALS Environmental	22-293
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293
TKN	S4500NH3G-11	ALS Environmental	22-293
Total Nitrogen	Calculation	ALS Environmental	22-293
pH	Meter	DELCORA - Operations Meter	23-00671

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

**Name/Title Principal Executive Officer**

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

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

Michael J. DiSantis, Operations &  
Maintenance Manager

**Date:** 5/4/2017

<sup>1</sup> 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.

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



**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BPNPSM0436 3/2012

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

Month: April Year: 2017  
 NPDES Permit No.: 1505419  
 Renewal application due 180 days prior to expiration.  
 This permit will expire on: April 30, 2020

Day	Influent				Process Control			
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1	0.0215							
2	0.0278							
3	0.0188							
4	0.015							
5	0.0159							
6	0.035							
7	0.01							
8	0.0228							
9	0.0146							
10	0.0159							
11	0.016							
12	0.0157	164.0	21	47.0	6			
13	0.0155							
14	0.0184							
15	0.0166							
16	0.0198							
17	0.0228							
18	0.0198							
19	0.0198							
20	0.0212							
21	0.0175							
22	0.0181							
23	0.0227							
24	0.0223							
25	0.0202							
26	0.0268							
27	0.015							
28	0.019							
29	0.018							
30	0.025							
31								
Avg	0.02	164	21	47	6			
Max	0.035	164	21	47	6			

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: 5/4/2017



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

June 27, 2017

**SUBMITTED ON LINE VIA PADEP eDMR SYSTEM**

Mr. 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 May 2017**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for May 2017.

There were no violations during the month. A total of 614,100 gallons of influent entered the facility for an average of 19,810 gallons per day. Spraying was performed as needed during the month with 2,366,900 gallons discharged to the spray fields.

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

Very truly yours,

*Electronically submitted & signed*

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:  
enclosures

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

## Cummings, Meghan

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Tuesday, June 27, 2017 1:04 PM  
**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:** 05/01/2017-05/31/2017

**Report Due Date:** 06/28/2017

**Submitted By:** Michael DiSantis

**Submission Id:** 58848

**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.



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

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

<b>1505419</b>	<b>001</b>
PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Monthly  
 DMR Effective From: 05/01/2017  
 DMR Effective To: 05/31/2017  
 Permit Expires: 04/30/2020  
 Permit Application Due: 11/02/2019  
 No Discharge?: No

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
FROM	2017	05	01	TO	2017	05	31

**PARAMETERS REPORTED VALUES**

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
pH	Sample Measurement	***	***	***	7.1	***	8.0	S.U.	Grab	Daily when Discharging
	Permit Measurement	***	***		6.0 Min	***	8.0 Max		Grab	
Total Suspended Solids	Sample Measurement	***	***	***	***	5	5	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***		***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	12.9	12.9	mg/L	Calculation	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	.019810	.025000	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	
Fecal Coliform	Sample Measurement	***	***	***	***	4	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***		***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	2	2	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***		***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
Facility Comments										



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

## ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Pocopson Riverside DEP Cov. Ltr. May 2017.doc	Cover Letter	2017-06-27T13:03:25-04:00	
Pocopson Riverside Supp. S. May 2017.xls	Daily Effluent Monitoring Form	2017-06-14T11:26:01-04:00	
Pocopson Riverside Lab Accred May 2017.doc	Laboratory Accreditation Form	2017-06-14T11:27:34-04:00	
Pocopson Riverside Influent and Process Control Form May 2017.xls	Influent and Process Control Form	2017-06-14T11:26:48-04:00	

## PERMIT VIOLATIONS

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

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

## OTHER PERMIT VIOLATIONS

Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments
-------------------	-----------------------------	--------------------	---------------------	----------

## COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6108765523

## 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		
DISANTISM			AREA CODE	NUMBER	YEAR	MO	DAY
					2017	6	27
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

May, 2017

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BOD5	Influent 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	19,400	77	52			0.4	0	0	0								
2	16,200	71	52			0.0	0	0	0								
3	20,300	61	55			0.0	97,100	76,000	54,800		7.1	5.2	0.55				
4	19,900	61	48			0.5	96,100	75,600	54,400		7.3	5.9	1.17				
5	25,000	58	43			0.6	0	0	0								
6	17,900	59	50			0.0	0	0	0								
7	18,700	51	46			0.0	0	0	0	454,000							
8	19,700	48	36			0.0	97,000	75,800	74,600		7.8	8.4	0.55				
9	19,100	50	37			0.0	99,800	79,400	33,200		7.6	6.9	0.62				
10	19,300	60	45			0.0	9,000	22,600	0		7.8	7.2	0.74				
11	23,700	53	48			0.1	0	0	0								
12	21,000	57	46			1.6	0	0	0								
13	24,300	53	46			0.2	0	0	0								
14	15,900	68	43			0.0	0	0	0	491,400							
15	19,300	57	48			0.0	108,200	84,800	82,800		7.4	7.3	0.82				
16	22,600	46	46			0.0	78,500	85,300	14,500		7.7	7.1	0.67				
17	23,200	68	55			0.0	17,100	7,500	9,700		8.0	6.1	0.75				
18	18,600	89	70			0.0	0	0	0								
19	18,200	87	72			0.0	0	0	0								
20	15,500	63	54			0.0	0	0	0								
21	17,100	63	48			0.0	0	0	0	488,400							
22	20,100	57	54			0.2	0	0	0								
23	19,900	56	55			0.1	111,600	92,600	91,500		7.5	5.8	0.45				
24	24,100	58	55	141	119	0.8	90,000	76,500	15,700		7.5	6.3	0.73	2	5	4	12.9
25	18,600	57	54			0.7	0	0	0								
26	19,400	68	57			0.0	3,500	9,200	0		7.8	3.7	1.10				
27	15,500	69	52			0.0	0	0	0								
28	16,900	71	54			0.2	0	0	0	490,600							
29	20,300	59	57			0.2	0	0	0								
30	25,000	56	54			0.3	126,600	99,200	96,700		7.7	5.3	1.82				
31	19,400	67	59			0.00	61,800	49,900	8,300	442,500	7.9	7.7	0.98				
Total	614,100					5.8	996,300	834,400	536,200	2,366,900							
Avg.	19,810													2	5	4	12.9
Min	15,500										7.1						
Max	25,000										8.0						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA 1505419				17	5	01	TO	17	5	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293							
TKN	S4500NH3G-11	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
pH	Meter	DELCORA - Operations Meter	23-00671							

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or  
Authorized Agent

Michael J. DiSantis, Operations & Maintenance Manager

Date: 6/6/2017

<sup>1</sup> 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.

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

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

Month: May Year: 2017  
 NPDES Permit No.: 1505419  
 Renewal application due 180 days prior to expiration.  
 This permit will expire on: April 30, 2020

Day	Influent				Process Control			
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1	0.0194							
2	0.0162							
3	0.0203							
4	0.0199							
5	0.025							
6	0.0179							
7	0.0187							
8	0.0197							
9	0.0191							
10	0.0193							
11	0.0237							
12	0.021							
13	0.0243							
14	0.0159							
15	0.0193							
16	0.0226							
17	0.0232							
18	0.0186							
19	0.0182							
20	0.0155							
21	0.0171							
22	0.0201							
23	0.0199							
24	0.0241	141.0	28	119.0	24			
25	0.0186							
26	0.0194							
27	0.0155							
28	0.0169							
29	0.0203							
30	0.025							
31	0.0184							
Avg	0.02	141	28	119	24			
Max	0.025	141	28	119	24			

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

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

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



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

July 17, 2017

**SUBMITTED ON LINE VIA PADEP eDMR SYSTEM**

Mr. 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 2017**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for June 2017.

There were no violations during the month. A total of 577,800 gallons of influent entered the facility for an average of 19,260 gallons per day. Spraying was performed as needed during the month with 1,240,360 gallons discharged to the spray fields.

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

Very truly yours,

*Electronically submitted & signed*

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](mailto:dharrower@pencomanagement.com))  
S. Gober  
S. Babylon  
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

**Cummings, Meghan**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, July 17, 2017 1:06 PM  
**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:** 06/01/2017-06/30/2017  
**Report Due Date:** 07/28/2017

**Submitted By:** Michael DiSantis  
**Submission Id:** 60581  
**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.



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

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

1505419  
PERMIT NUMBER

001  
OUTFALL NUMBER

Reporting Frequency: Monthly  
 DMR Effective From: 06/01/2017  
 DMR Effective To: 06/30/2017  
 Permit Expires: 04/30/2020  
 Permit Application Due: 11/02/2019  
 No Discharge? No

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
FROM	2017	06	01	TO	2017	06	30

**PARAMETERS REPORTED VALUES**

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			SAMPLE TYPE	SAMPLE FREQUENCY	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			UNITS
pH	Sample Measurement	***	***	***	7.7	***	7.9	S.U.	Grab	Daily when Discharging
	Permit Measurement	***	***	***	6.0 Min	***	9.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	5	5	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	16.3	16.3	mg/L	Calculation	1/month
	Permit Measurement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	.019260	.03230	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***	***	***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	2	2	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
Facility Comments										



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

ATTACHMENT DETAILS	File Name	Attachment Type	Uploaded Time	Attachment Comment
	Poconoan Riverside DEP Covr Ltr June 2017.doc	Cover Letter	2017-07-17T13:05:56-04:00	
	Poconoan Riverside Supp. S. June 2017.xls	Daily Effluent Monitoring Form	2017-07-14T16:47:48-04:00	
	Poconoan Riverside Lab Accord June 2017.doc	Laboratory Accreditation Form	2017-07-14T10:48:14-04:00	
	Poconoan Riverside Influent and Process Control Form June 2017.xls	Influent and Process Control Form	2017-07-14T10:48:24-04:00	

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

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

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

COMMENTS DETAILS	Comment	Operator Name	Operator Certification Number	Operator Contact Number
		Michael J. Disantis	TD408	6109765523

SUBMISSION INFORMATION	Submitted By	Submitted By Full Name	Area Code	Number	Year	MO	DAY
SUBMITTED BY GREENPORT USER	Michael Disantis	Michael Disantis			2017	7	17
DISANTISM	<p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 89, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are certifying 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 persons gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P. S. section 4904 (relating to unsworn falsification to authorities).</p>						





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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA 1505419				17	6	01	TO	17	6	30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293							
TKN	S4500NH3G-11	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
pH	Meter	DELCORA - Operations Meter	23-00671							

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Operations & Maintenance ManagerDate: 7/6/2017

<sup>1</sup> 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.

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



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

August 15, 2017

**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 July 2017**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for July 2017.

A total of 549,900 gallons of influent entered the facility for an average of 17,739 gallons per day. Due to a low storage lagoon level, no spraying was done during the month.

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

Very truly yours,

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:map  
Enclosures

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

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

**Cummings, Meghan**

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, August 14, 2017 1:13 PM  
**To:** DiSantis, Michael; doug.rowland@drbc.nj.gov; 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:** 07/01/2017-07/31/2017  
**Report Due Date:** 08/28/2017

**Submitted By:** Michael DiSantis  
**Submission Id:** 63978  
**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

July, 2017

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BODs	Influent 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	19,200	79	69			0.0	0	0	0								
2	9,000	81	69			0.5	0	0	0								
3	13,300	84	67			0.0	0	0	0								
4	21,000	76	71			0.0	0	0	0								
5	14,100	80	69			0.0	0	0	0								
6	21,900	71	69			0.6	0	0	0								
7	18,950	76	68			0.0	0	0	0	0							
8	18,950	79	66			0.0	0	0	0								
9	12,800	78	63			0.0	0	0	0								
10	17,300	65	59			0.0	0	0	0								
11	19,400	85	71			0.0	0	0	0								
12	19,800	82	73			0.0	0	0	0								
13	23,600	85	74			0.4	0	0	0								
14	16,100	79	71			1.0	0	0	0	0							
15	19,300	81	70			0.0	0	0	0								
16	18,600	84	63			0.0	0	0	0								
17	13,600	84	65			0.0	0	0	0								
18	18,500	74	69			0.0	0	0	0								
19	21,700	80	72			0.0	0	0	0								
20	19,500	89	73			0.0	0	0	0								
21	28,600	88	73			0.0	0	0	0	0							
22	11,500	88	73			0.0	0	0	0								
23	19,600	85	70			3.9	0	0	0								
24	20,100	72	69			0.9	0	0	0								
25	18,800	70	66			0.0	0	0	0								
26	15,000	69	65			0.0	0	0	0								
27	18,000	71	64			0.0	0	0	0								
28	15,800	78	70			0.3	0	0	0	0							
29	16,200	69	62			0.0	0	0	0								
30	14,900	75	56			0.0	0	0	0								
31	14,800	86	58			0.00	0	0	0	0							
Total	549,900					7.7	0	0	0	0							
Avg.	17,739													#DIV/0!	#DIV/0!	#NUM!	#DIV/0!
Min	9,000									0.0							
Max	28,600									0.0							



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA 1505419				17	7	01	TO 17 7 31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293				
TKN	S4500NH3G-11	ALS Environmental	22-293				
Total Nitrogen	Calculation	ALS Environmental	22-293				
pH	Meter	DELCORA - Operations Meter	23-00671				

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or  
Authorized Agent

Michael J. DiSantis, Operations &  
Maintenance Manager

Date: 8/8/2017

<sup>1</sup> 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.

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



Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

Month: July Year: 2017  
 NPDES Permit No.: 1505419  
 Renewal application due **180 days** prior to expiration.  
 This permit will expire on: April 30, 2020

Day	Influent					Process Control			
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)	
1	0.0192								
2	0.009								
3	0.0133								
4	0.021								
5	0.0141								
6	0.0219								
7	0.019								
8	0.019								
9	0.0128								
10	0.0173								
11	0.0194								
12	0.0198	143.0	24	48.0	8				
13	0.0236								
14	0.0161								
15	0.0193								
16	0.0186								
17	0.0136								
18	0.0185								
19	0.0217								
20	0.0195								
21	0.0286								
22	0.0115								
23	0.0196								
24	0.0201								
25	0.0188								
26	0.015								
27	0.018								
28	0.0158								
29	0.0162								
30	0.0149								
31	0.0148								
Avg	0.018	143	24	48	8				
Max	0.029	143	24	48	8				

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

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

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



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

September 21, 2017

**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 August 2017**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for August 2017. A total of 523,900 gallons of influent entered the facility for an average of 16,900 gallons per day.

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

Very truly yours,

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:mc  
Enclosures

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

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

**Cummings, Meghan**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Wednesday, September 20, 2017 10:48 AM  
**To:** DiSantis, Michael; Gober, Stan; doug.rowland@drbc.nj.gov; 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:** 08/01/2017-08/31/2017  
**Report Due Date:** 09/28/2017

**Submitted By:** Michael DiSantis  
**Submission Id:** 67551  
**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.

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



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

1505419  
PERMIT NUMBER

001  
OUTFALL NUMBER

Reporting Frequency: Monthly  
 DMR Effective From: 08/01/2017  
 DMR Effective To: 08/31/2017  
 Permit Expires: 04/30/2020  
 Permit Application Due: 11/02/2019  
 No Discharge? No

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
FROM	2017	08	01	TO	2017	08	31

**PARAMETERS REPORTED VALUES**

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
pH	Sample Measurement	***	***	***	7.5	***	8.0	S.U.	Grab	1/month
	Permit Measurement	***	***	***	6.0 Min	***	9.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	5	5	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	4.7	4.7	mg/L	Calculation	1/month
	Permit Measurement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	.016900	.0252	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***	***	***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	3	3	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
Facility Comments										

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



## ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Pocopson Riverside DEP cov. ltr. August 2017.doc	Cover Letter	2017-09-20T10:01:00-04:00	
Pocopson Riverside Supp. S. August 2017.xls	Daily Effluent Monitoring Form	2017-09-20T10:01:38-04:00	
Pocopson Riverside Lab Accred August 2017.doc	Laboratory Accreditation Form	2017-09-20T10:03:36-04:00	
Pocopson Riverside Influent and Process Control Form August 2017.xls	Influent and Process Control Form	2017-09-20T10:02:47-04:00	

## PERMIT VIOLATIONS

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

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

Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments
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## COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6108765523

## 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		
			AREA CODE	NUMBER	2017	9	20
DISANTISM		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

August, 2017

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BODs	Influent 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	15,300	72	54			0.0	0	0	0								
2	20,400	71	53			0.7	0	0	0								
3	11,500	81	59			0.3	0	0	0								
4	14,300	67	54			0.5	87,900	64,600	65,700		7.5	4.4	0.20				
5	21,300	69	64			0.0	20,600	14,500	14,000		8.0	5.7	0.19				
6	11,200	74	55			0.3	0	0	0								
7	14,600	65	53			0.4	0	0	0	267,300							
8	2,900	73	53			0.0	107,300	82,800	81,600		7.9	5.3	1.32				
9	6,000	70	59			0.0	76,700	53,100	53,400		7.5	4.1	0.45				
10	17,800	69	59			0.0	66,100	0	0		7.6	4.8	0.36				
11	18,000	79	64			0.0	0	0	0								
12	15,000	77	68			0.0	0	0	0								
13	18,900	79	65			0.0	0	0	0								
14	12,000	78	60			0.0	0	0	0	521,000	7.5	5.4	0.84				
15	21,000	68	66			0.4	114,800	88,100	114,300		7.6	5.5	0.92				
16	19,900	69	67	158	112	0.0	97,600	42,100	22,500		7.6	4.8	0.05	3	5	1	4.7
17	19,600	79	65			0.0	34,100	0	0								
18	13,400	82	73			0.2	0	0	0								
19	23,300	80	70			0.0	0	0	0								
20	11,700	81	63			0.0	0	0	0								
21	19,700	65	62			0.0	101,400	78,700	102,900	796,500	7.5	3.2	0.78				
22	19,900	76	73			0.8	16,400	12,300	15,500		7.9	5.0	0.62				
23	19,900	75	63			0.0	0	0	0								
24	22,200	71	60			0.0	0	0	0								
25	14,900	75	63			0.0	0	0	0								
26	18,600	74	62			0.0	0	0	0								
27	25,200	72	56			0.0	0	0	0								
28	15,800	72	55			0.0	0	0	0	44,200							
29	21,300	62	60			0.7	0	0	0								
30	22,100	62	58			0.0	0	0	0								
31	16,200	78	61			0.0	0	0	0	0							
Total	523,900					4.4	722,900	436,200	469,900	1,629,000							
Avg.	16,900													3	5	1	4.7
Min	2,900										7.5						
Max	25,200										8.0						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA 1505419				17	8	01	TO	17	8	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293							
TKN	S4500NH3G-11	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
pH	Meter	DELCORA - Operations Meter	23-00671							

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Operations & Maintenance ManagerDate: 9/8/2017

<sup>1</sup> 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.

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

**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

Month: August Year: 2017  
 NPDES Permit No.: 1505419  
 Renewal application due 180 days prior to expiration.  
 This permit will expire on: April 30, 2020

Day	Influent				Process Control					
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.0153									
2	0.0204									
3	0.0115									
4	0.0143									
5	0.0213									
6	0.0112									
7	0.0146									
8	0.0029									
9	0.006									
10	0.0178									
11	0.018									
12	0.015									
13	0.0189									
14	0.012									
15	0.021									
16	0.0199	158.0	26	112.0	19					
17	0.0196									
18	0.0134									
19	0.0233									
20	0.0117									
21	0.0197									
22	0.0199									
23	0.0199									
24	0.0222									
25	0.0149									
26	0.0186									
27	0.0252									
28	0.0158									
29	0.0213									
30	0.0221									
31	0.0162									
Avg	0.017	158	26	112	19					
Max	0.025	158	26	112	19					

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

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

License No.: T0403  
 Date: 9/8/2017



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

October 17, 2017

**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 September 2017**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for September 2017. A total of 597,700 gallons of influent entered the facility for an average of 19,923 gallons per day. Spraying was performed as needed with 649,600 gallons discharged to the spray fields during the month.

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

Very truly yours,

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:mc  
Enclosures

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

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

## Cummings, Meghan

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, October 16, 2017 1:30 PM  
**To:** DiSantis, Michael; Gober, Stan; doug.rowland@drbc.nj.gov; kendria.henson@drbc.nj.gov; 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:** 09/01/2017-09/30/2017  
**Report Due Date:** 10/28/2017

**Submitted By:** Michael DiSantis  
**Submission Id:** 70428  
**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.



**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

Reorting Frequency: Monthly  
 DMR Effective From: 09/01/2017  
 DMR Effective To: 09/30/2017  
 Permit Expires: 04/30/2020  
 Permit Application Due: 11/02/2019  
 No Discharge? No

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2017	09	01	FROM	2017	09	30

**PARAMETERS REPORTED VALUES**

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
pH	Sample Measurement	***	***	***	7.2	***	7.7	S.U.	Grab	Daily when Discharging
	Permit Measurement	***	***	***	6.0 Min	***	9.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	5	5	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	8.2	8.2	mg/L	Calculation	1/month
	Permit Measurement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	.019923	.031500	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***	***	***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	2	2	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
Facility Comments										



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

**ATTACHMENT DETAILS**

File Name	Attachment Type	Uploaded Time	Attachment Comment
Poopson Riverside DEP cov. ltr. September 2017.doc	Cover Letter	2017-10-16T13:28:49-04:00	
Poopson Riverside Supp. September 2017.xls	Daily Effluent Monitoring Form	2017-10-16T13:28:37-04:00	
Poopson Riverside Lab. Accred September 2017.doc	Laboratory Accreditation Form	2017-10-16T13:35:49-04:00	
Poopson Riverside Influent and Process Control Form September 2017.xls	Influent and Process Control Form	2017-10-16T13:39:18-04:00	

**PERMIT VIOLATIONS**

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

**UNAUTHORISED DISCHARGES**

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

**OTHER PERMIT VIOLATIONS**

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

**COMMENTS DETAILS**

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	TD-03	6108765523

**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).			TELEPHONE	DATE	
	DISANTISM	AREA CODE	NUMBER	YEAR	MO	DAY
	Michael DiSantis	2017	10	16		
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

September , 2017

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BODs	Influent 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	18,000	60	54			0.0	0	0	0								
2	13,700	53	52			0.0	0	0	0								
3	24,100	62	59			0.8	0	0	0								
4	21,400	79	54			0.0	0	0	0								
5	20,500	82	64			0.0	0	0	0								
6	19,100	63	57			0.3	0	0	0								
7	18,100	70	55			0.3	0	0	0	0							
8	12,500	59	52			0.0	0	0	0								
9	31,500	48	50			0.0	0	0	0								
10	31,500	81	64			0.0	0	0	0								
11	16,300	71	52			0.0	0	0	0								
12	23,100	76	55			0.1	92,400	72,000	93,800		7.2	2.8	0.68				
13	14,200	65	59			0.0	0	0	0								
14	23,500	65	63			0.0	126,100	39,600	50,500	474,400	7.5	5.6	0.75				
15	23,700	69	61			0.0	32,500	0	0		7.5	7.5	0.67				
16	15,000	82	63			0.0	0	0	0								
17	29,700	70	64			0.0	0	0	0								
18	18,300	78	64			0.0	0	0	0								
19	24,100	79	66			0.0	0	0	0								
20	10,700	67	68			0.0	26,900	20,200	26,300		7.7	4.7	0.42				
21	18,800	74	64			0.0	0	0	0	105,900							
22	18,700	67	66			0.0	0	0	0								
23	21,800	72	64			0.0	0	0	0								
24	22,000	85	64			0.0	0	0	0								
25	18,400	87	66			0.0	0	0	0								
26	16,600	78	64			0.0	0	0	0								
27	18,000	86	66			0.0	30,300	1,100	25,000			7.4	1.10	2	5	1	8.2
28	26,300	70	55			0.0	12,900	0	0	69,300		7.7	5.90				
29	10,400	68	48			0.0	0	0	0								
30	17,700	61	50			0.0	0	0	0								
31																	
Total	597,700					1.6	321,100	132,900	195,600	649,600				2	5	1	8.2
Avg.	19,923																
Min	10,400										7.2						
Max	31,500										7.7						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day			
PA 1505419				17	9	01	TO 17 9 30
<b>PARAMETER</b>		<b>ANALYSIS METHOD</b>		<b>LAB NAME</b>		<b>LAB ID NUMBER<sup>2</sup></b>	
cBOD5		S5210B-11		ALS Environmental		22-293	
TSS		S2540D-11		ALS Environmental		22-293	
Fecal Coliform		S9222D-97		ALS Environmental		22-293	
Nitrate + Nitrite		EPA 300.0		ALS Environmental		22-293	
TKN		S4500NH3G-11		ALS Environmental		22-293	
Total Nitrogen		Calculation		ALS Environmental		22-293	
pH		Meter		DELCORA - Operations Meter		23-00671	

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Operations & Maintenance ManagerDate: 10/3/2017

<sup>1</sup> 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.

<sup>2</sup> 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**

3800-FM-BPNPSM0436 3/2012

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

Month: September Year: 2017  
 NPDES Permit No.: 1505419  
 Renewal application due 180 days prior to expiration.  
 This permit will expire on: April 30, 2020

Day	Influent				Process Control					
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.018									
2	0.0137									
3	0.0241									
4	0.0214									
5	0.0205									
6	0.0191									
7	0.0181									
8	0.0125									
9	0.0315									
10	0.0315									
11	0.0163									
12	0.0231									
13	0.0142									
14	0.0235									
15	0.0237									
16	0.015									
17	0.0297									
18	0.0183									
19	0.0241									
20	0.0107									
21	0.0188									
22	0.0187									
23	0.0218									
24	0.022									
25	0.0184									
26	0.0166									
27	0.018									
28	0.0263	303.0	66	144.0	32					
29	0.0104									
30	0.0177									
31										
Avg	0.02	303	66	144	32					
Max	0.032	303	66	144	32					

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: 10/8/2017



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

November 16, 2017

**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 October 2017**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for October 2017.

A total of 650,760 gallons of influent entered the facility for an average of 20,992 gallons per day. Due to a low storage lagoon level, no spraying was done during the month.

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

Very truly yours,

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:map  
Enclosures

cc: S. Simone, Pocopson Township via US mail  
D. Harrower, Penco Management via email [dharrower@penco.com](mailto:dharrower@penco.com)  
S. Gober  
S. Babylon

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

**Cummings, Meghan**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Wednesday, November 15, 2017 2:14 PM  
**To:** DiSantis, Michael; Gober, Stan; doug.rowland@drbc.nj.gov; kendria.henson@drbc.nj.gov; 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:** 10/01/2017-10/31/2017  
**Report Due Date:** 11/28/2017

**Submitted By:** Michael DiSantis  
**Submission Id:** 74246  
**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.



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

15095419  
PERMIT NUMBER

001  
OUTFALL NUMBER

Reporting Frequency: Monthly  
DMR Effective From: 10/01/2017  
DMR Effective To: 10/31/2017  
Permit Expires: 04/30/2020  
Permit Application Due: 11/02/2019  
No Discharge? Yes

MONITORING PERIOD			
YEAR	MO	DAY	TO
2017	10	01	31

PARAMETERS REPORTED VALUES

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			SAMPLE TYPE	SAMPLE FREQUENCY
	VALUE	UNITS	VALUE	VALUE	UNITS	UNITS		
pH	Sample Measurement	***	***	***	***	S.U.	Grab	1/month
	Permit Measurement	***	***	8.0 Min	9.0 Max	***		
Total Suspended Solids	Sample Measurement	***	***	***	80 Avg Mo	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	80 IMAx	***		
Total Nitrogen	Sample Measurement	***	***	***	***	mg/L	Calculation	1/month
	Permit Measurement	***	***	***	Monitor & Report Avg Mo	***		
Flow	Sample Measurement	***	***	***	***	***	Metered	Continuous
	Permit Measurement	045,100 Avg Mo	MOD	***	Monitor & Report Daily Max	***		
Fecal Coliform	Sample Measurement	***	***	***	200 Gas Mean	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***	***	25 Avg Mo	***		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	80 IMAx	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	***		
Facility Comments								



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

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Pocopson Riversids DEP cov. ltr. ltr. October 2017.doc	Cover Letter	2017-11-15T10:49:36-0500	
Pocopson Riversids Slupe. October 2017.xls	Daily Effluent Monitoring Form	2017-11-15T14:13:14-0500	
Pocopson Riversids Lab Accord October 2017.doc	Laboratory Accreditation Form	2017-11-15T10:52:17-0500	
Pocopson Riversids Influent and Process Control Form October 2017.xls	Influent and Process Control Form	2017-11-15T10:51:07-0500	

PERMIT VIOLATIONS

Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of N/C	Corrective Action	Comments
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UNAUTHORIZED DISCHARGES

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

Non Compliance ID	Sage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments
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COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	13463	6108755523

SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER	TELEPHONE			DATE			
	AREA CODE	NUMBER	NUMBER		AREA CODE	YEAR	MO
DISANTISM							

\*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 and all attachments were prepared and submitted 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 already 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).

POCOPSON SHEEDER TRACT WWTP

October, 2017

WQM PERMIT # 1505419

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BODs	Influent 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	22,400	58	45			0.0	0	0	0								
2	20,300	65	46			0.0	0	0	0								
3	16,660	69	46			0.0	0	0	0								
4	20,300	66	50			0.0	0	0	0								
5	17,000	80	59			0.0	0	0	0								
6	17,400	66	61			0.0	0	0	0								
7	20,900	72	61			0.1	0	0	0	0							
8	20,600	75	72			0.8	0	0	0								
9	19,400	74	72			0.1	0	0	0								
10	19,000	78	63			0.0	0	0	0								
11	20,500	71	63			0.3	0	0	0								
12	19,600	59	54			0.0	0	0	0								
13	15,500	61	54			0.0	0	0	0								
14	19,800	63	59			0.1	0	0	0	0							
15	25,300	66	63			0.0	0	0	0								
16	22,100	57	45			0.0	0	0	0								
17	18,800	55	39			0.0	0	0	0								
18	20,700	59	41			0.0	0	0	0								
19	21,800	66	46			0.0	0	0	0								
20	26,900	65	50			0.0	0	0	0								
21	11,500	61	48			0.0	0	0	0	0							
22	26,300	52	48			0.0	0	0	0								
23	20,000	70	59			0.6	0	0	0								
24	19,000	70	55			0.0	0	0	0								
25	18,500	61	43			0.0	0	0	0								
26	17,500	52	41	111	56	0.0	0	0	0								
27	27,100	36	37			0.0	0	0	0								
28	25,900	62	48			0.9	0	0	0	0							
29	27,300	64	50			1.4	0	0	0								
30	29,700	56	43			0.0	0	0	0								
31	23,000	55	36			0.0	0	0	0								
Total	650,760					4.2	0	0	0	0							
Avg.	20,992													#DIV/0!	#DIV/0!	#NUM!	#DIV/0!
Min	11,500										0.0						
Max	29,700										0.0						



## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA 1505419				17	10	01	TO 17 10 31
PARAMETER		ANALYSIS METHOD		LAB NAME		LAB ID NUMBER <sup>2</sup>	
cBOD5		S5210B-11		ALS Environmental		22-293	
TSS		S2540D-11		ALS Environmental		22-293	
Fecal Coliform		S9222D-97		ALS Environmental		22-293	
Nitrate + Nitrite		EPA 300.0		ALS Environmental		22-293	
TKN		S4500NH3G-11		ALS Environmental		22-293	
Total Nitrogen		Calculation		ALS Environmental		22-293	
pH		Meter		DELCORA - Operations Meter		23-00671	

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

Name/Title Principal Executive Officer

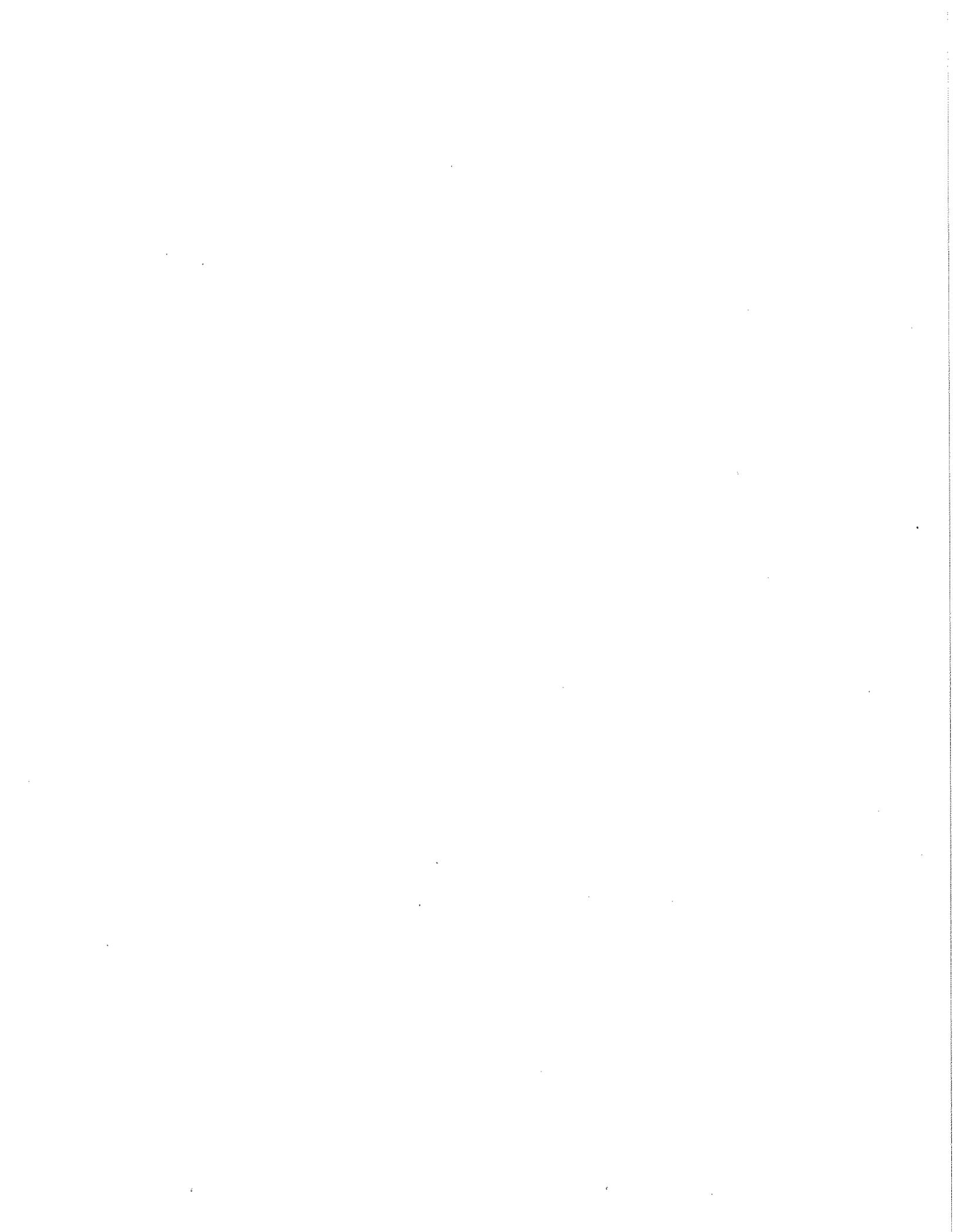
Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Operations & Maintenance ManagerDate: 11/3/2017

<sup>1</sup> 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.

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





**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BPNPSM0436 3/2012

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

Month: October Year: 2017  
 NPDES Permit No.: 1505419  
 Renewal application due 180 days prior to expiration.  
 This permit will expire on: April 30, 2020

Day	Influent					Process Control				
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.0224									
2	0.0203									
3	0.0166									
4	0.0203									
5	0.017									
6	0.0174									
7	0.0209									
8	0.0206									
9	0.0194									
10	0.019									
11	0.0205									
12	0.0196									
13	0.0155									
14	0.0198									
15	0.0253									
16	0.0221									
17	0.0188									
18	0.0207									
19	0.0218									
20	0.0269									
21	0.0115									
22	0.0263									
23	0.02									
24	0.019									
25	0.0185									
26	0.0175	111.0	16	56.0	8					
27	0.0271									
28	0.0259									
29	0.0273									
30	0.0297									
31	0.023									
Avg	0.021	111	16	56	8					
Max	0.03	111	16	56	8					

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: 11/3/2017



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

December 13, 2017

**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 November 2017**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for November 2017.

A total of 621,356 gallons of influent entered the facility for an average of 20,712 gallons per day. Spraying was performed as needed with 641,300 gallons discharged to the spray fields during the month. The influent flow totals for the 11<sup>th</sup>, 12<sup>th</sup>, and 13<sup>th</sup> were estimated using the monthly average due to a failure of the Influent totalizer.

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

Very truly yours,

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:map  
Enclosures

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

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

**Cummings, Meghan**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Thursday, December 14, 2017 9:46 AM  
**To:** DiSantis, Michael; doug.rowland@drbc.nj.gov; Gober, Stan; kendria.henson@drbc.nj.gov; 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:** 11/01/2017-11/30/2017  
**Report Due Date:** 12/28/2017

**Submitted By:** Michael DiSantis  
**Submission Id:** 77787  
**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.



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

NAME: DEL CORA  
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 2017	11	01	TO 2017	11	30

Reporting Frequency: Monthly  
DMR Effective From: 11/01/2017  
DMR Effective To: 11/30/2017  
Permit Expires: 04/30/2020  
Permit Application Due: 11/02/2019  
No Discharge? No

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
pH	Sample Measurement	***	***	***	6.8	***	8.4	S.U.	Grab	1/month
	Permit Measurement	***	***	***	6.0 Min	***	9.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	8	8	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	14	14	mg/L	Calculation	1/month
	Permit Measurement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	.020712	.027121	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Focal Coliform	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***	***	***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	2	2	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
Facility Comments										



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

**ATTACHMENT DETAILS**

File Name	Attachment Type	Uploaded Time	Attachment Comment
Pocopson Riverside Supp. November 2017.xls	Daily Effluent Monitoring Form	2017-12-14T09:44:59-05:00	
Pocopson Riverside Lab Accred Novmber 2017.doc	Laboratory Accreditation Form	2017-12-13T09:59:54-05:00	
Pocopson Riverside DEP cov. lett. November 2017.doc	Cover Letter	2017-12-14T08:43:48-05:00	
Pocopson Riverside Influent and Process Control Form November 2017.xls	Influent and Process Control Form	2017-12-14T09:44:27-05:00	

**PERMIT VIOLATIONS**

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

**UNAUTHORISED DISCHARGES**

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

**OTHER PERMIT VIOLATIONS**

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

**COMMENTS DETAILS**

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6106765523

**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		
			AREA CODE	NUMBER	2017	12	14
DISANTISM		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY





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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA 1505419				17	11	01	TO 17 11 30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293				
TKN	S4500NH3G-11	ALS Environmental	22-293				
Total Nitrogen	Calculation	ALS Environmental	22-293				
pH	Meter	DELCORA - Operations Meter	23-00671				

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Operations & Maintenance ManagerDate: 12/5/2017

<sup>1</sup> 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.

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



Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

Month: November Year: 2017  
 NPDES Permit No.: 1505419  
 Renewal application due 180 days prior to expiration.  
 This permit will expire on: April 30, 2020

**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

Day	Influent				Process Control					
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.0196									
2	0.0205									
3	0.0168									
4	0.0252									
5	0.0217									
6	0.019									
7	0.019									
8	0.0211									
9	0.0142									
10	0.0271									
11	0.0271									
12	0.0271									
13	0.0194									
14	0.0189									
15	0.021									
16	0.0182									
17	0.0182									
18	0.0249									
19	0.0177									
20	0.0271									
21	0.0196	154.0	25	76.0	12					
22	0.021									
23	0.021									
24	0.0242									
25	0.0237									
26	0.0242									
27	0.0166									
28	0.0263									
29	0.0187									
30	0.0208									
31										
Avg	0.021	154	25	76	12					
Max	0.027	154	25	76	12					

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: 12/5/2017



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

January 15, 2018

**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 2017**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for December 2017. There were no violations for the month.

A total of 704,782 gallons of influent entered the facility for an average of 22,735 gallons per day. Spraying was performed as needed with 315,300 gallons discharged to the spray fields during the month.

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

Very truly yours,

Michael J. DiSantis  
Director of Operations & Maintenance

MJD:mc  
Enclosures

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

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

**Cummings, Meghan**

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, January 22, 2018 3:52 PM  
**To:** DiSantis, Michael; Gober, Stan; doug.rowland@drbc.nj.gov; kendria.henson@drbc.nj.gov; 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:** 12/01/2017-12/31/2017  
**Report Due Date:** 01/28/2018

**Submitted By:** Michael DiSantis  
**Submission Id:** 82811  
**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.



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  
PERMIT NUMBER

001  
OUTFALL NUMBER

Reporting Frequency: Monthly  
DMR Effective From: 12/01/2017  
DMR Effective To: 12/31/2017  
Permit Expires: 04/30/2020  
Permit Application Due: 11/02/2019  
No Discharge? No

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
FROM	2017	12	01	TO	2017	12	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
pH	Sample Measurement	***	***	***	5.9	***	8.2	S.U.	Grab	1/month
	Permit Measurement	***	***	***	6.0 Min	***	8.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	10	10	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	30 Avg Mo	60 IMAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	14.4	14.4	mg/L	Calculation	1/month
	Permit Measurement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX		Calculation	1/month
Flow	Sample Measurement	.022735	.028647	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max	***	***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***	***	***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	4	4	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	25 Avg Mo	50 IMAX		8-Hr Composite	1/month
Facility Comments										



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

**ATTACHMENT DETAILS**

File Name	Attachment Type	Uploaded Time	Attachment Comment
Pocopson Riverside DEP cov. lett. December 2017.doc	Cover Letter	2018-01-15T08:48:13-05:00	
Pocopson Riverside Supp. December 2017.xls	Daily Effluent Monitoring Form	2018-01-15T08:47:55-05:00	
Pocopson Riverside Lab Accred. December 2017.doc	Laboratory Accreditation Form	2018-01-15T08:48:22-05:00	
Pocopson Riverside Influent and Process Control Form December 2017.xls	Influent and Process Control Form	2018-01-15T08:48:27-05:00	

**PERMIT VIOLATIONS**

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

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

Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments
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**COMMENTS DETAILS**

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6108765523

**SUBMISSION INFORMATION**

SUBMITTED BY GREENPORT USER	DISANTISM	*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).	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

December, 2017

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BOD5	Influent 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	19,218	49	36			0.0	0	0	0								
2	23,307	46	32			0.0	0	0	0								
3	24,505	48	32			0.0	0	0	0								
4	20,856	50	32			0.0	0	0	0								
5	25,063	56	46			0.2	0	0	0								
6	21,595	42	36			0.0	0	0	0								
7	20,608	44	32			0.0	95,200	57,600	48,000	200,800	6.9	10.6	0.94				
8	17,397	35	30			0.0	0	0	0								
9	24,114	29	27			0.2	0	0	0								
10	26,316	36	25			0.0	0	0	0								
11	20,291	40	30			0.0	0	0	0								
12	21,847	43	32			0.0	0	0	0								
13	21,692	29	19			0.1	0	0	0								
14	22,639	31	18			0.0	0	0	0	0							
15	19,758	26	21			0.1	0	0	0								
16	27,351	37	18			0.0	0	0	0								
17	26,452	41	18			0.0	0	0	0								
18	19,660	48	32			0.0	0	0	0								
19	25,781	40	43			0.0	48,000	0	22,200		8.2	11.0	2.20				
20	23,776	44	32	169	73	0.0	1,600	41,500	1,200		8.1	12.9	2.20	4	10	1	14.4
21	21,838	40	28			0.0	0	0	0	114,500							
22	22,527	43	28			0.4	0	0	0								
23	20,454	51	39			0.2	0	0	0								
24	25,374	39	34			0.2	0	0	0								
25	20,740	34	25			0.0	0	0	0								
26	28,647	27	19			0.0	0	0	0								
27	20,860	26	14			0.0	0	0	0								
28	21,659	19	9			0.0	0	0	0	0							
29	23,713	19	10			2.0	0	0	0								
30	21,524	26	14			0.0	0	0	0	0							
31	25,220	15	9			0.0	0	0	0								
Total	704,782					3.4	144,800	99,100	71,400	315,300				4	10	1	14.4
Avg.	22,735																
Min	17,397										6.9						
Max	28,647										8.2						



## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

**Permittee Name:** DELCORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD			
	Year/Month/Day			
PA 1505419	17	12	01	TO 17 12 31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
cBOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
Fecal Coliform	S9222D-97	ALS Environmental	22-293
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293
TKN	S4500NH3G-11	ALS Environmental	22-293
Total Nitrogen	Calculation	ALS Environmental	22-293
pH	Meter	DELCORA - Operations Meter	23-00671

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

<p><b>Name/Title Principal Executive Officer</b></p> <p><u>Michael J. DiSantis, Operations &amp; Maintenance Manager</u></p>	<p><b>Phone:</b> <u>610-876-5523 ext 264</u></p> <p><b>Date:</b> <u>1/9/2018</u></p>	<p style="text-align: center;"><b>Signature of Principal Executive Officer or Authorized Agent</b></p> <p>_____</p>
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<sup>1</sup> 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.

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



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

February 15, 2018

**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 January 2018**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for January 2018. There were no violations for the month.

A total of 723,680 gallons of influent entered the facility for an average of 23,345 gallons per day. Spraying was performed as needed with 156,915 gallons discharged to the spray fields during 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:mc  
Enclosures

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

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

## Cummings, Meghan

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Thursday, February 15, 2018 9:24 AM  
**To:** DiSantis, Michael; Gober, Stan; doug.rowland@drbc.nj.gov; kendria.henson@drbc.nj.gov; 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:** 01/01/2018-01/31/2018  
**Report Due Date:** 02/28/2018

**Submitted By:** Michael DiSantis  
**Submission Id:** 86804  
**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.



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	01	01	TO 2018	01	31

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

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
pH	Sample Measurement	***	***	***	6.7	***	7.0	S.U.	Grab	1/month
	Permit Measurement	***	***	***	6.0 Min	***	8.0 Max	***	Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	9	9	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	30 Avg Mo	60 IMAX	***	8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	12.4	12.4	mg/L	Calculation	1/month
	Permit Measurement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX	***	Calculation	1/month
Flow	Sample Measurement	.023345	.030935	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045150 Avg Mo	Monitor & Report Daily Max	***	***	***	***	***	Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***	***	***	200 Geo Mean	***	***	Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	6	6	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	25 Avg Mo	50 IMAX	***	8-Hr Composite	1/month
Facility Comments										



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

## ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Pocapson Riverside Influent and Process Control Form January 2018.xls	Influent and Process Control Form	2018-02-13T12:06:55-05:00	
Pocapson Riverside Lab Accred January 2018.doc	Laboratory Accreditation Form	2018-02-13T12:06:07-05:00	
Pocapson Riverside DEP Cov. Ltr. January 2018.doc	Cover Letter	2018-02-13T12:02:25-05:00	
Pocapson Riverside Supp. January 2018.xls	Daily Effluent Monitoring Form	2018-02-15T09:23:21-05:00	

## PERMIT VIOLATIONS

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

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

Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments
-------------------	-----------------------------	--------------------	---------------------	----------

## COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6108765523

## 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		
			AREA CODE	NUMBER	2018	2	15
DISANTISM		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

January, 2018

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BODs	Influent 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	30,935	16	3			0.0	0	0	0								
2	21,986	22	9			0.0	0	0	0								
3	21,721	28	9			0.1	0	0	0								
4	27,163	24	12			4.0	0	0	0								
5	25,648	14	7			0.0	0	0	0								
6	20,998	14	5			0.0	0	0	0								
7	25,870	16	1			0.0	0	0	0	0							
8	26,239	29	10			0.0	0	0	0								
9	20,013	44	25			0.0	0	0	0								
10	21,083	41	25			0.0	0	0	0								
11	27,458	54	39			0.4	0	0	0								
12	24,936	62	55			0.5	0	0	0								
13	20,673	31	16			0.0	0	0	0								
14	20,959	22	10			0.0	0	0	0	0							
15	24,680	24	14			0.0	0	0	0								
16	20,774	40	27			0.1	0	0	0								
17	22,461	23	16			0.0	0	0	0								
18	23,458	31	14			0.0	0	0	0								
19	18,075	41	21			0.0	0	0	0								
20	25,431	46	32			0.0	0	0	0								
21	26,256	47	32			0.0	0	0	0	0							
22	26,190	53	41			0.5	0	0	0								
23	28,000	56	41			0.0	0	0	0								
24	21,199	38	32			0.0	28,315	1,600	0		6.7	2.6	0.97				
25	19,412	35	25	276	118	0.0	51,300	45,300	30,400		7.0	7.6	2.20	6	9	1	12.4
26	18,279	36	21			0.0	0	0	0								
27	29,802	42	28			0.3	0	0	0								
28	22,915	49	21			0.0	0	0	0	156,915							
29	18,722	43	21			0.1	0	0	0								
30	22,673	28	21			0.1	0	0	0	0							
31	19,671	29	21			0.0	0	0	0								
Total	723,680					6.1	79,615	46,900	30,400	156,915				6	9	1	12.4
Avg.	23,345																
Min	18,075										6.7						
Max	30,935										7.0						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA 1505419				18	01	01	TO 18 01 31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293				
TKN	S4500NH3G-11	ALS Environmental	22-293				
Total Nitrogen	Calculation	ALS Environmental	22-293				
pH	Meter	DELCORA - Operations Meter	23-00671				

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Operations & Maintenance ManagerDate: 2/6/2018

<sup>1</sup> 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.

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





**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BPNPSM0436 3/2012

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

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

Day	Influent					Process Control				
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.0309									
2	0.022									
3	0.0217									
4	0.0272									
5	0.0256									
6	0.021									
7	0.0259									
8	0.0262									
9	0.02									
10	0.0211									
11	0.0275									
12	0.0249									
13	0.0207									
14	0.021									
15	0.0247									
16	0.0208									
17	0.0225									
18	0.0235									
19	0.0181									
20	0.0254									
21	0.0263									
22	0.0262									
23	0.028									
24	0.0212									
25	0.0194	276.0	45	118.0	19					
26	0.0183									
27	0.0298									
28	0.0229									
29	0.0187									
30	0.0227									
31	0.0197									
Avg	0.023	276	45	118	19					
Max	0.031	276	45	118	19					

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

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

License No.: T0403  
 Date: 2/6/2018



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

March 12, 2018

**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 February 2018**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility monthly reports for February 2018. There were no violations for the month.

A total of 565,517 gallons of influent entered the facility for an average of 20,197 gallons per day. Spraying was performed as needed with 220,400 gallons discharged to the spray fields during 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:mc  
Enclosures

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

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

**Cummings, Meghan**

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Tuesday, March 13, 2018 2:08 PM  
**To:** DiSantis, Michael; Gober, Stan; doug.rowland@drbc.nj.gov; kendria.henson@drbc.nj.gov; 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:** 02/01/2018-02/28/2018  
**Report Due Date:** 03/28/2018

**Submitted By:** Michael DiSantis  
**Submission Id:** 90664  
**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.



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	TO	YEAR	MO	DAY
2018	02	01		2018	02	28

Reporting Frequency: Monthly  
DMR Effective From: 02/01/2018  
DMR Effective To: 02/28/2018  
Permit Expires: 04/30/2020  
Permit Application Due: 11/02/2019  
No Discharge? No

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
pH	Sample Measurement	***	***	***	8.5	***	8.8	S.U.	Grab	1/month
	Permit Measurement	***	***	***	5.0 Min	***	9.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	16	16	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	30 Avg Mo	60 MAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	10.3	10.3	mg/L	Calculation	1/month
	Permit Measurement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report MAX		Calculation	1/month
Flow	Sample Measurement	.020197	.028514	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	.045190 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***	***	***	200 Geo-Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	2	2	mg/L	8 Grab/24 Hours	1/month
	Permit Measurement	***	***	***	***	25 Avg Mo	50 MAX		8-Hr Composite	1/month
Facility Comments										



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

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Pocopson Riverside Lab Accred February 2018.doc	Laboratory Accreditation Form	2018-03-12T10:50:53-04:00	
Pocopson Riverside DEP Cov. Ltr. February 2018.doc	Cover Letter	2018-03-12T10:48:38-04:00	
Pocopson Riverside Supp. February 2018.xls	Daily Effluent Monitoring Form	2018-03-12T10:49:18-04:00	
Pocopson Riverside Influent and Process Control Form February 2018.xls	Influent and Process Control Form	2018-03-12T10:50:09-04:00	

PERMIT VIOLATIONS

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

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

Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments
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COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	6108766623

SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER  DISANTISM	*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		
			AREA CODE	NUMBER	2018	3	13
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

February, 2018

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BODs	Influent 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	19,339	43	28			0.1	0	0	0								
2	18,242	26	16			0.0	0	0	0								
3	19,203	29	12			0.0	0	0	0								
4	28,314	33	27			1.1	0	0	0								
5	21,801	29	21			0.0	0	0	0								
6	18,796	34	21			0.2	0	0	0								
7	23,939	34	23			0.6	0	0	0	0							
8	18,154	31	21			0.0	0	0	0								
9	15,420	33	19			0.0	0	0	0								
10	24,619	41	21			1.2	0	0	0								
11	26,534	51	45			0.5	0	0	0								
12	21,949	41	34			0.0	0	0	0								
13	18,697	40	23			0.0	0	0	0								
14	15,389	79	32			0.2	0	0	0	0							
15	24,495	43	43	269	150	0.3	26,200	23,900	26,000		8.8	11.2	1.20				
16	11,150	54	36			0.0	24,800	20,100	0		8.7	10.1	1.60				
17	22,506	32	27			0.3	0	0	0								
18	23,847	40	30			0.0	0	0	0								
19	15,486	44	32			0.0	0	0	0								
20	21,823	51	46			0.0	0	28,200	1,500		8.6	9.9	1.20				
21	21,485	63	54	227	70	0.0	46,600	15,700	7,400	220,400	8.5	7.9	1.7	2	16	1	10.3
22	20,976	44	36			0.3	0	0	0								
23	14,479	42	36			0.4	0	0	0								
24	21,378	47	41			0.6	0	0	0								
25	24,751	45	43			0.0	0	0	0								
26	17,784	49	34			0.0	0	0	0								
27	18,867	51	32			0.0	0	0	0								
28	16,094	55	37			0.0	0	0	0	0							
29																	
30										0							
31																	
Total	565,517					5.9	97,600	87,900	34,900	220,400							
Avg.	20,197													2	16	1	10.3
Min	11,150										8.5						
Max	28,314										8.8						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA 1505419				18	02	01	TO 18 02 28
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293				
TKN	S4500NH3G-11	ALS Environmental	22-293				
Total Nitrogen	Calculation	ALS Environmental	22-293				
pH	Meter	DELCORA - Operations Meter	23-00671				

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or  
Authorized Agent

Michael J. DiSantis, Operations & Maintenance Manager

Date: 3/6/2018

<sup>1</sup> 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.

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





**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BPNPSM0436 3/2012

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

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

Day	Influent					Process Control				
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.0193									
2	0.0182									
3	0.0192									
4	0.0283									
5	0.0218									
6	0.0188									
7	0.0239									
8	0.0182									
9	0.0154									
10	0.0246									
11	0.0265									
12	0.0219									
13	0.0187									
14	0.0154									
15	0.0245	269.0	55	150.0	31					
16	0.0112									
17	0.0225									
18	0.0238									
19	0.0155									
20	0.0218									
21	0.0215	227.0	41	70.0	13					
22	0.021									
23	0.0145									
24	0.0214									
25	0.0248									
26	0.0178									
27	0.0189									
28	0.0161									
29										
30										
31										
Avg	0.02	248	48	110	22					
Max	0.028	269	55	150	31					

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: 3/6/2018



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

April 12, 2018

**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 March 2018**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility. There were two violations for the month – exceeding the monthly average TSS concentration and the monthly fecal coliform geometric mean. The storage lagoon experienced an early algae bloom which led to the TSS exceedance and the chlorine injection pump malfunctioned during the sampling event causing the elevated fecal coliform result.

A total of 578,949 gallons of influent entered the facility for an average of 18,676 gallons per day. Spraying was performed as needed with 1,339,000 gallons discharged to the spray fields during 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:mc  
Enclosures

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

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

## Cummings, Meghan

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Wednesday, April 25, 2018 4:04 PM  
**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:** 03/01/2018-03/31/2018  
**Report Due Date:** 04/28/2018

**Submitted By:** Michael DiSantis  
**Submission Id:** 95971  
**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-BPNPSM0462 3/2012



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

NAME: DEL CORA  
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

Reporting Frequency: Monthly  
DMR Effective From: 03/01/2018  
DMR Effective To: 03/31/2018  
Permit Expires: 04/30/2020  
Permit Application Due: 11/02/2019  
No Discharge? No

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2018	03	01		2018	03	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
pH	Sample Measurement	***	***	***	7.2	***	8.8	S.U.	Grab	1/month
	Permit Measurement	***	***	***	6.0 Min	***	9.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	39	39	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	30 Arg Mo	60 MAX		8-Hr Composite	1/month
Total Nitrogen	Sample Measurement	***	***	***	***	19	19	mg/L	Calculation	1/month
	Permit Measurement	***	***	***	***	Monitor & Report Arg Mo	Monitor & Report MAX		Calculation	1/month
Flow	Sample Measurement	.018076	025587	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	045150 Arg Mo	Monitor & Report Daily Max	***	***	***	***	***	Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	927	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***	***	***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	2	2	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	25 Arg Mo	50 MAX		8-Hr Composite	1/month
Facility Comments										



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

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Poopson Riverside Supp. March 2018.xls	Daily Effluent Monitoring Form	2018-04-12T12:27:56-04:00	
Poopson Riverside Influent and Process Control Form March 2018.xls	Influent and Process Control Form	2018-04-12T12:28:33-04:00	
Poopson Riverside Lab Accred March 2018.doc	Laboratory Accreditation Form	2018-04-12T12:29:26-04:00	
Poopson Riverside DEP Cov. Ltr. March 2018.doc	Cover Letter	2018-04-25T16:00:36-04:00	

PERMIT VIOLATIONS

Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of IIC	Corrective Action	Comments
56166	03/01/2018	03/01/2018	Total Suspended Solids	Average Monthly	39	30		Prior to Irrigation (001)	See attached comments	See attached comments	Early algae bloom caused elevated TSS. Using a combination of operational techniques to help control algae and reduce the effect on sunny discharge.
56187	03/01/2018	03/01/2018	Fecal Coliform	Geometric Mean	927	200		Prior to Irrigation (001)	Equipment malfunction/issue	See attached comments	sodium hypochlorite injection pump used for disinfection malfunctioned. This has been addressed.

UNAUTHORISED DISCHARGES

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

OTHER PERMIT VIOLATIONS

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

COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. Disantis	70463	6106765523

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		
			AREA CODE	NUMBER	2018	4	25
DISANTISM			AREA CODE	NUMBER	YEAR	MO	DAY

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

March, 2018

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BODs	Influent 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	23,013	40	41			1.2	67,600	49,200	31,300		8.8	9.6	1.28				
2	17,665	38	32			0.1	0	0	0								
3	19,049	40	32			0.0	0	0	0								
4	20,865	44	28			0.0	0	0	0								
5	19,373	34	27			0.0	76,300	64,500	39,200		7.7	9.4	0.85				
6	17,988	34	27			0.5	70,700	61,300	36,600		7.9	8.7	1.16				
7	26,587	33	32			0.5	0	0	0	496,700							
8	19,176	37	27			0.0	0	0	0								
9	15,372	40	27			0.0	0	0	0								
10	22,774	38	27			0.0	0	0	0								
11	20,787	41	21			0.5	0	0	0								
12	17,990	40	27			0.1	52,000	48,100	25,000		7.2	10.5	2.20				
13	17,934	38	28			0.0	0	0	0								
14	24,052	35	27			0.0	46,500	36,900	22,400	230,900	7.5	9.2	0.02				
15	17,741	39	30			0.0	51,000	48,000	31,700		8.0	10.6	0.43				
16	17,382	39	28			0.0	0	0	0								
17	18,552	45	25			0.0	0	0	0								
18	20,931	43	25			0.0	0	0	0								
19	15,801	48	34			0.0	71,900	69,300	41,800		8.1	10.2	0.47				
20	16,498	35	27			0.3	77,700	63,900	36,700		8.2	9.8	0.69				
21	25,896	31	28			0.5	0	0	0	492,000							
22	18,574	40	30			0.0	0	0	0								
23	17,482	48	28			0.0	0	0	0								
24	15,853	44	30			0.0	0	0	0								
25	18,569	38	28			0.0	0	0	0								
26	12,760	46	28			0.0	0	0	0								
27	17,856	38	27			0.0	34,600	32,900	12,500		7.6	8.6	2.20				
28	13,740	48	36	193	73	0.1	0	0	39,400	119,400	8.1	8.0	1.83	2	39	927	19.0
29	11,819	57	45			0.0	0	0	0								
30	20,212	67	41			0.1	0	0	0	0							
31	16,658	55	34			0.0	0	0	0								
Total	578,949					3.9	548,300	474,100	316,600	1,339,000							
Avg.	18,676													2	39	927	19.0
Min	11,819										7.2						
Max	26,587										8.8						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA 1505419				18	03	01	TO	18	03	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293							
TKN	S4500NH3G-11	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
pH	Meter	DELCORA - Operations Meter	23-00671							

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext  
264Signature of Principal Executive Officer or  
Authorized AgentMichael J. DiSantis, Operations &  
Maintenance ManagerDate: 4/4/2018

<sup>1</sup> 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.

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

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

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

Day	Influent				Process Control			
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1	0.023							
2	0.0177							
3	0.019							
4	0.0209							
5	0.0194							
6	0.018							
7	0.0266							
8	0.0192							
9	0.0154							
10	0.0228							
11	0.0208							
12	0.018							
13	0.0179							
14	0.0241							
15	0.0177							
16	0.0174							
17	0.0186							
18	0.0209							
19	0.0158							
20	0.0165							
21	0.0259							
22	0.0186							
23	0.0175							
24	0.0159							
25	0.0186							
26	0.0128							
27	0.0179							
28	0.0137	193.0	22	73.0	8			
29	0.0118							
30	0.0202							
31	0.0167							
Avg	0.019	193	22	73	8			
Max	0.027	193	22	73	8			

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: 4/4/2018



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

May 12, 2018

**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 April 2018**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility. There were no violations during the reporting period.

A total of 747,842 gallons of influent entered the facility for an average of 24,928 gallons per day. Spraying was performed as needed with 1,316,400 gallons discharged to the spray fields during 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:mc  
Enclosures

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

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

## Cummings, Meghan

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, May 21, 2018 3:56 PM  
**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:** 04/01/2018-04/30/2018  
**Report Due Date:** 05/28/2018

**Submitted By:** Michael DiSantis  
**Submission Id:** 98867  
**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-BPNPSM0462 3/2012



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

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

1505419 PERMIT NUMBER  
001 OUTFALL NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2018	04	01	2018	04	30

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

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
pH	Sample Measurement	***	***	***	6.8	***	8.0	S.U.	Grab	Daily when Discharging
	Permit Measurement	***	***	***	6.0 Min	***	8.0 Max		Grab	1/month
Total Suspended Solids	Sample Measurement	***	***	***	***	6	8	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	30 Avg Mo	80 MAX		8-Hr Composite	3/month
Total Nitrogen	Sample Measurement	***	***	***	***	16.3	16.3	mg/L	Calculation	1/month
	Permit Measurement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report MAX		Calculation	1/month
Flow	Sample Measurement	024928	047858	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	Grab	1/month
	Permit Measurement	***	***	***	***	200 Geo Mean	***		Grab	1/month
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	***	***	***	***	6	6	mg/L	8-Hr Composite	1/month
	Permit Measurement	***	***	***	***	25 Avg Mo	50 MAX		8-Hr Composite	1/month
Facility Comments										

3800-FM-BPNPSM0462 3/2012



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

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Pocopson Riverside DEP Cov. Ltr. April 2018.doc	Cover Letter	2018-05-15T09:45:59-04:00	
Pocopson Riverside Supp. April 2018.xls	Daily Effluent Monitoring Form	2018-05-15T09:46:47-04:00	
Pocopson Riverside Lab Accred April 2018.doc	Laboratory Accreditation Form	2018-05-15T09:48:31-04:00	
Pocopson Riverside Influent and Process Control Form April 2018.xls	Influent and Process Control Form	2018-05-15T09:47:27-04:00	

PERMIT VIOLATIONS

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

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

Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments
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COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J DiSantis	T0403	610876623

SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER	DISANTISM	*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		
				AREA CODE	NUMBER	2018	5	21
			SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

April , 2018

DATE	Influent Flow (gpd)	Daily High Temp.	Daily Low Temp.	Inf BODs	Influent 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	22,293	57	43			0.2	0	0	0								
2	17,037	36	32			0.0	0	0	0								
3	20,744	40	37			0.2	0	0	0								
4	20,842	60	36			0.1	21,100	11,000	7,500		7.8	6.2	0.68				
5	21,267	38	32			0.0	74,600	63,200	39,300		7.4	10.0	1.60				
6	13,599	55	34			0.0	52,700	43,500	27,300		7.0	9.1	0.92				
7	21,343	40	34			0.0	0	0	0	340,200							
8	23,726	39	28			0.0	0	0	0								
9	20,300	44	30			0.0	0	0	0								
10	16,080	46	34			0.0	57,700	400	48,400		7.5	7.6	0.65				
11	17,738	49	30			0.0	0	0	0								
12	31,252	64	39			0.0	81,000	6,200	31,400		7.4	6.7	0.76				
13	39,757	69	57			0.0	0	106,000	0								
14	37,883	82	48			0.0	0	0	0	331,100							
15	24,928	41	37			2.0	0	0	0								
16	26,564	59	39			0.0	0	0	0								
17	19,148	41	34			0.0	0	0	0								
18	34,190	40	32			0.0	60,200	48,000	31,300		7.1	3.9	0.97				
19	27,723	49	37			0.0	0	0	0								
20	23,319	50	32			0.0	60,900	47,900	32,200		6.8	6.9	1.19				
21	47,858	49	28			0.0	0	0	0	280,500							
22	41,543	59	43			0.0	0	0	0								
23	28,604	66	41			0.0	0	0	0								
24	42,395	43	41			0.4	80,600	65,500	41,000		7.8	9.4	2.20				
25	21,528	56	52	102	55	0.0	72,300	65,800	13,600		7.7	8.9	0.98	6	8	1	18.3
26	20,379	59	45			0.2	0	0	25,800		8.0	8.4	1.75				
27	16,858	53	46			0.0	0	0	0								
28	14,821	67	46			0.1	0	0	0	364,600							
29	21,643	48	43			0.0	0	0	0								
30	12,480	52	37			0.0	0	0	0	0							
31																	
Total	747,842					3.2	561,100	457,500	297,800	1,316,400				6	8	1	18.3
Avg.	24,928																
Min	12,480										6.8						
Max	47,858										8.0						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA 1505419				18	04	01	TO 18 04 30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293				
TKN	S4500NH3G-11	ALS Environmental	22-293				
Total Nitrogen	Calculation	ALS Environmental	22-293				
pH	Meter	DELCORA - Operations Meter	23-00671				

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Operations & Maintenance ManagerDate: 5/3/2018

<sup>1</sup> 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.

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



**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BPNPSM0436 3/2012

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

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

Day	Influent				Process Control			
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1	0.0223							
2	0.017							
3	0.0207							
4	0.0208							
5	0.0213							
6	0.0136							
7	0.0213							
8	0.0237							
9	0.0203							
10	0.0161							
11	0.0177							
12	0.0313							
13	0.0398							
14	0.0379							
15	0.0249							
16	0.0266							
17	0.0191							
18	0.0342							
19	0.0277							
20	0.0233							
21	0.0479							
22	0.0415							
23	0.0286							
24	0.0424							
25	0.0215	102.0	18	55.0	10			
26	0.0204							
27	0.0169							
28	0.0148							
29	0.0216							
30	0.0125							
31								
Avg	0.025	102	18	55	10			
Max	0.048	102	18	55	10			

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: 5/3/2018



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

June 14, 2018

**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 May 2018**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility. There were no violations during the reporting period.

A total of 718,796 gallons of influent entered the facility for an average of 23,187 gallons per day. Spraying was performed as needed with 1,811,600 gallons discharged to the spray fields during 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@penco.com](mailto:dharrower@penco.com))  
S. Gober  
S. Babylon  
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

**Saunders, Debbie**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Friday, June 15, 2018 1:20 PM  
**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:** 05/01/2018-05/31/2018  
**Report Due Date:** 06/28/2018

**Submitted By:** Michael DiSantis  
**Submission Id:** 101619  
**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.



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

PERMIT NUMBER	1505419
OUTFALL NUMBER	001
MONITORING PERIOD	
FROM	2018 05 01
TO	2018 05 31

Reporting Frequency: Monthly  
 DMR Effective From: 05/01/2018  
 DMR Effective To: 05/31/2018  
 Permit Expires: 04/30/2020  
 Permit Application Due: 11/02/2019  
 No Discharge? No

PARAMETERS REPORTED VALUES

PARAMETER	VALUE		UNITS	QUANTITY OR LOADING		UNITS	QUANTITY OR CONCENTRATION		SAMPLE TYPE	SAMPLE FREQUENCY	Facility Comments
	VALUE	UNITS		VALUE	UNITS		VALUE	UNITS			
pH	Sample Measurement	6.7	---	6.7	---	---	7.8	---	Grab	1/month	
	Permit Measurement	---	---	6.0 Min	---	8.0 Max	---	---	Grab	1/month	
Total Suspended Solids	Sample Measurement	---	---	---	---	---	9	---	B-Hr Composite	1/month	
	Permit Measurement	---	---	---	---	---	30 Avg Mo	---	B-Hr Composite	1/month	
Total Nitrogen	Sample Measurement	---	---	---	---	---	15.2 Avg Mo	---	B-Hr Composite	1/month	
	Permit Measurement	---	---	---	---	---	15.2 Max	---	Calculation	1/month	
Flow	Sample Measurement	.023187	---	---	---	---	---	---	Metered	Continuous	
	Permit Measurement	---	---	---	---	---	---	---	Metered	Continuous	
Fecal Coliform	Sample Measurement	---	---	---	---	---	1	---	Grab	1/month	
	Permit Measurement	---	---	---	---	---	200 Geo Mean	---	Grab	1/month	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	---	---	---	---	---	4	---	B-Hr Composite	1/month	
	Permit Measurement	---	---	---	---	---	50 Max	---	B-Hr Composite	1/month	



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

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Poopoon Riverside Lab Accred May 2018.doc	Laboratory Accreditation Form	2018-06-15 17:31:39 31:04:00	
Poopoon Riverside Influent and Process Control Form May 2018.xls	Influent and Process Control Form	2018-06-14 17:09:04 54:04:00	
Poopoon Riverside DEP Cov. Lt., May 2018.doc	Cover Letter	2018-06-14 17:09:02 21:50:04:00	
Poopoon Riverside Supp. May 2018.xls	Daily Effluent Monitoring Form	2018-06-14 17:08:04 05:04:00	

PERMIT VIOLATIONS

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

UNAUTHORIZED DISCHARGES

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

OTHER PERMIT VIOLATIONS

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

COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. Disantis	70403	6108765523

SUBMISSION INFORMATION

SUBMITTED BY	GREENPORT USER	DISANTISM
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		
AREA CODE	NUMBER	YEAR
		2018
MO	DAY	
6	15	
DATE	TELEPHONE	
AREA CODE	NUMBER	YEAR
		2018
MO	DAY	
6	15	





Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township  
 Watershed: \_\_\_\_\_

County: Delaware

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

**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BP-NPSPM0436 3/2012

Day	Influent				Process Control			
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1	0.036							
2	0.0329							
3	0.0412							
4	0.0331							
5	0.0174							
6	0.0195							
7	0.0173							
8	0.0121							
9	0.0555							
10	0.0283	329.0	78	122.0	29			
11	0.0282							
12	0.024							
13	0.0275							
14	0.0322							
15	0.0376							
16	0.0378							
17	0.0234							
18	0.0222							
19	0.0185							
20	0.0214							
21	0.0235							
22	0.007							
23	0.02							
24	0.0159							
25	0.0107							
26	0.0083							
27	0.0048							
28	0.0214							
29	0.0204							
30	0.0075							
31	0.0132							
Avg	<b>0.023</b>	<b>329</b>	<b>78</b>	<b>122</b>	<b>29</b>			
Max	<b>0.055</b>	<b>329</b>	<b>78</b>	<b>122</b>	<b>29</b>			

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

Prepared By: Michael J. Disantis License No.: T0403  
 Title: Dir. of Operations and Maintenance Date: 6/11/2018



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA 1505419				18	05	01	TO 18 05 31
PARAMETER		ANALYSIS METHOD		LAB NAME		LAB ID NUMBER <sup>2</sup>	
cBOD5		S5210B-11		ALS Environmental		22-293	
TSS		S2540D-11		ALS Environmental		22-293	
Fecal Coliform		S9222D-97		ALS Environmental		22-293	
Nitrate + Nitrite		EPA 300.0		ALS Environmental		22-293	
TKN		S4500NH3G-11		ALS Environmental		22-293	
Total Nitrogen		Calculation		ALS Environmental		22-293	
pH		Meter		DELCORA - Operations Meter		23-00671	

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Director of Operations & MaintenanceDate: 6/11/2018

<sup>1</sup> 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.

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



## Cummings, Meghan

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Friday, July 13, 2018 12:01 PM  
**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:** 06/01/2018-06/30/2018  
**Report Due Date:** 07/28/2018

**Submitted By:** Michael DiSantis  
**Submission Id:** 105225  
**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.



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

PERMIT NUMBER	1505419
OUTFALL NUMBER	001
MONITORING PERIOD	
FROM	2018 06 01
TO	2018 06 30

Reoting Frequency: Monthly  
 DMR Effective From: 06/01/2018  
 DMR Effective To: 06/30/2018  
 Permit Expires: 04/30/2020  
 Permit Application Due: 11/02/2019  
 No Discharge? No

PARAMETERS REPORTED VALUES

PARAMETER	VALUE		UNITS		QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		SAMPLE TYPE	SAMPLE FREQUENCY	Facility Comments
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Sample Measurement	6.8	---	7.9	S.U.	---	---	---	---	Grab	1/month	PH
Permit Measurement	---	---	8.0	Min	---	---	---	---	Grab	1/month	
Sample Measurement	---	---	28	---	---	---	---	---	8-Hr Composite	2/month	Total Suspended Solids
Permit Measurement	---	---	30	---	---	---	---	---	8-Hr Composite	1/month	
Sample Measurement	---	---	4.8	---	---	---	---	---	Calculation	1/month	Total Nitrogen
Permit Measurement	---	---	4.8	---	---	---	---	---	Calculation	1/month	
Sample Measurement	---	---	0.03948	MGD	---	---	---	---	Metered	Continuous	Flow
Permit Measurement	---	---	0.18556	---	---	---	---	---	Metered	Continuous	
Sample Measurement	---	---	---	---	---	---	---	---	Metered	Continuous	
Permit Measurement	---	---	---	---	---	---	---	---	Metered	Continuous	
Sample Measurement	---	---	---	---	---	---	---	---	Grab	1/month	Facial Cellulose
Permit Measurement	---	---	---	---	---	---	---	---	Grab	1/month	
Sample Measurement	---	---	---	---	---	---	---	---	8-Hr Composite	1/month	Carbonaceous Biochemical Oxygen Demand (CBOD5)
Permit Measurement	---	---	---	---	---	---	---	---	8-Hr Composite	1/month	



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

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Pocopson Riverwide DEP Cov. Ltr. June 2018.doc	Cover Letter	2018-07-12T11:49:48-04:00	
Pocopson Riverwide Suppl. June 2018.xls	Daily Effluent Monitoring Form	2018-07-12T11:50:44-04:00	
Pocopson Riverwide Influent and Process Control Form June 2018.xls	Influent and Process Control Form	2018-07-12T11:51:15-04:00	
Pocopson Riverwide Lab Accord June 2018.doc	Laboratory Accreditation Form	2018-07-12T11:51:51-04:00	

PERMIT VIOLATIONS

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

UNAUTHORIZED DISCHARGES

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

OTHER PERMIT VIOLATIONS

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

COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. Disant	TD403	610876523

SUBMISSION INFORMATION

SUBMITTED BY	AREA CODE	NUMBER	YEAR	MO	DAY
Michael Disant	AREA CODE	NUMBER	2018	7	13
TELEPHONE			DATE		

\*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 certifying 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 persons have gathered 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).





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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day			
PA 1505419				18	06	01	TO 18 06 30
<b>PARAMETER</b>		<b>ANALYSIS METHOD</b>		<b>LAB NAME</b>		<b>LAB ID NUMBER<sup>2</sup></b>	
cBOD5		S5210B-11		ALS Environmental		22-293	
TSS		S2540D-11		ALS Environmental		22-293	
Fecal Coliform		S9222D-97		ALS Environmental		22-293	
Nitrate + Nitrite		EPA 300.0		ALS Environmental		22-293	
TKN		S4500NH3G-11		ALS Environmental		22-293	
Total Nitrogen		Calculation		ALS Environmental		22-293	
pH		Meter		DELCORA - Operations Meter		23-00671	

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Director of Operations & MaintenanceDate: 7/9/2018

<sup>1</sup> 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.

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



**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BP-NP-SM0436 3/2012

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township  
 County: Delaware

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

Watershed:

Day	Influent				Process Control			
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1	0.0191							
2	0.0194							
3	0.0223							
4	0.0162							
5	0.0162							
6	0.0218							
7	0.0125							
8	0.0339							
9	0.0294							
10	0.0253							
11	0.0077							
12	0.0048							
13	0.0226							
14	0.0212							
15	0.0186							
16	0.0223							
17	0.0133							
18	0.0184							
19	0.0234							
20	0.0176	295.0	43	78.0	11			
21	0.0164							
22	0.0191							
23	0.0106							
24	0.02							
25	0.0171							
26	0.0185							
27	0.0249							
28	0.0127							
29	0.0174							
30	0.014							
31								
Avg	0.019	295	43	78	11			
Max	0.034	295	43	78	11			

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: 7/9/2018



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

August 20, 2018

**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 July 2018**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility. There were no violations during the reporting period.

A total of 540,687 gallons of influent entered the facility for an average of 17,442 gallons per day. Spraying was performed as needed with 1,111,600 gallons discharged to the spray fields during 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:mc  
enclosures

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

## Cummings, Meghan

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, August 20, 2018 1:34 PM  
**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:** 07/01/2018-07/31/2018  
**Report Due Date:** 08/28/2018

**Submitted By:** Michael DiSantis  
**Submission Id:** 110223  
**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.



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

PERMIT NUMBER	1505419
OUTFALL NUMBER	001
MONITORING PERIOD	
FROM	2018 07 01
TO	2018 07 31

Reporting Frequency: Monthly  
 DMR Effective From: 07/01/2018  
 DMR Effective To: 07/31/2018  
 Permit Expires: 04/30/2020  
 Permit Application Due: 11/02/2019  
 No Discharge:

PARAMETERS REPORTED VALUES

PARAMETER	SAMPLING FREQUENCY	SAMPLING TYPE	QUANTITY OR CONCENTRATION			QUANTITY OR LOADING			Facility Comments
			UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	
pH (0040)	1/month	Grab	6.9	6.9	---	---	---	---	Sample Measurement
			9.0	9.0	---	---	---	Permit Requirement	
			Max	Min	---	---	---		
Total Suspended Solids (0030)	1/month	8-Hr Composite	11	30	---	---	---	Sample Measurement	
			50	MAX	---	---	---		Permit Requirement
			11	Avg Mo	---	---	---		
Total Nitrogen (0050)	1/month	Calculation	7.5	7.5	---	---	---	Sample Measurement	
			MAX	Monitor & Report	---	---	---		Permit Requirement
			7.5	MAX	---	---	---		
Flow (50050)	Continuous	Metered	---	---	---	---	---	Sample Measurement	
			---	---	---	---	---		Permit Requirement
			---	---	---	---	---		
Flow (50050)	Continuous	Metered	---	---	---	---	---	Sample Measurement	
			---	---	---	---	---		Permit Requirement
			---	---	---	---	---		
Fecal Coliform (74055)	2/month	Grab	---	---	---	---	---	Sample Measurement	
			---	---	---	---	---		Permit Requirement
			---	---	---	---	---		
Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	1/month	8-Hr Composite	---	---	---	---	---	Sample Measurement	
			---	---	---	---	---		Permit Requirement
			---	---	---	---	---		



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
Poconoan Riverside DEP Gov. Ltr. July 2011.doc	Cover Letter	2011-08-20T13:32:11-04:00	
Poconoan Riverside Influent and Process Control Form July 2011.xls	Influent and Process Control Form	2011-08-20T13:32:31-04:00	
Poconoan Riverside Lab Access July 2011.doc	Laboratory Accreditation Form	2011-08-20T13:32:52-04:00	
Poconoan Riverside Suppl. July 2011.xls	Daily Effluent Monitoring Form	2011-08-20T13:33:12-04:00	

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	Comments

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Comments

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. Disanis	TK403	(610)-876-5523

SUBMISSION INFORMATION

GREENPORT USER	DATE	MO	YEAR	NUMBER	AREA CODE	TELEPHONE	DATE
disantis		8	2018	876-5523	(610)		20

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).

SUBMITTED BY  
 FULL NAME  
 Michael Disanis





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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

**Permittee Name:** DELCORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1505419	18	07	01	TO	18	07	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
cBOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
Fecal Coliform	S9222D-97	ALS Environmental	22-293
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293
TKN	S4500NH3G-11	ALS Environmental	22-293
Total Nitrogen	Calculation	ALS Environmental	22-293
pH	Meter	DELCORA - Operations Meter	23-00671

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

<b>Name/Title Principal Executive Officer</b>	<b>Phone:</b> <u>610-876-5523 ext 264</u>	<b>Signature of Principal Executive Officer or Authorized Agent</b>
<u>Michael J. DiSantis, Director of Operations &amp; Maintenance</u>	<b>Date:</b> <u>8/7/2018</u>	_____

<sup>1</sup> 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.

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

**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

Facility Name: Pocopson Riverside  
Municipality: Pocopson Township  
Watershed: \_\_\_\_\_

County: Delaware

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

Day	Influent				Process Control			
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1	0.0218							
2	0.0115							
3	0.0157							
4	0.0203							
5	0.0163							
6	0.0157							
7	0.0139							
8	0.0157							
9	0.0227							
10	0.0196							
11	0.0189							
12	0.0186							
13	0.0163							
14	0.0166							
15	0.022							
16	0.015							
17	0.0178							
18	0.0203							
19	0.017							
20	0.0197							
21	0.0192							
22	0.0164							
23	0.0207							
24	0.0206							
25	0.0208							
26	0.015	174.0	22	154.0	19			
27	0.0164							
28	0.0154							
29	0.0109							
30	0.0191							
31	0.0107							
Avg	0.017	174	22	154	19			
Max	0.023	174	22	154	19			

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

Prepared By: Michael J. DiSantis

Title: Dir. of Operations and Maintenance

License No.: T0403  
Date: 8/7/2018



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

September 17, 2018

**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 August 2018**

Dear Mr. McAdams:

Please find enclosed the above for the Pocopson Sheeder Tract wastewater treatment facility. Due to low lagoon levels, there was no discharge for the month.

A total of 584,654 gallons of influent entered the facility for an average of 18,860 gallons per day.

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](mailto:dharrower@pencomanagement.com)  
S. Gober  
S. Babylon  
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

**Saunders, Debbie**

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Thursday, September 20, 2018 4:58 PM  
**To:** DiSantis, Michael; Gober, Stan; DiSantis, Michael  
**Subject:** Your eDMR Report Has Been Received For Permit No. 1505419

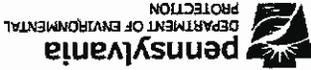
This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** SHEEDER TRACT SUBDIVISION STP  
**Permit Number:** 1505419  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 08/01/2018-08/31/2018  
**Report Due Date:** 09/28/2018

**Submitted By:** Michael DiSantis  
**Submission Id:** 114125  
**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.

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

PERMIT NUMBER	1505419
OUTFALL NUMBER	001
MONITORING PERIOD	
FROM	2018 08 01
TO	2018 08 31

Reporting Frequency: Monthly

DMR Effective From: 08/01/2018

DMR Effective To: 08/31/2018

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	UNITS	VALUE	UNITS		
pH (0040)	Sample Measurement	---	---	S.U.	1/month	Grab
	Permit Requirement	---	8.0 Min	---		
Total Suspended Solids (0050)	Sample Measurement	---	---	mg/L	1/month	8-Hr Composite
	Permit Requirement	---	30 Avg Mo	60 MAX		
Total Nitrogen (0060)	Sample Measurement	---	---	mg/L	1/month	Calculation
	Permit Requirement	---	Monitor & Report	Monitor & Report		
Flow (0050)	Sample Measurement	---	---	MGD	Continuous	Metered
	Permit Requirement	---	Monitor & Report	Monitor & Report		
Fecal Coliform (7405)	Sample Measurement	---	---	CFU/100 ml	1/month	Grab
	Permit Requirement	---	200 Geo Mean	---		
Carbonaceous Biochemical Oxygen Demand (CBOD5) (8002)	Sample Measurement	---	---	mg/L	1/month	8-Hr Composite
	Permit Requirement	---	25 Avg Mo	50 MAX		
Facility Comments	No discharge due to low lagoon levels					

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
Pocono Riverside Supp. August 2018.xls	Daily Effluent Monitoring Form	2018-08-17T12:05:04-00	
Pocono Riverside Lab Accrd August 2018.doc	Laboratory Accreditation Form	2018-08-17T12:07:58-04-00	
Pocono Riverside Influent and Process Control Form August 2018.xls	Influent and Process Control Form	2018-08-17T12:06:51-04-00	
Pocono Riverside DEP Cov. Ltr. August 2018.doc	Cover Letter	2018-08-20T16:58:59-04-00	

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 DDP 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
No discharge due to low lagoon levels.	Michael J. Disants	10403	(610)-976-6523

SUBMISSION INFORMATION

DATE	TELEPHONE	NUMBER	YEAR	MO	DAY
20		876-5523	2018	9	20

GREENPORT USER  
 SUBMITTED BY  
 Pursuant to the Pennsylvania Electronic Transactions Act - Act 89, 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 persons 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 Disants  
 FULL NAME  
 (610)





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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: DELCORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1505419	18	08	01	TO	18	08	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
cBOD5	S5210B-11	ALS Environmental	22-293
TSS	S2540D-11	ALS Environmental	22-293
Fecal Coliform	S9222D-97	ALS Environmental	22-293
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293
TKN	S4500NH3G-11	ALS Environmental	22-293
Total Nitrogen	Calculation	ALS Environmental	22-293
pH	Meter	DELCORA - Operations Meter	23-00671

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

Name/Title Principal Executive Officer  <u>Michael J. DiSantis, Director of Operations &amp; Maintenance</u>	Phone: <u>610-876-5523 ext 264</u>  Date: <u>9/7/2018</u>	Signature of Principal Executive Officer or Authorized Agent  _____
--	---	---

<sup>1</sup> 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.

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



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

October 25, 2018

**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 September 2018**

Dear Mr. McAdams:

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

A total of 648,544 gallons of influent entered the facility for an average of 21,618 gallons per day. There were 756,880 gallons discharged to the spray fields during the monitoring period.

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:bab  
enclosures

cc: S. Simone, Pocopson Township via US mail  
D. Harrower, Penco Management via email [dharrower@pencomanagement.com](mailto:dharrower@pencomanagement.com))  
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

**Bonnett, Barbara**

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Thursday, October 25, 2018 11:37 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:** 09/01/2018-09/30/2018  
**Report Due Date:** 10/28/2018

**Submitted By:** Michael DiSantis  
**Submission Id:** 119316  
**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.



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

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

PERMIT NUMBER	1505419
OUTFALL NUMBER	001
MONITORING PERIOD	
YEAR	2018
MO	09
DAY	01
TO	
YEAR	2018
MO	09
DAY	30

Reporting Frequency: Monthly  
DMR Effective From: 09/01/2018  
DMR Effective To: 09/30/2018  
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	UNITS	VALUE	UNITS		
pH (00400)	Sample Measurement	---	7.8	---	1/month	Grab
	Permit Requirement	---	9.0	Min		
	Permit Requirement	---	8.5	Max		
Total Suspended Solids (00530)	Sample Measurement	---	3	---	1/month	8-Hr Composite
	Sample Measurement	---	30	Avg Mo		
	Permit Requirement	---	50	MAX		
Total Nitrogen (00500)	Sample Measurement	---	9.2	---	1/month	Calculation
	Sample Measurement	---	9.2	Monitor & Report		
	Permit Requirement	---	5.2	MAX		
Flow (50050)	Sample Measurement	021618	---	---	Continuous	Metered
	Permit Requirement	---	---	---		
	Permit Requirement	045150	Monitor & Report	---		
Facial Coliform (74055)	Sample Measurement	---	1	---	1/month	Grab
	Sample Measurement	---	200	Geo Mean		
	Permit Requirement	---	8	---		
Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	---	25	---	1/month	8-Hr Composite
	Sample Measurement	---	50	Avg Mo		
	Permit Requirement	---	50	MAX		



**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
Foopson Riverside DEP Gov. Ltr. September 2018 doc	Cover Letter	2018-10-25T11:36:01-04:00	
Foopson Riverside Supp. September 2018.xls	Daily Effluent Monitoring Form	2018-10-15T14:24:00-04:00	
Foopson Riverside Influent and Process Control Form September 2018.xls	Influent and Process Control Form	2018-10-15T14:24:50-04:00	
Foopson Riverside Lab Accord September 2018 doc	Laboratory Accreditation Form	2018-10-15T14:25:37-04:00	

**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	TD403	(610)879-8523

**SUBMISSION INFORMATION**

SUBMITTED BY GREENPORT USER	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY
*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	(610)	876-5523	2018	10	25





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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day			
PA 1505419				18	09	01	TO 18 09 30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Nitrate + Nitrite	EPA 300.0	ALS Environmental	22-293				
TKN	S4500NH3G-11	ALS Environmental	22-293				
Total Nitrogen	Calculation	ALS Environmental	22-293				
pH	Meter	DELCORA - Operations Meter	23-00671				

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Director of Operations & MaintenanceDate: 10/9/2018

<sup>1</sup> 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.

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



**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

Facility Name: Pocopson Riverside County: Delaware Month: September Year: 2018  
 Municipality: Pocopson Township NPDES Permit No.: 1505419 Renewal application due 180 days prior to expiration.  
 Watershed: \_\_\_\_\_ This permit will expire on: April 30, 2020

Day	Influent								Process Control	
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.0136									
2	0.0149									
3	0.027									
4	0.0184									
5	0.0272									
6	0.0212									
7	0.0213									
8	0.0179									
9	0.0341									
10	0.0223									
11	0.0165									
12	0.0227									
13	0.0228									
14	0.0217									
15	0.0231									
16	0.02									
17	0.0215									
18	0.0184									
19	0.029									
20	0.0198									
21	0.0202									
22	0.0144									
23	0.0254									
24	0.0182									
25	0.0192									
26	0.0291									
27	0.0206	143.0	25	68.0	12					
28	0.0262									
29	0.0153									
30	0.0239									
31										
Avg	0.022	143	25	68	12					
Max	0.034	143	25	68	12					

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 Date: 10/9/2018  
 Title: Dir. of Operations and Maintenance



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

November 16, 2018

**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 October 2018**

Dear Mr. McAdams:

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

A total of 647,826 gallons of influent entered the facility for an average of 20,898 gallons per day. There were 712,700 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:mc  
enclosures

cc: S. Simone, Pocopson Township via US mail  
D. Harrower, Penco Management via email [dharrower@pencomanagement.com](mailto:dharrower@pencomanagement.com))  
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

## Cummings, Meghan

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Wednesday, November 28, 2018 1:26 PM  
**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:** 10/01/2018-10/31/2018  
**Report Due Date:** 11/28/2018

**Submitted By:** Michael DiSantis  
**Submission Id:** 124197  
**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.



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

15054419 PERMIT NUMBER  
001 DITCH NUMBER

MONITORING PERIOD  
YEAR MO DAY  
2018 10 01 TO 2018 10 31

Reporting Frequency: Monthly  
DMR Effective From: 10/01/2018  
DMR Effective To: 10/31/2018  
Permit Expires: 04/30/2020  
Permit Application Due: 11/02/2019  
No Discharge:

PARAMETERS REPORTED VALUES

PARAMETER	VALUE	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	UNITS	UNITS	VALUE	UNITS	UNITS		
pH (00400)	Sample Measurement	6.9			6.1	S.U.	1/month	Grab	
	Permit Requirement	6.0 Min			9.0 MAX		1/month	Grab	
Total Suspended Solids (00500)	Sample Measurement	30			2	mg/L	1/month	B-H Composite	
	Permit Requirement	30			100 MAX		1/month	B-H Composite	
Total Nitrogen (00800)	Sample Measurement	12.3			12.3	mg/L	1/month	Calculation	
	Permit Requirement	12.3			100 MAX		1/month	Calculation	
Flow (90050)	Sample Measurement	.028422	MGD				Continuous	Metred	
	Permit Requirement	.045150 Avg Mo	Monitor & Report Daily Max				Continuous	Metred	
Fecal Coliform (74050)	Sample Measurement	<1				CFU/100 ml	1/month	Grab	
	Permit Requirement	200	Gas Mean				1/month	Grab	
Carbonaceous Biochemical Oxygen Demand (C8000) (80092)	Sample Measurement	<2			<2	mg/L	1/month	B-H Composite	
	Permit Requirement	25	Avg Mo		50 MAX		1/month	B-H Composite	
Facility Comments									



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
Poconon Riverwide Strip, October 2018.doc	Daily Effluent Monitoring Form	2018-11-15T10:51:05-0500	
Poconon Riverwide Inflow and Process Control Form October 2018.doc	Inflow and Process Control Form	2018-11-15T10:51:05-0500	
Poconon Riverwide DEP Cov. Ltr. October 2018.doc	Cover Letter	2018-11-15T10:51:05-0500	
Poconon Riverwide Lab Asses'd October 2018.doc	Laboratory Accreditation Form	2018-11-15T10:52:11-0500	

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 (gall)	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	TD063	(610) 976-6523

SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER	Michael Disantis	TELEPHONE	DATE
		(610) 876-5523	2018 11 28

\*Pursuant to the Pennsylvania Electronic Transactions Act - Act 89, 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 a 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).

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 of Zones Cl2 residual (Effluent)	CBODs (Effluent)	TSS (Eff.)	Fecal Coliform (Eff.)	Total Nitrogen (Eff.)
1	21,579	63	56			0.0	63,400	0	31,000		7.8	5.2	0.69				
2	19,418	71	63			0.7	47,100	4,700	27,100		7.6	4.4	0.78				
3	21,471	66	59			0.0	0	0	0								
4	20,148	72	57			0.1	0	0	0								
5	14,909	61	60			0.0	0	0	0								
6	21,864	62	62			0.0	0	0	0								
7	21,849	72	68			0.0	0	0	0	173,300							
8	22,205	72	67			0.2	0	0	0								
9	19,534	72	69			0.0	0	0	0								
10	21,774	75	67			0.1	44,400	9,000	22,800		8.1	6.4	0.72				
11	20,809	79	70			0.7	63,500	11,000	34,900		7.9	4.7	0.58				
12	19,540	58	47			0.1	0	0	0								
13	12,184	52	42			0.0	0	0	0								
14	26,422	41	41			0.1	0	0	0	185,600							
15	20,437	59	51			0.1	0	800	0								
16	18,727	49	45			0.1	51,300	800	26,600		7.5	5.9	0.62				
17	25,281	61	41			0.0	51,100	200	27,800		6.9	5.3	0.05				
18	23,326	46	36			0.0	0	0	0								
19	20,352	58	32			0.1	0	0	0								
20	21,413	62	47			0.0	0	0	0								
21	21,082	49	34			0.0	0	0	0	158,600							
22	18,682	51	32			0.0	0	0	0								
23	19,936	50	43			0.0	59,800	0	30,900		7.2	6.2	0.40				
24	21,264	45	40	166	73	0.0	50,400	0	54,100					2	2	1	12.3
25	22,964	41	33			0.0	0	0	0								
26	23,821	45	35			1.0	0	0	0								
27	20,437	48	45			0.1	0	0	0								
28	20,146	51	43			0.0	0	0	0	195,200							
29	21,520	51	42			0.0	0	0	0								
30	22,482	46	37			0.0	0	0	0	0							
31	22,250	57	36			0.0	0	0	0								
Total	647,826					3.4	431,000	26,500	255,200	712,700							
Avg.	20,898										6.9			2	2	1	12.3
Min	12,184																
Max	26,422										8.1						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA 1505419				18	10	01	TO	18	10	31
<b>PARAMETER</b>		<b>ANALYSIS METHOD</b>		<b>LAB NAME</b>		<b>LAB ID NUMBER<sup>2</sup></b>				
cBOD5		S5210B-11		ALS Environmental		22-293				
TSS		S2540D-11		ALS Environmental		22-293				
Fecal Coliform		S9222D-97		ALS Environmental		22-293				
Nitrate + Nitrite		EPA 300.0		ALS Environmental		22-293				
TKN		S4500NH3G-11		ALS Environmental		22-293				
Total Nitrogen		Calculation		ALS Environmental		22-293				
pH		Meter		DELCORA - Operations Meter		23-00671				

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

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or  
Authorized Agent

Michael J. DiSantis, Director of Operations  
& Maintenance

Date: 11/9/2018

<sup>1</sup> 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.

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

**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township  
 Watershed: \_\_\_\_\_  
 County: Delaware

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

Day	Flow (MGD)	BOD <sub>5</sub> (mg/l)	Influent		Process Control				
			BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)	
1	0.0216								
2	0.0194								
3	0.0215								
4	0.0201								
5	0.0149								
6	0.0219								
7	0.0218								
8	0.0222								
9	0.0195								
10	0.0218								
11	0.0208								
12	0.0195								
13	0.0122								
14	0.0264								
15	0.0204								
16	0.0187								
17	0.0253								
18	0.0233								
19	0.0204								
20	0.0214								
21	0.0211								
22	0.0187								
23	0.0199								
24	0.0213	166.0	29	73.0	13				
25	0.023								
26	0.0238								
27	0.0204								
28	0.0201								
29	0.0215								
30	0.0225								
31	0.0223								
Avg	0.021	166	29	73	13				
Max	0.026	166	29	73	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  
 Title: Dir. of Operations and Maintenance

License No.: T0403  
 Date: 11/9/2018



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

December 14, 2018

**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 November 2018**

Dear Mr. McAdams:

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

A total of 684,546 gallons of influent entered the facility for an average of 22,818 gallons per day. There were 451,501 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:mc  
enclosures

cc: S. Simone, Pocopson Township via US mail  
D. Harrower, Penco Management via email [dharrower@pencomanagement.com](mailto:dharrower@pencomanagement.com))  
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

## Cummings, Meghan

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, December 17, 2018 10:36 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:** 11/01/2018-11/30/2018  
**Report Due Date:** 12/28/2018

**Submitted By:** Michael DiSantis  
**Submission Id:** 126077  
**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.



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

PERMIT NUMBER: 1505419  
DITCH NUMBER: 001

MONITORING PERIOD  
FROM: 2018 11 01 TO: 2018 11 30

Reporting Frequency: Monthly  
DMR Effective From: 11/01/2018  
DMR Effective To: 11/30/2018  
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	UNITS		
pH (05400)	Sample Measurement	7.3		7.6		S.U.	1/month	Grab
	Permit Requirement	6.0		8.0	Max		1/month	Grab
Total Suspended Solids (05500)	Sample Measurement	2		2		mg/L	1/month	B-Hr Composite
	Permit Requirement	30		50	MAX		1/month	B-Hr Composite
Total Nitrogen (05600)	Sample Measurement	13.6		13.6		mg/L	1/month	Calculation
	Permit Requirement	13.6		13.6	MAX		1/month	Calculation
Flow (60050)	Sample Measurement	.022818	MGD				Continuous	Measured
	Permit Requirement	.045150	Monitor & Report Daily Max				Continuous	Measured
Fecal Coliform (74050)	Sample Measurement	1		1		CFU/100 ml	1/month	Grab
	Permit Requirement	200		200			1/month	Grab
Carbonaceous Biochemical Oxygen Demand (80025) (80082)	Sample Measurement	4		4		mg/L	1/month	B-Hr Composite
	Permit Requirement	25		50	MAX		1/month	B-Hr Composite
Facility Comments								



**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
Poopoon Riverside DEP Doc, Lt. November 2018.doc	Cover Letter	2018-12-14T08:53:59-05:00	
Poopoon Riverside Supp. November 2018.xls	Daily Effluent Monitoring Form	2018-12-14T08:54:31-05:00	
Poopoon Riverside Influent and Process Control Form November 2018.xls	Influent and Process Control Form	2018-12-14T08:56:27-05:00	
Poopoon Riverside Lab Azord November 2018.doc	Laboratory Accreditation Form	2018-12-14T08:56:56-05	

**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	TD03	(410) 976-5523

**SUBMISSION INFORMATION**

SUBMITTED BY GREENPORT USER	*Puruant to the Pennsylvania Electronic Transactions Act - Act 89, 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).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY
disantis		Michael Disantis	(610)	876-5523	2018	12	17

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

November, 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 of Zones Cl2 residual (Effluent)	cbOD5 (Effluent)	TSS (Eff.)	Fecal Coliform (Eff.)	Total Nitrogen (Eff.)
1	17,506	71	49			0.0	36,300	1	20,800		7.5	9.5	0.03				
2	24,827	69	58			1.2	56,300	0	34,300		7.5	7.2	0.01				
3	17,199	55	43			0.0	0	0	0								
4	28,023	51	32			0.3	0	0	0								
5	20,400	54	44			0.7	0	0	0								
6	23,307	56	50			0.2	0	0	0								
7	20,656	61	44			0.0	73,000	0	42,300	263,001	7.3	7.4	1.21				
8	18,556	56	40			0.0	26,300	0	0		7.3	7.0	0.66				
9	23,142	49	37			0.8	0	0	0								
10	17,289	42	29			0.0	0	0	0								
11	24,938	35	25			0.0	0	0	0								
12	25,643	31	26			1.0	0	0	0								
13	21,456	44	40			0.0	0	0	0								
14	19,184	39	32			0.0	0	0	0	26,300							
15	31,570	33	28			1.4	0	0	0								
16	23,607	41	32			0.0	0	0	0								
17	15,091	45	30			0.0	0	0	0								
18	26,249	35	28			0.0	0	0	0								
19	22,255	37	32			0.0	68,000	0	40,900		7.5	7.9	0.71				
20	25,757	43	35	239	67	0.0	42,900	0	10,400		7.6	8.1		4	2	1	13.6
21	23,408	43	26			0.0	0	0	0	162,200							
22	25,558	27	18			0.0	0	0	0								
23	24,943	26	14			0.0	0	0	0								
24	31,762	44	23			2.0	0	0	0								
25	23,449	55	37			0.0	0	0	0								
26	25,630	50	37			0.6	0	0	0								
27	20,760	40	34			0.0	0	0	0								
28	23,299	35	33			0.0	0	0	0	0							
29	18,984	37	29			0.0	0	0	0								
30	20,098	39	31			0.0	0	0	0	0							
31																	
Total	684,546					8.1	302,800	1	148,700	451,501							
Avg.	22,818										7.3			4	2	1	13.6
Min	15,091																
Max	31,762										7.6						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA 1505419				18	11	01	TO 18 11 30
PARAMETER		ANALYSIS METHOD		LAB NAME		LAB ID NUMBER <sup>2</sup>	
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 possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Director of Operations & MaintenanceDate: 12/7/2018

<sup>1</sup> 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.

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





Facility Name: Pocopson Riverside  
Municipality: Pocopson Township  
Watershed: \_\_\_\_\_

County: Delaware

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

Day	Influent				Process Control			
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1	0.0175							
2	0.0248							
3	0.0172							
4	0.028							
5	0.0204							
6	0.0233							
7	0.0207							
8	0.0186							
9	0.0231							
10	0.0173							
11	0.0249							
12	0.0256							
13	0.0215							
14	0.0192							
15	0.0316							
16	0.0236							
17	0.0151							
18	0.0262							
19	0.0223							
20	0.0258	239.0	51	67.0	14			
21	0.0234							
22	0.0256							
23	0.0249							
24	0.0318							
25	0.0234							
26	0.0256							
27	0.0208							
28	0.0233							
29	0.019							
30	0.0201							
31								
Avg	0.023	239	51	67	14			
Max	0.032	239	51	67	14			

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@penco.com](mailto:dharrower@penco.com)  
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

**Saunders, Debbie**

---

**From:** depgreenporthehelpdesk@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.



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

NAME: DELCORA  
ADDRESS: PO BOX 998, CHESTER PA, 19016-0998  
FACILITY: SHEEDER TRACT SUBDIVISION STP  
LOCATION: POCOPSON RD, POCOPSON PA, 19366  
STAGE: Prior to Irrigation

PERMIT NUMBER	1505419	OUTFALL NUMBER	001
MONITORING PERIOD		YEAR	MO
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	UNITS		
pH (00400)	Sample Measurement	6.4	S.U.	7.7			1/month	Grab
	Permit Requirement	6.0 Min		8.0 Max			1/month	Grab
Total Suspended Solids (00530)	Sample Measurement	30	mg/L	2			1/month	8-Hr Composite
	Permit Requirement	30		15.6 MAX			1/month	8-Hr Composite
Total Nitrogen (00550)	Sample Measurement	15.6	mg/L	15.6			1/month	Calculation
	Permit Requirement	15.6		15.6 MAX			1/month	Calculation
Flow (50050)	Sample Measurement	0.22793	MGD	Monitor & Report / Avg Mo			Continuous	Method
	Permit Requirement	0.45150 Avg Mo		Monitor & Report Daily Max			Continuous	Method
Fecal Coliform (74050)	Sample Measurement	200	CFU/100 ml	5			1/month	Grab
	Permit Requirement	200		Geo Mean			1/month	Grab
Carbonaceous Biochemical Oxygen Demand (C30005) (80082)	Sample Measurement	2	mg/L	2			1/month	8-Hr Composite
	Permit Requirement	2		25 Avg Mo			1/month	8-Hr Composite
Facility Comments								



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 Gov. Ltr. December 2018.doc	Cover Letter	2018-01-08T10:15:51-05:00	
Pocopson Riverside Supp. December 2018.xls	Daily Effluent Monitoring Form	2018-01-08T10:16:28-05:00	
Pocopson Riverside Lab Accred December 2018.doc	Laboratory Accreditation Form	2018-01-08T10:16:28-05:00	
Pocopson Riverside Influent and Process Control Form December 2018.xls	Influent and Process Control Form	2018-01-08T10:17:11-05:00	

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 (hr:s)	Receiving Waters	Impacts 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	TD03	(610)-876-5223

SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER	TELEPHONE	DATE
Michael Disantis	(610) 876-5223	2019 1 8

\*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 critical 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).

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 of 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										6.4			2	2	5	15.6
Min	15,728																
Max	31,379										7.7						



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

**SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>**

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 <sup>2</sup>
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      Phone: 610-876-5523 ext 264      Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Director of Operations & Maintenance      Date: 1/3/2019

<sup>1</sup> 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.

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



**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BPNPSM0436 3/2012

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

Day	Influent				Process Control			
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (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  
 Title: Dir. of Operations and Maintenance

License No.: T0403  
 Date: 1/3/2019



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

February 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 January 2019**

Dear Mr. McAdams:

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

A total of 703,987 gallons of influent entered the facility for an average of 22,709 gallons per day. There were 208,702 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:mc  
enclosures

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

## Cummings, Meghan

---

**From:** depgreenporthehelpdesk@state.pa.us  
**Sent:** Thursday, February 21, 2019 8:28 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:** 01/01/2019-01/31/2019  
**Report Due Date:** 02/28/2019

**Submitted By:** Stan Gober  
**Submission Id:** 136918  
**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.



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
2019	01	01	TO	2019	01 31

Reporting Frequency: Monthly  
 DMR Effective From: 01/01/2019  
 DMR Effective To: 01/31/2019  
 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	***	***	***	6.8	***	7.6	S.U.	1/month	Grab
	Permit Requirement	***	***	***	8.0 Min	***	9.0 Max		1/month	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	12	12	mg/L	1/month	8-Hr Composite
	Permit Requirement	***	***	***	***	30 Avg Mo	60 IMAX		1/month	8-Hr Composite
Total Nitrogen (00500)	Sample Measurement	***	***	***	***	18.4	18.4	mg/L	1/month	Calculation
	Permit Requirement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX		1/month	Calculation
Flow (50050)	Sample Measurement	.022709	.029367	MGD	***	***	***	***	Continuous	Metered
	Permit Requirement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***	***	Continuous	Metered
Fecal Coliform (74055)	Sample Measurement	***	***	***	***	74	***	CFU/100 ml	1/month	Grab
	Permit Requirement	***	***	***	***	200 Geo Mean	***	***	1/month	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	***	***	***	***	5	5	mg/L	1/month	8-Hr Composite
	Permit Requirement	***	***	***	***	25 Avg Mo	50 IMAX		1/month	8-Hr Composite
Facility Sampling Point Comments										



**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. January 2019.doc	Cover Letter	2019-02-12T14:00:08-05:00	
Pocopson Riverside Supp. January 2019.xls	Daily Effluent Monitoring Form	2019-02-12T14:00:39-05:00	
Pocopson Riverside Lab Accred January 2019.doc	Laboratory Accreditation Form	2019-02-12T14:02:58-05:00	
Pocopson Riverside Influent and Process Control Form January 2019.xls	Influent and Process Control Form	2019-02-12T14:04:04-05:00	
Pocopson Riverside Analytical Report January 2019.pdf	Laboratory Analytical Report	2019-02-12T14:04:39-05:00	

**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
	Stanley J Gober	T1938	(484)-844-2175

**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).	Stan Gober	TELEPHONE		DATE		
			(484)	844-2175	2019	2	21
gobers		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

January 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	23,234	56	40			0.0	0	0	0								
2	29,211	42	33			0.0	50,900	40,000	26,900		6.8	9.0	0.01				
3	23,636	44	28			0.0	0	0	0								
4	22,037	42	26			0.3	0	0	0								
5	19,100	44	39			0.1	0	0	0								
6	26,179	45	34			0.0	0	0	0								
7	22,607	29	27			0.1	0	0	0	117,800							
8	19,516	37	32			0.2	56,900	1,800	27,600		6.9	8.4	1.24				
9	29,039	42	31	277	69	0.0	0	1	4,600		7.6	10.0	0.90	5	12	74	18.4
10	19,264	38	29			0.0	0	0	0								
11	19,956	31	20			0.0	0	0	0								
12	22,875	32	17			0.1	0	0	0								
13	18,003	30	26			0.0	0	0	0								
14	25,520	22	19			0.0	0	0	0	90,901							
15	21,371	31	16			0.0	0	0	0								
16	24,376	32	19			0.0	0	0	0								
17	21,361	30	25			0.0	0	0	0								
18	20,204	34	28			0.0	0	0	0								
19	25,722	36	30			1.4	0	0	0								
20	23,309	36	15			0.0	0	0	0								
21	24,050	14	8			0.0	0	0	0	0							
22	20,219	24	11			0.0	0	0	0								
23	28,957	36	26			1.5	0	0	1								
24	23,120	49	32			0.1	0	0	0								
25	21,624	37	25			0.1	0	0	0								
26	19,695	34	16			0.0	0	0	0								
27	29,367	42	24			0.0	0	0	0								
28	20,906	32	21			0.0	0	0	0	1							
29	19,174	37	22			0.3	0	0	0								
30	22,315	31	4			0.0	0	0	0	0							
31	18,040	14	1			0.0	0	0	0								
Total	703,987					4.1	107,800	41,801	59,101	208,702							
Avg.	22,709													5	12	74	18.4
Min	18,003										6.8						
Max	29,367										7.6						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day			
PA 1505419				19	01	01	TO 19 01 31
<b>PARAMETER</b>		<b>ANALYSIS METHOD</b>		<b>LAB NAME</b>		<b>LAB ID NUMBER<sup>2</sup></b>	
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 possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Director of Operations & MaintenanceDate: 2/8/2019

<sup>1</sup> 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.

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



**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BPNPSM0436 3/2012

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

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

Day	Influent				Process Control				
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)	
1	0.0232								
2	0.0292								
3	0.0236								
4	0.022								
5	0.0191								
6	0.0262								
7	0.0226								
8	0.0195								
9	0.029	277.0	67	69.0	17				
10	0.0193								
11	0.02								
12	0.0229								
13	0.018								
14	0.0255								
15	0.0214								
16	0.0244								
17	0.0214								
18	0.0202								
19	0.0257								
20	0.0233								
21	0.0241								
22	0.0202								
23	0.029								
24	0.0231								
25	0.0216								
26	0.0197								
27	0.0294								
28	0.0291								
29	0.0192								
30	0.0223								
31	0.018								
Avg	0.023	277	67	69	17				
Max	0.029	277	67	69	17				

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: 2/5/2019

# Lab Report for Pocopson Riverside

Influent & Effluent DMR Data  
 Lab Certification No: 23-00671



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
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	277	69 (1)	5	12.2	74	0.131	7.93 (2)	10.30	18.4
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									
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	1	1	1	1	1	1	1	1	1
Maximum	277	69	5	12.2	74	0.131	7.93	10.30	18.4
Minimum	277	69	5	12.2	74	0.131	7.93	10.30	18.4
Average	277	69	5	12.2	74	0.131	7.93	10.30	18.4
Total	277	69	5	12.2	74	0.131	7.93	10.30	18.4

Comments:

(1) GGA STD OUT OF SPEC LOW.  
 RESULT QUALIFIED.

SM

(2) Samples diluted before analysis



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

March 14, 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 February 2019**

Dear Mr. McAdams:

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

A total of 613,186 gallons of influent entered the facility for an average of 21,900 gallons per day. There were 730,400 gallons discharged to the spray fields during the monitoring period. This exceeded our permittable monthly gallons due to a high level in our storage lagoon caused by the extreme amount of precipitation. Extra fecal coliform samples were collected. The results are attached in the analytical report and on page two of the supplemental report.

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:mc  
enclosures

cc: S. Simone, Pocopson Township via US mail  
D. Harrower, Penco Management via email [dharrower@pencomanagement.com](mailto:dharrower@pencomanagement.com))  
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

## Cummings, Meghan

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, March 18, 2019 11:27 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:** 02/01/2019-02/28/2019  
**Report Due Date:** 03/28/2019

**Submitted By:** Stan Gober  
**Submission Id:** 140326  
**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.



**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 2019	02	01	TO	2019	02	28

Reporting Frequency: Monthly  
 DMR Effective From: 02/01/2019  
 DMR Effective To: 02/28/2019  
 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	***	***	***	6.1	***	8.3	S.U.	1/month	Grab
	Permit Requirement	***	***	***	6.0 Min	***	8.0 Max		1/month	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	24	24	mg/L	1/month	8-Hr Composite
	Permit Requirement	***	***	***	***	30 Avg Mo	50 IMAX		1/month	8-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	18.5	18.5	mg/L	1/month	Calculation
	Permit Requirement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX		1/month	Calculation
Flow (50050)	Sample Measurement	.021900	033425	MGD	***	***	***	***	Continuous	Metered
	Permit Requirement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***	***	Continuous	Metered
	Facility Parameter Comments	There were 730,400 gallons discharged to the spray fields during the monitoring period. This exceeded our permissible monthly gallons due to a high level in our storage lagoon caused by the extreme amount of precipitation.								
Fecal Coliform (74055)	Sample Measurement	***	***	***	***	<14	***	CFU/100 ml	1/month	Grab
	Permit Requirement	***	***	***	***	200 Geo Mean	***		1/month	Grab
	Facility Parameter Comments	Extra fecal coliform samples were collected. The results are attached in the analytical report and on page two of the supplemental report.								
Carbonaceous Biochemical Oxygen Demand (CBOD5) (60082)	Sample Measurement	***	***	***	***	7	7	mg/L	1/month	8-Hr Composite
	Permit Requirement	***	***	***	***	25 Avg Mo	50 IMAX		1/month	8-Hr Composite
Facility Sampling Point Comments										



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 Supp. February 2019.xls	Daily Effluent Monitoring Form	2019-03-15T09:58 39-04 00	
Pocopson Riverside Influent and Process Control Form February 2019.xls	Influent and Process Control Form	2019-03-15T09:59 12-04 00	
Pocopson Riverside Lab Accred February 2019.doc	Laboratory Accreditation Form	2019-03-15T10 00:19-04:00	
Pocopson Riverside Analytical February 2019.pdf	Laboratory Analytical Report	2019-03-15T10 01:05-04:00	
Pocopson Riverside DEP Cov. Ltr. February 2019.doc	Cover Letter	2019-03-18T11 23:02-04:00	

## 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
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## 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
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## OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
63709	Other					There were 730,400 gallons discharged to the spray fields during the monitoring period. This exceeded our permissible monthly gallons due to a high level in our storage lagoon caused by the extreme amount of precipitation. Extra fecal coliform samples were collected. The results are attached in the analytical report and on page two of the supplemental report.

## COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
There were 730,400 gallons discharged to the spray fields during the monitoring period. This exceeded our permissible monthly gallons due to a high level in our storage lagoon caused by the extreme amount of precipitation. Extra fecal coliform samples were collected. The results are attached in the analytical report and on page two of the supplemental report.	Stanley J Gober	T1938	(484)-844-2175

## 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).	Stan Gober	TELEPHONE		DATE		
			(484)	844-2175	2019	3	18
gobers		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

February 2019

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	21,744	14	5			0.0	0	0	0								
2	26,440	27	7			0.0	0	0	0								
3	22,244	48	19			0.0	0	0	0								
4	12,929	56	27			0.0	0	0	0								
5	24,257	33	31			0.0	43,800	4,900	31,300		7.8	12.9	0.09				
6	24,504	37	34	174	78	0.0	11,400	0	7,100		6.8	12.1	0.14	7	23.5	1414	18.5
7	22,693	45	39			0.0	0	0	0	98,500							
8	13,507	51	30			0.0	0	0	0								
9	25,641	26	23			0.2	0	0	0								
10	14,831	34	16			0.1	0	0	0								
11	18,700	29	28			0.8	0	0	0								
12	33,425	31	29			0.0	0	0	0								
13	22,266	39	33			0.0	0	0	0								
14	19,598	43	28			0.0	0	0	0								
15	18,300	55	40			0.0	0	0	0								
16	18,758	37	30			0.0	0	0	0								
17	25,284	29	23			0.2	0	0	0								
18	23,371	42	31			0.0	0	0	0								
19	18,949	30	23			0.0	0	0	0								
20	30,506	28	26			0.6	0	0	0								
21	19,917	49	33			0.0	34,900	41,700	27,900	104,500	6.1	4.0	0.08				
22	22,039	44	34			0.0	74,300	40,700	28,000		6.8	8.5	0.01				
23	18,930	38	32			0.3	0	0	0								
24	31,107	39	36			0.0	0	0	0								
25	16,965	40	31			0.0	0	0	0								
26	24,521	34	27			0.0	53,600	29,900	28,100		7.8	6.2	1.30				
27	16,629	33	24			0.0	38,500	46,200	39,100		8.1	8.8	1.50				
28	25,131	36	30			3.0	65,200	50,000	33,800	527,400	8.3	12.0	1.00				
29																	
30										0							
31																	
Total	613,186					5.3	321,700	213,400	195,300	730,400							
Avg.	21,900													7	24	1,414	18.5
Min	12,929										6.1						
Max	33,425										8.3						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: DELICORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1505419	19	02	01	TO	19	02	28

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
cBOD5	S5210B-11	DELICORA	23-00671
TSS	S2540D-11	DELICORA	23-00671
Fecal Coliform	Colilert18/Quantitray	DELICORA	23-00671
Nitrate + Nitrite	HACH 10206/SM4500-H+B	DELICORA	23-00671
TKN	HACH 10242	DELICORA	23-00671
Total Nitrogen	Calculation	DELICORA	23-00671
pH	Meter	DELICORA - 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 possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer  <u>Michael J. DiSantis, Director of Operations &amp; Maintenance</u>	Phone: <u>610-876-5523 ext 264</u>  Date: <u>3/5/2019</u>	Signature of Principal Executive Officer or Authorized Agent  _____
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<sup>1</sup> 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.

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

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

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

Day	Influent				Process Control			
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1	0.0217							
2	0.0264							
3	0.0222							
4	0.0129							
5	0.0243							
6	0.0245	174.0	36	78.0	16			
7	0.0227							
8	0.0135							
9	0.0256							
10	0.0148							
11	0.0187							
12	0.0334							
13	0.0223							
14	0.0196							
15	0.0183							
16	0.0188							
17	0.0253							
18	0.0234							
19	0.0189							
20	0.0305							
21	0.0199							
22	0.022							
23	0.0189							
24	0.0311							
25	0.017							
26	0.0245							
27	0.0166							
28	0.0251							
29								
30								
31								
Avg	0.022	174	36	78	16			
Max	0.033	174	36	78	16			

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

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

License No.: T0403  
 Date: 3/5/2019

# Lab Report for Pocopson Riverside

Influent & Effluent DMR Data

Lab Certification No: 23-00671



	21504 PR	21500 PR	21505 PR	21501 PR	21506 PR	21508 PR	21509 PR	21510 PR	21507 PR
	Influent BOD5	Influent TSS	Effluent CBOD5	Effluent TSS	Effluent Fecal Coliform	Effluent NO2 Nitrite	Effluent NO3 Nitrate	Effluent TKN <sup>1</sup>	Effluent Nitrogen, Total
	Daily Avg mg/l	Daily Avg mg/l	Daily Avg mg/l	Daily Avg mg/l	Daily Avg count/100ml	Daily Avg mg/l	Daily Avg mg/l	Daily Avg mg/l	Daily Avg mg/l
Date									
Feb 1, 2019									
Feb 2, 2019									
Feb 3, 2019									
Feb 4, 2019									
Feb 5, 2019									
Feb 6, 2019	174	78	7	23.5	1414	0.154 (1)	7.66 (2)	10.66	18.5
Feb 7, 2019									
Feb 8, 2019									
Feb 9, 2019									
Feb 10, 2019									
Feb 11, 2019									
Feb 12, 2019									
Feb 13, 2019									
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				(3)					
Feb 28, 2019									
Count	1	1	1	1	1	1	1	1	1
Maximum	174	78	7	23.5	1414	0.154	7.66	10.66	18.5
Minimum	174	78	7	23.5	1414	0.154	7.66	10.66	18.5
Average	174	78	7	23.5	1414	0.154	7.66	10.66	18.5
Total	174	78	7	23.5	1414	0.154	7.66	10.66	18.5

# Lab Report for Pocopson Riverside

Influent & Effluent DMR Data

Lab Certification No: 23-00671



**DELCORA**

The Delaware County  
Regional Water Quality  
Control Authority

	21504 PR	21500 PR	21505 PR	21501 PR	21506 PR	21508 PR	21509 PR	21510 PR	21507 PR
	Influent BOD5	Influent TSS	Effluent CBOD5	Effluent TSS	Effluent Fecal Coliform	Effluent NO2 Nitrite	Effluent NO3 Nitrate	Effluent TKN	Effluent Nitrogen, Total
	Daily Avg mg/l	Daily Avg mg/l	Daily Avg mg/l	Daily Avg mg/l	Daily Avg count/100ml	Daily Avg mg/l	Daily Avg mg/l	Daily Avg mg/l	Daily Avg mg/l
Date:									

**Comments:**

(1) Result qualified. Sample diluted prior to analysis.

TPB

(2) Result qualified. Sample diluted prior to analysis.

TPB

(3) 9 samples taken:

14:00 = <1

14:05 = <1

14:10 = 1.0

14:15 = <1.0

14:20 = <1

14:25 = <1

14:30 = 686.7

14:35 = 770.1

14:40 = 461.1



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

April 9, 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 March 2019**

Dear Mr. McAdams:

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

A total of 619,537 gallons of influent entered the facility for an average of 19,985 gallons per day. There were 516,100 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:bab  
enclosures

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

**Bonnett, Barbara**

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Thursday, April 18, 2019 10:17 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:** 03/01/2019-03/31/2019  
**Report Due Date:** 04/28/2019

**Submitted By:** Stan Gober  
**Submission Id:** 144410  
**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.



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

Reporting Frequency: Monthly  
 DMR Effective From: 03/01/2019  
 DMR Effective To: 03/31/2019  
 Permit Expires: 04/30/2020  
 Permit Application Due: 11/02/2019  
 No Discharge:

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2019	03	01	TO	2019	03	31

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	---	---	---	7.2	---	8.0	S.U.	1/month	Grab
	Permit Requirement	---	---	---	6.0 Min	---	8.0 Max		1/month	Grab
Total Suspended Solids (00530)	Sample Measurement	---	---	---	---	29	29	mg/L	1/month	8-Hr Composite
	Permit Requirement	---	---	---	---	30 Avg Mo	50 IMAX		1/month	8-Hr Composite
Total Nitrogen (00600)	Sample Measurement	---	---	---	---	23.3	23.3	mg/L	1/month	Calculation
	Permit Requirement	---	---	---	---	Monitor & Report Avg Mo	Monitor & Report IMAX		1/month	Calculation
Flow (50050)	Sample Measurement	.019985	.026364	MGD	---	---	---	---	Continuous	Metred
	Permit Requirement	.045150 Avg Mo	Monitor & Report Daily Max		---	---	---		Continuous	Metred
Fecal Coliform (74055)	Sample Measurement	---	---	---	---	<1	---	CFU/100 ml	1/month	Grab
	Permit Requirement	---	---	---	---	200 Geo Mean	---		1/month	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	---	---	---	---	11	11	mg/L	1/month	8-Hr Composite
	Permit Requirement	---	---	---	---	25 Avg Mo	50 IMAX		1/month	8-Hr Composite
Facility Sampling Point Comments										



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. March 2019.doc	Cover Letter	2019-04-17T10:32:48-04:00	
Pocopson Riverside Supp. March 2019.xls	Daily Effluent Monitoring Form	2019-04-17T10:38:09-04:00	
Pocopson Riverside Lab Accred March 2019.doc	Laboratory Accreditation Form	2019-04-17T10:35:17-04:00	
Pocopson Riverside Influent and Process Control Form March 2019.xls	Influent and Process Control Form	2019-04-17T10:33:51-04:00	
Pocopson Riverside Analytical March 2019.pdf	Laboratory Analytical Report	2019-04-17T10:34:39-04:00	

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
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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
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OTHER PERMIT VIOLATIONS

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

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Stanley J Gober	T1938	(484)-844-2175

SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 89, 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).	Stan Gober	TELEPHONE		DATE		
			(484)	844-2175	2019	4	18
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY
gobers							

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

March 2019

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	20,532	33	27			0.6	0	0	0								
2	20,169	35	32			0.0	0	0	0								
3	24,342	36	32			0.8	0	0	0								
4	26,364	34	24			0.0	0	0	0								
5	19,711	24	15			0.0	0	0	0								
6	22,016	21	17			0.0	0	0	0								
7	22,946	28	13			0.0	0	0	0	0							
8	17,592	37	18			0.0	0	0	0								
9	22,222	43	32			0.7	0	0	0								
10	22,013	48	36			0.7	0	0	0								
11	19,162	48	37			0.7	0	0	0								
12	17,072	39	30			0.0	0	0	0								
13	23,998	29	23			0.0	46,800	35,700	24,600		7.9	7.6	0.60				
14	20,154	52	35			0.0	71,600	57,300	32,600		8.0	9.5	1.31				
15	18,865	68	55			0.2	0	0	0								
16	17,843	46	36			0.0	0	0	0								
17	23,708	39	28			0.0	0	0	0								
18	16,585	39	28			0.0	0	0	0								
19	15,883	38	25			0.0	0	0	0								
20	17,469	50	25			0.1	60,600	45,500	38,200		7.3	7.5	0.16				
21	22,698	44	42	325	1040	1.5	0	14,500	0	158,800	7.2	6.8	2.2	11	29	1	23.3
22	20,653	39	38			0.0	0	0	0								
23	23,076	37	33			0.0	0	0	0								
24	23,440	53	30			0.0	0	0	0								
25	16,009	48	37			0.3	0	0	0								
26	21,602	39	30			0.0	0	0	0								
27	17,101	53	26			0.0	0	0	0								
28	14,717	54	27			0.0	59,200	45,300	30,300	134,800	7.2	7.0	1.56				
29	17,800	55	43			0.0	81,400	63,300	42,500		7.6	7.1	1.64				
30	12,267	65	51			0.0	12,100	18,000	5,200	222,500	7.5	6.9	1.29				
31	21,528	61	35			0.0	0	0	0								
Total	619,537					5.5	331,700	279,600	173,400	516,100				11	29	1	23.3
Avg.	19,985																
Min	12,267										7.2						
Max	26,364										8.0						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day			
PA 1505419				19	03	01	TO 19 03 31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>				
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 possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Director of Operations & MaintenanceDate: 4/4/2019

<sup>1</sup> 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.

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



**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

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

Day	Influent				Process Control			
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1	0.0205							
2	0.0202							
3	0.0243							
4	0.0264							
5	0.0197							
6	0.022							
7	0.0229							
8	0.0176							
9	0.0222							
10	0.022							
11	0.0192							
12	0.0171							
13	0.024							
14	0.0202							
15	0.0189							
16	0.0178							
17	0.0237							
18	0.0166							
19	0.0159							
20	0.0175							
21	0.0227							
22	0.0207							
23	0.0231							
24	0.0234							
25	0.016	325.0	43	1,040.0	139			
26	0.0216							
27	0.0171							
28	0.0147							
29	0.0178							
30	0.0123							
31	0.0215							
Avg	0.02	325	43	1,040	139			
Max	0.026	325	43	1,040	139			

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: 4/4/2019



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

May 13, 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 April 2019**

Dear Mr. McAdams:

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

A total of 611,809 gallons of influent entered the facility for an average of 20,394 gallons per day. There were 1,050,600 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](mailto:dharrower@pencomanagement.com))  
S. Gober 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

## Cummings, Meghan

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Thursday, May 16, 2019 12:09 PM  
**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:** 04/01/2019-04/30/2019  
**Report Due Date:** 05/28/2019

**Submitted By:** Stan Gober  
**Submission Id:** 148350  
**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.



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

NAME: DELICORA  
 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

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

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
FROM 2019	04	01	TO	2019	04	30

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	---	---	---	6.6	---	7.7	S.U.	1/month	Grab
	Permit Requirement	---	---	---	6.0 Min	---	8.0 Max	---	1/month	Grab
Total Suspended Solids (00530)	Sample Measurement	---	---	---	---	11	11	mg/L	1/month	8-Hr Composite
	Permit Requirement	---	---	---	---	30 Avg Mo	60 IMAx	---	1/month	8-Hr Composite
Total Nitrogen (00600)	Sample Measurement	---	---	---	---	19.9	19.9	mg/L	1/month	Calculation
	Permit Requirement	---	---	---	---	Monitor & Report Avg Mo	Monitor & Report IMAx	---	1/month	Calculation
Flow (50050)	Sample Measurement	.020394	.054789	MGD	---	---	---	---	Continuous	Metered
	Permit Requirement	.045150 Avg Mo	Monitor & Report Daily Max	---	---	---	---	---	Continuous	Metered
Fecal Coliform (74055)	Sample Measurement	---	---	---	---	<1	---	CFU/100 ml	1/month	Grab
	Permit Requirement	---	---	---	---	200 Geo Mean	---	---	1/month	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5) (80062)	Sample Measurement	---	---	---	---	9	9	mg/L	1/month	8-Hr Composite
	Permit Requirement	---	---	---	---	25 Avg Mo	50 IMAx	---	1/month	8-Hr Composite
Facility Sampling Point Comments										



**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 Supp. April 2019.xls	Daily Effluent Monitoring Form	2019-05-15T09:09:25-04:00	
Pocopson Riverside DEP Cov. Ltr. April 2019.doc	Cover Letter	2019-05-15T09:10:53-04:00	
Pocopson Riverside Influent and Process Control Form April 2019.xls	Influent and Process Control Form	2019-05-15T09:12:25-04:00	
Riverside Analytical April 2019.pdf	Laboratory Analytical Report	2019-05-15T09:15:51-04:00	
Pocopson Riverside Lab Accred April 2019.doc	Laboratory Accreditation Form	2019-05-15T09:20:53-04:00	

**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
	Stanley J Gobar	T1938	(484)-844-2175

**SUBMISSION INFORMATION**

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 89, 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).	SUBMITTED BY FULL NAME	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
gobers		Stan Gobar	(484)	844-2175	2019	5	16

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

April 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	17,318	37	28			0.0	0	0	0								
2	14,140	40	28			0.0	0	0	0								
3	19,194	54	32			0.0	58,500	45,500	30,100		7.4	6.6	1.21				
4	16,400	54	39			0.0	57,700	44,900	30,100		7.6	7.1	1.01				
5	14,995	43	37			0.1	0	0	0								
6	13,935	53	39			0.0	35,900	11,000	16,500		7.7	8.2	1.05				
7	19,709	62	45			0.1	0	0	0	330,200							
8	16,268	72	52			0.0	0	0	0								
9	8,863	67	52			0.2	0	0	0								
10	16,681	58	41			0.0	90,600	64,700	48,800		6.9	7.7	2.20				
11	18,550	42	39	3840	600	0.0	58,200	61,900	26,700		7.5	6.6	1.61	9	11	1	19.9
12	20,195	62	45			0.3	5,200	7,500	4,700		7.3	7.0	1.27				
13	16,085	68	59			0.0	0	0	0								
14	17,620	63	55			0.4	0	0	0								
15	15,206	61	43			0.0	0	0	0								
16	12,013	51	39			0.0	0	0	0								
17	19,240	58	48			0.0	94,700	69,700	52,000		6.8	6.5	1.45				
18	13,097	70	50			0.0	31,300	20,100	18,100		6.6	5.9	0.33				
19	20,907	71	63			0.0	22,200	39,000	9,000		7.2	5.8	2.20				
20	11,622	71	55			0.0	0	0	0								
21	22,741	58	54			0.0	0	0	0	356,100							
22	26,480	58	52			0.0	0	0	0								
23	22,829	46	50			0.0	107,400	78,900	57,300		7.6	4.5	1.52				
24	25,629	66	54			0.0	52,500	38,400	29,800		7.5	5.3	1.63				
25	8,362	62	52			0.3	0	0	0								
26	20,985	64	50			0.7	0	0	0								
27	20,393	61	46			0.0	0	0	0								
28	54,789	59	41			0.0	0	0	0	364,300							
29	38,200	57	37			0.0	0	0	0								
30	49,363	64	48			0.0	0	0	0	0							
31																	
Total	611,809					2.1	614,200	481,600	323,100	1,050,600				9	11	1	19.9
Avg.	20,394																
Min	8,362										6.6						
Max	54,789										7.7						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b> <u>DELCORA-Sheeder Tract WWTP</u>							
<b>Address:</b> <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day			
PA 1505419				19	04	01	TO 19 04 30
<b>PARAMETER</b>		<b>ANALYSIS METHOD</b>		<b>LAB NAME</b>		<b>LAB ID NUMBER<sup>2</sup></b>	
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 possibility of fine and imprisonment for knowing violations.

**Name/Title Principal Executive Officer**

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

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

Michael J. DiSantis, Director of Operations  
& Maintenance

**Date:** 5/3/2019

<sup>1</sup> 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.

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



**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BPNPSM0436 3/2012

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

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

Day	Influent					Process Control				
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.0173									
2	0.0141									
3	0.0192									
4	0.0164									
5	0.015									
6	0.1394									
7	0.0197									
8	0.0163									
9	0.0089									
10	0.0167									
11	0.0186	3,840.0	594	600.0	93					
12	0.0202									
13	0.0161									
14	0.0176									
15	0.0152									
16	0.012									
17	0.0192									
18	0.0131									
19	0.0209									
20	0.0116									
21	0.0227									
22	0.0265									
23	0.0228									
24	0.0256									
25	0.0084									
26	0.021									
27	0.0204									
28	0.0548									
29	0.0382									
30	0.0494									
31										
Avg	0.025	3,840	594	600	93					
Max	0.139	3,840	594	600	93					

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

**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 May 2019**

Dear Mr. McAdams:

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

A total of 812,554 gallons of influent entered the facility for an average of 26,502 gallons per day. There were 1,851,800 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@penco.com](mailto:dharrower@penco.com))  
S. Gober via email  
File

ADMINISTRATION

610-876-5523

FAX: 610-876-8728

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

## Cummings, Meghan

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Thursday, June 20, 2019 9:40 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:** 05/01/2019-05/31/2019  
**Report Due Date:** 06/28/2019

**Submitted By:** Stan Gober  
**Submission Id:** 152729  
**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.



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

NAME: DEL CORA  
 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

Reporting Frequency: Monthly  
 DMR Effective From: 05/01/2019  
 DMR Effective To: 05/31/2019  
 Permit Expires: 04/30/2020  
 Permit Application Due: 11/02/2019  
 No Discharge:

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2019	05	01	TO	2019	05	31

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	***	***	***	6.7	***	8.0	S.U.	1/month	Grab
	Permit Requirement	***	***	***	5.0 Min	***	9.0 Max		1/month	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	17	17	mg/L	1/month	8-Hr Composite
	Permit Requirement	***	***	***	***	30 Avg Mo	60 IMAX		1/month	8-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	17.2	17.2	mg/L	1/month	Calculation
	Permit Requirement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX		1/month	Calculation
Flow (50050)	Sample Measurement	.028502	.071164	MGD	***	***	***	***	Continuous	Metered
	Permit Requirement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Metered
Fecal Coliform (74055)	Sample Measurement	***	***	***	***	3	***	CFU/100 ml	1/month	Grab
	Permit Requirement	***	***	***	***	200 Geo Mean	***		1/month	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	***	***	***	***	5	5	mg/L	1/month	8-Hr Composite
	Permit Requirement	***	***	***	***	25 Avg Mo	50 IMAX		1/month	8-Hr Composite
Facility Sampling Point Comments										



**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. May 2019.doc	Cover Letter	2019-06-13T10:07:36-04:00	
Pocopson Riverside Supp. May 2019.xls	Daily Effluent Monitoring Form	2019-06-13T10:10:41-04:00	
Pocopson Riverside Lab Accred. May 2019.doc	Laboratory Accreditation Form	2019-06-13T10:09:54-04:00	
Pocopson Riverside Influent and Process Control Form May 2019.xls	Influent and Process Control Form	2019-06-13T10:09:23-04:00	
Pocopson Riverside Analytical May 2019.pdf	Laboratory Analytical Report	2019-06-13T10:08:50-04:00	

**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
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**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
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**OTHER PERMIT VIOLATIONS**

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
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**COMMENT DETAILS**

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Stanley J Gober	T1938	(484)-644-2175

**SUBMISSION INFORMATION**

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 68, 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).	Stan Gober	TELEPHONE		DATE		
			(484)	844-2175	2019	6	20
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY
gobers							

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

May 2019

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	31,484	55	53			0.0	84,700	62,000	45,000		7.8	6.0	0.20				
2	48,655	79	53			0.0	86,400	64,300	46,700		6.9	5.2	0.39				
3	49,223	60	52			0.1	29,700	38,600	11,200		7.1	5.0	1.04				
4	30,004	65	56			1.0	0	10,500	0		7.0	4.9	1.09				
5	47,014	57	52			0.5	0	0	0								
6	25,504	62	52			0.0	0	0	0								
7	32,451	60	52			1.1	0	0	0	479,100							
8	62,755	59	58			0.0	90,800	67,000	48,800		7.7	7.0	0.77				
9	71,164	58	56	312	220	0.0	91,100	66,600	49,600		7.7	7.6	0.90	5	17	3	17.2
10	17,100	67	59			0.2	23,100	45,500	7,200		7.6	5.9	0.88				
11	18,500	64	54			0.9	0	0	0								
12	24,000	51	45			0.8	0	0	0								
13	25,000	48	44			0.5	0	0	0								
14	16,500	51	45			0.0	0	0	0								
15	12,500	70	41			0.0	84,300	76,400	63,000		7.9	6.0	0.54				
16	15,500	71	52			0.0	63,100	44,900	33,100		7.4	3.0	0.26				
17	17,500	64	56			0.0	52,800	37,400	8,300		7.4	4.2	0.10				
18	21,400	72	58			0.0	0	0	0								
19	26,700	74	57			0.0	0	0	0								
20	20,200	82	68			0.0	0	0	0								
21	14,100	65	58			0.0	0	0	0	463,300							
22	19,900	71	46			0.0	83,500	60,300	52,000		7.8	5.6	0.86				
23	14,600	64	60			0.1	78,000	57,000	52,900		8.0	8.0	1.36				
24	25,300	73	63			0.0	40,800	63,400	24,000		7.6	7.2	1.55				
25	19,000	66	54			0.1	0	0	0								
26	12,700	86	62			0.0	0	0	0								
27	23,800	72	62			0.1	0	0	0								
28	18,300	65	58			0.2	0	0	0	511,900							
29	27,000	87	66			0.1	95,900	69,700	95,000		7.2	3.6	1.08				
30	19,800	81	65			0.2	73,300	51,800	11,800	397,500	6.7	6.3	0.05				
31	13,900	75	63			0.0	0	0	0								
Total	821,554					5.8	977,500	815,400	548,600	1,851,800							
Avg.	26,502													5	17	3	17.2
Min	12,500										6.7						
Max	71,164										8.0						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA 1505419				19	05	01	TO	19	05	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>							
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

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Director of Operations & MaintenanceDate: 6/5/2019

<sup>1</sup> 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.

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



**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

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

Day	Influent					Process Control				
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.0315									
2	0.0487									
3	0.0492									
4	0.03									
5	0.047									
6	0.0255									
7	0.0325									
8	0.0628									
9	0.0712	312.0	185	220.0	131					
10	0.0171									
11	0.0185									
12	0.024									
13	0.025									
14	0.0165									
15	0.0125									
16	0.0155									
17	0.0175									
18	0.0214									
19	0.0267									
20	0.0202									
21	0.0141									
22	0.0199									
23	0.0146									
24	0.0253									
25	0.019									
26	0.0127									
27	0.0238									
28	0.0183									
29	0.027									
30	0.0198									
31	0.0139									
Avg	<b>0.027</b>	<b>312</b>	<b>185</b>	<b>220</b>	<b>131</b>					
Max	<b>0.071</b>	<b>312</b>	<b>185</b>	<b>220</b>	<b>131</b>					

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 Riverside

Influent & Effluent DMR Data

Lab Certification No: 23-00671



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
May 1, 2019									
May 2, 2019									
May 3, 2019									
May 4, 2019									
May 5, 2019									
May 6, 2019									
May 7, 2019									
May 8, 2019									
May 9, 2019	312	220 (1)	5	17.0	3	0.246 (2)	14.88 (3)	2.10	17.2
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									
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	1	1	1	1	1	1	1	1	1
Maximum	312	220	5	17.0	3	0.246	14.88	2.10	17.2
Minimum	312	220	5	17.0	3	0.246	14.88	2.10	17.2
Average	312	220	5	17.0	3	0.246	14.88	2.10	17.2
Total	312	220	5	17.0	3	0.246	14.88	2.10	17.2

# Lab Report for Pocopson Riverside

Influent & Effluent DMR Data

Lab Certification No: 23-00671



**DEL CORA**

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
------	--	---	---	---	---	---	---	---	---

**Comments:**

(1) Blank is high out of spec.

Results qualified.

TPB

(2) Sample diluted prior to analysis.

SM

(3) Sample diluted prior to analysis.

SM



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
19/06/01	19/06/30

Southeast Region  
Facsimile

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MONTHLY AVERAGE	INST. MAXIMUM	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INSTANTANEOUS MAXIMUM				
FLOW	SAMPLE MEASUREMENT	0.012541	0.015414		XXXX	XXXX	XXXX	gpd	0	CONT.	RECD.
	PERMIT REQUIREMENT	0.020000	MONITOR/REPORT		XXXX	XXXX	XXXX				
cBOD <sub>5</sub>	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	9	11	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	25	50				
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	XXXX	XXXX		N/A	21	27	mg/L	0	2/month	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	30	60				
pH	SAMPLE MEASUREMENT	N/A	XXXX		6.6	XXXX	8.0	s.u.	0	1/Day	Grab
	PERMIT REQUIREMENT	N/A	XXXX		6.0	XXXX	9.0				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p>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 1091 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.)</p>	SIGNATURE OF PRINCIPAL EXECUTIVE	TELEPHONE	DATE
Michael J. DiSantis			610-876-5523	19/07/05
Director of Operations and Maintenance		OFFICER OR AUTHORIZED AGENT	EXT 264	YEAR MO DAY
TYPE OR PRINT			AREA CODE NUMBER	

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

NO effluent discharged

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	11,652				19,718	1,694	1,694	1,694	1,695	1,694	1,694	1,655	1,656	1,694	1,694	1,452	1,452	6.8			
2	14,432				19,718	1,694	1,694	1,694	1,695	1,694	1,694	1,655	1,656	1,452	1,452	1,694	1,694	7.2			
3	13,852				19,729	1,694	1,694	1,694	1,695	1,694	1,694	1,419	1,419	1,694	1,694	1,694	1,694	7.2			
4	11,815				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			
5	14,701				19,892	1,694	1,694	1,594	1,515	1,694	1,694	1,655	1,656	1,694	1,694	1,694	1,694	7.5			
6	13,715				19,551	1,452	1,452	1,586	1,586	1,694	1,694	1,655	1,656	1,694	1,694	1,694	1,694	7.5			
7	14,159				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			
8	12,803				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			
9	13,881				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			
10	11,052				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			
11	14,384				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			
12	14,708	305	311		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	7.3	7	26.8	
13	11,875				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			
14	10,749				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	8.0			
15	10,655				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			
16	12,703				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			
17	11,813				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	7.3			
18	8,388				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	15,414	261	289		19,245	1,694	1,694	1,669	1,670	1,694	1,694	1,655	1,656	1,694	1,694	1,694	1,694	7.0	11	14.4	
20	12,091				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			
21	12,532				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	7.1			
22	9,840				19,593	1,694	1,694	1,669	1,670	1,694	1,694	1,593	1,593	1,452	1,452	1,694	1,694	7.2			
23	12,798				19,370	1,694	1,694	1,669	1,670	1,452	1,452	1,481	1,482	1,694	1,694	1,694	1,694	7.3			
24	12,762				19,241	1,452	1,452	1,431	1,431	1,694	1,694	1,656	1,655	1,694	1,694	1,694	1,694	7.2			
25	11,961				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			
26	13,280				8,185	726	726	1,669	1,670	473	473	726	726	726	726	726	726	7.3			
27	10,841				8,858	726	726	715	716	726	726	709	710	726	726	726	726	7.2			
28	11,235				19,327	1,694	1,694	1,669	1,670	1,694	1,694	1,655	1,656	1,498	1,499	1,452	1,452	7.1			
29	13,041				19,636	1,694	1,694	1,669	1,670	1,694	1,694	1,419	1,419	1,647	1,648	1,694	1,694	7.1			
30	13,099				19,470	1,694	1,694	1,545	1,546	1,452	1,452	1,655	1,656	1,694	1,694	1,694	1,694	7.0			
31																					
<b>Total</b>	<b>376,231</b>				<b>565,128</b>																
<b>Avg</b>	<b>12,541</b>	<b>283</b>	<b>300</b>																<b>9</b>	<b>21</b>	
<b>Min</b>	<b>8,388</b>																	<b>6.6</b>			
<b>Max</b>	<b>15,414</b>																	<b>8.0</b>	<b>11</b>	<b>27</b>	



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>POCOPSON CORRINE VILLAGE WWTF</u>										
Address: <u>100 E. 5<sup>th</sup> Street</u>										
<u>Chester, PA 19013</u>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA 1507415				19	06	01	TO	19	06	30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>							
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 possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext  
264

Signature of Principal Executive Officer or  
Authorized Agent

Michael J. DiSantis, Director of Operations  
& Maintenance

Date: 7/2/2019

<sup>1</sup> 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.

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



**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BPNPSM0436 3/2012

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

Month: June Year: 2019  
 NPDES Permit No.: 1507415  
 Renewal application due 180 days prior to expiration.  
 This permit will expire on: July 31, 2018

Day	Influent				Process Control			
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1	0.0117							
2	0.0144							
3	0.0139							
4	0.0118							
5	0.0147							
6	0.0137							
7	0.0142							
8	0.0128							
9	0.0139							
10	0.0111							
11	0.0144							
12	0.0147	305.0	37	311.0	38			
13	0.0119							
14	0.0107							
15	0.0107							
16	0.0127							
17	0.0118							
18	0.0084							
19	0.0154	261.0	34	289.0	37			
20	0.0121							
21	0.0125							
22	0.0098							
23	0.0128							
24	0.0128							
25	0.012							
26	0.0133							
27	0.0108							
28	0.0112							
29	0.013							
30	0.0131							
31								
Avg	0.013	283	35	300	38			
Max	0.015	305	37	311	38			

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 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
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	305	311	7	26.8
Jun 13, 2019				
Jun 14, 2019				
Jun 15, 2019				
Jun 16, 2019				
Jun 17, 2019				
Jun 18, 2019				
Jun 19, 2019	261	289 (1)	11	14.4
Jun 20, 2019				
Jun 21, 2019				
Jun 22, 2019				
Jun 23, 2019				
Jun 24, 2019				
Jun 25, 2019				
Jun 26, 2019				
Jun 27, 2019				
Jun 28, 2019				
Jun 29, 2019				
Jun 30, 2019				
Count	2	2	2	2
Maximum	305	311	11	26.8
Minimum	261	289	7	14.4
Average	283	300	9	20.6
Total	566	600	18	41.2

Comments:  
 (1) Control is low out of spec.  
 Results are qualified.  
 TPB



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

August 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 July 2019**

Dear Mr. McAdams:

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

A total of 557,101 gallons of influent entered the facility for an average of 17,971 gallons per day. There were 1,162,400 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](mailto:dharrower@pencomanagement.com))  
S. Gober 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

## Cummings, Meghan

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Tuesday, August 20, 2019 10:12 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:** 07/01/2019-07/31/2019  
**Report Due Date:** 08/28/2019

**Submitted By:** Stan Gober  
**Submission Id:** 162464  
**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.



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  
 PERMIT NUMBER

001  
 OUTFALL NUMBER

Reporting Frequency: Monthly  
 DMR Effective From: 07/01/2019  
 DMR Effective To: 07/31/2019  
 Permit Expires: 04/30/2020  
 Permit Application Due: 11/02/2019  
 No Discharge:

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
FROM	2019	07	01	TO	2019	07	31

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	***	7.8	S.U.	1/month	Grab
	Permit Requirement	***	***		6.0 Min	***	8.0 Max		1/month	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	4	4	mg/L	1/month	8-Hr Composite
	Permit Requirement	***	***		***	30 Avg Mo	60 IMAX		1/month	8-Hr Composite
Total Nitrogen (00500)	Sample Measurement	***	***	***	***	<9.2	<9.2	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	Monitor & Report IMAX		1/month	Calculation
Flow (50050)	Sample Measurement	.017971	.0335	MGD	***	***	***	***	Continuous	Metered
	Permit Requirement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Metered
Fecal Coliform (74055)	Sample Measurement	***	***	***	***	1	***	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 Sampling Point Comments										



**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 Lab Accred July 2019.doc	Laboratory Accreditation Form	2019-08-15T14:52:58-04:00	
Pocopson Riverside DEP Cov. Ltr. July 2019.doc	Cover Letter	2019-08-15T14:33:54-04:00	
Pocopson Riverside Supp. July 2019.xls	Daily Effluent Monitoring Form	2019-08-20T19:10:41-04:00	
Pocopson Riverside Analytical July 2019.pdf	Laboratory Analytical Report	2019-08-15T14:47:25-04:00	
Pocopson Riverside Influent and Process Control Form July 2019.xls	Influent and Process Control Form	2019-08-15T14:46:52-04:00	

**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
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**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
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**OTHER PERMIT VIOLATIONS**

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
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**COMMENT DETAILS**

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Stanley J Gober	T 1936	(484)-844-2175

**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).	Stan Gober	TELEPHONE		DATE		
			(484)	844-2175	2019	8	20
gobers		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

July 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	14,600	78	59			0.0	0	0	0								
2	12,300	85	64			0.5	0	0	0								
3	13,700	75	72			0.0	85,100	60,500	87,300		7.4	1.9	0.12				
4	16,701	78	72			0.1	0	0	0								
5	14,900	77	72			0.0	62,300	45,500	65,200		6.5	5.0	1.02				
6	23,400	78	72			0.7	80,800	57,600	0		6.6	3.9	0.27				
7	18,000	82	70			0.1	0	0	0	544,300							
8	18,800	71	66			0.0	0	0	0								
9	14,800	77	63			0.0	0	0	0								
10	9,600	83	68			0.0	0	0	0								
11	33,500	74	68			1.6	13,000	8,100	4,800		6.4	3.7	1.05				
12	18,900	77	68			0.0	0	0	0								
13	24,100	82	64			0.0	79,000	56,100	82,100		6.7	4.7	1.29				
14	21,300	85	64			0.0	0	0	0								
15	19,300	83	64			0.0	0	0	0								
16	18,700	85	64			0.0	0	0	0								
17	18,000	90	72			0.6	0	0	0								
18	17,700	82	72			0.1	0	0	0								
19	21,700	76	73			0.0	0	0	0								
20	20,800	91	75			0.0	0	0	0								
21	19,800	94	75			0.0	0	0	0	0	7.0	5.7	1				
22	16,300	75	72			2.1	81,300	58,200	82,000		6.8	5.0	0.95				
23	16,500	67	64	474	630	0.0	91,000	54,900	67,600		7.0	5.6	0.58	2	4	1	9.2
24	13,700	62	63			0.0	76,900	88,000	0		7.8	5.9	1.01				
25	20,300	81	64			0.0	0	18,200	0								
26	22,600	84	63			0.0	0	0	0								
27	16,900	85	64			0.0	0	0	0								
28	15,200	85	68			0.0	0	0	0	618,100							
29	15,100	87	72			0.0	0	0	0								
30	12,700	87	72			0.0	0	0	0	0							
31	17,200	71	64			0.0	101,100	74,500	105,200		7.0	3.7	0.72				
Total	557,101					5.9	670,500	521,600	494,200	1,162,400							
Avg.	17,971													2	4	1	9.2
Min	9,600										6.4						
Max	33,500										7.8						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
<b>PERMIT NUMBER</b>				<b>MONITORING PERIOD</b> Year/Month/Day						
PA 1505419				19	07	01	TO	19	07	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>							
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 possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Director of Operations & MaintenanceDate: 8/5/2019

<sup>1</sup> 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.

<sup>2</sup> 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**

3800-FM-BPNPSM0436 3/2012

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

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

Day	Influent					Process Control				
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.0146									
2	0.0112									
3	0.0137									
4	0.0167									
5	0.0149									
6	0.0234									
7	0.018									
8	0.0188									
9	0.0148									
10	0.0096									
11	0.0335									
12	0.0189									
13	0.0241									
14	0.0213									
15	0.0193									
16	0.0187									
17	0.018									
18	0.0177									
19	0.0217									
20	0.0208									
21	0.0198									
22	0.0163									
23	0.0165	474.0	65	630.0	87					
24	0.0137									
25	0.0203									
26	0.0226									
27	0.0169									
28	0.0152									
29	0.0151									
30	0.0127									
31	0.0172									
Avg	0.018	474	65	630	87					
Max	0.034	474	65	630	87					

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

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

License No.: T0403  
 Date: 8/5/2019

# Lab Report for Pocopson Riverside

Influent & Effluent DMR Data  
 Lab Certification No: 23-00671



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
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									
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	474	630 <	2	4.2	1	0.879 (1)	7.32 (2) <	1.00 <	9.2
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	1	1	1	1	1	1	1	1	1
Maximum	474	630	2	4.2	1	0.879	7.32	1.00	9.2
Minimum	474	630	2	4.2	1	0.879	7.32	1.00	9.2
Average	474	630	2	4.2	1	0.879	7.32	1.00	9.2
Total	474	630	2	4.2	1	0.879	7.32	1.00	9.2

Comments:  
 (1) Samples diluted before analysis.  
 TPB  
 (2) Samples diluted before analysis.  
 TPB



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

September 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 August 2019**

Dear Mr. McAdams:

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

A total of 535,730 gallons of influent entered the facility for an average of 17,282 gallons per day. There were 1,175,200 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@penco.com](mailto:dharrower@penco.com))  
S. Gober 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

## Cummings, Meghan

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Thursday, September 19, 2019 10:37 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:** 08/01/2019-08/31/2019  
**Report Due Date:** 09/28/2019

**Submitted By:** Stan Gober  
**Submission Id:** 166533  
**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.



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

Reporting Frequency: Monthly  
DMR Effective From: 08/01/2019  
DMR Effective To: 08/31/2019  
Permit Expires: 04/30/2020  
Permit Application Due: 11/02/2019  
No Discharge:

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2019	08	01	TO	2019	08	31

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	***	***	***	6.8	***	7.7	S.U.	1/month	Grab
	Permit Requirement	***	***	***	6.0 Min	***	9.0 Max		1/month	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	5	5	mg/L	1/month	8-Hr Composite
	Permit Requirement	***	***	***	***	30 Avg Mo	60 IMAX		1/month	8-Hr Composite
Total Nitrogen (00500)	Sample Measurement	***	***	***	***	9.1	9.1	mg/L	1/month	Calculation
	Permit Requirement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX		1/month	Calculation
Flow (50050)	Sample Measurement	.017282	.026200	MGD	***	***	***	***	Continuous	Metered
	Permit Requirement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Metered
Fecal Coliform (74055)	Sample Measurement	***	***	***	***	1	***	CFU/100 ml	1/month	Grab
	Permit Requirement	***	***	***	***	200 Geo Mean	***		1/month	Grab
Carbonaceous Biochemical Oxygen Demand (C8005) (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 Sampling Point Comments										



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. August 2019.doc	Cover Letter	2019-09-17T09:11:49-04:00	
Pocopson Riverside Supp. August 2019.xls	Daily Effluent Monitoring Form	2019-09-17T09:54:40-04:00	
Pocopson Riverside Lab Accred August 2019.doc	Laboratory Accreditation Form	2019-09-17T09:39:04-04:00	
Pocopson Riverside Influent and Process Control Form August 2019.xls	Influent and Process Control Form	2019-09-17T09:12:58-04:00	
8-28-19.pdf	Laboratory Analytical Report	2019-09-17T09:27:29-04:00	
Pocopson Riverside Analytical August 2019.pdf	Laboratory Analytical Report	2019-09-17T09:13:57-04:00	

## 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
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## 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
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## 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
	Stanley J Gober	T 1938	(484)-844-2175

## SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 89, 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).	Stan Gober	TELEPHONE		DATE		
			(484)	844-2175	2019	9	19
gobers		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

August 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	19,000	77	66			0.0	92,500	67,800	37,600		7.0	5.8	0.38				
2	16,800	80	68			0.0	58,000	67,900	0		7.3	5.3	1.05				
3	15,500	81	66			0.0	0	0	0								
4	17,200	87	66			0.0	0	0	0								
5	13,600	82	68			0.0	0	0	0								
6	19,600	85	70			0.0	70,000	46,700	71,600		7.7	4.7	0.42				
7	15,800	83	68			0.1	0	0	0	512,100							
8	17,900	80	66			0.3	0	0	0								
9	17,200	83	64			0.0	0	0	0								
10	16,100	79	68			0.0	0	0	0								
11	15,100	79	59			0.0	0	0	0								
12	16,200	77	61			0.0	0	0	0								
13	13,500	74	72			0.0	0	0	0								
14	19,000	72	68			0.5	69,800	50,100	67,700		7.0	6.4	0.44				
15	19,800	72	68			0.0	53,200	35,400	43,100		6.9	5.4	0.38				
16	15,800	80	68			0.0	23,800	17,800	23,200		6.8	3.9	0.41				
17	13,230	83	73			0.0	0	0	0								
18	20,000	86	72			0.0	0	0	0								
19	9,200	91	72			0.0	0	0	0								
20	26,200	83	72			0.0	0	0	0								
21	19,600	87	68			0.3	0	0	0	196,500							
22	16,100	88	70			0.2	0	0	0								
23	17,000	64	63			0.0	0	0	0								
24	18,500	76	59			0.0	0	0	0								
25	20,000	75	57			0.0	0	0	0								
26	25,600	68	57			0.0	0	0	0								
27	13,800	69	57			0.0	0	0	0								
28	24,100	66	63	168	107	0.0	82,400	78,600	108,200	269,200	7.0	6.1	0.45	2	5		9.1
29	14,800	79	61			0.0	110,200	54,800	32,400		6.8	4.4	0.94			1	
30	13,900	82	59			0.0	0	0	0	197,400							
31	15,600	77	64			0.0	0	0	0								
Total	535,730					1.4	559,900	419,100	383,800	1,175,200							
Avg.	17,282													2	5	1	9.1
Min	9,200										6.8						
Max	26,200										7.7						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>										
Address: <u>P.O. Box 999</u>										
<u>Chester, PA 19016</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA 1505419				19	08	01	TO	19	08	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>							
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 possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264Signature of Principal Executive Officer or  
Authorized AgentMichael J. DiSantis, Director of Operations  
& MaintenanceDate: 9/5/2019

<sup>1</sup> 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.

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



**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BPNPSM0436 3/2012

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

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

Day	Influent				Process Control					
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.019									
2	0.0168									
3	0.0155									
4	0.0172									
5	0.0136									
6	0.0196									
7	0.0158									
8	0.0179									
9	0.0172									
10	0.0161									
11	0.0151									
12	0.0162									
13	0.0135									
14	0.019									
15	0.0198									
16	0.0158									
17	0.0132									
18	0.02									
19	0.0092									
20	0.0262									
21	0.0196									
22	0.0161									
23	0.017									
24	0.0185									
25	0.02									
26	0.0256									
27	0.0138									
28	0.0241	168.0	34	107.0	22					
29	0.0148									
30	0.0139									
31	0.0156									
Avg	<b>0.017</b>	<b>168</b>	<b>34</b>	<b>107</b>	<b>22</b>					
Max	<b>0.026</b>	<b>168</b>	<b>34</b>	<b>107</b>	<b>22</b>					

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 Riverside

Influent & Effluent DMR Data

Lab Certification No: 23-00671



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
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									
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 (1)	168	107 <	2	5.4	(2)	0.210 (3)	7.44 (4)	1.46 (5)	9.1
Aug 29, 2019					1				
Aug 30, 2019									
Aug 31, 2019									
Count	1	1	1	1	1	1	1	1	1
Maximum	168	107	2	5.4	1	0.210	7.44	1.46	9.1
Minimum	168	107	2	5.4	1	0.210	7.44	1.46	9.1
Average	168	107	2	5.4	1	0.210	7.44	1.46	9.1
Total	168	107	2	5.4	1	0.210	7.44	1.46	9.1

Comments:

- (1) MJR
- (2) MJR
- (3) MJR
- (4) MJR
- (5) MJR



# Certificate of Analysis

**M.J. Reider Associates, Inc.**  
ENVIRONMENTAL TESTING LABORATORY  
U.S. EPA/PA DEP #06-00003

**Laboratory No.:** 9011837  
**Report:** 09/05/19  
**Lab Contact:** Bradley T Griffiths

**Attention:** Irene Fitzgerald  
**Reported To:** DELCORA  
P.O. Box 999  
Chester, PA 19016

**Project Info:** Pocopson Riverside Eff

**Lab ID:** 9011837-01    **Collected By:** Client    **Sampled:** 08/28/19 14:30    **Received:** 08/29/19 14:30  
**Sample Desc:** Pocopson Riverside Effluent    **Sample Type:** Composite

	Result	Unit	Rep. Limit	Analysis Method	Analyzed	Notes	Analyst
<b>General Chemistry</b>							
Nitrate as N	7.44	mg/l	2.00	EPA 300.0 Rev 2.1	08/30/19 1:19		MRW
Nitrite as N	0.21	mg/l	0.20	EPA 300.0 Rev 2.1	08/30/19 1:19		MRW
Nitrate+Nitrite as N	7.65	mg/l	2.20	CALCULATED	08/30/19 1:19		MRW
Nitrogen, Total	9.11	mg/l	2.70	CALCULATED	09/03/19 11:32		RCE
Nitrogen, Total Kjeldahl (TKN)	1.46	mg/l	0.50	EPA 351.2	09/03/19	Q-10	RCE

**Lab ID:** 9011837-02    **Collected By:** Client    **Sampled:** 08/28/19 14:30    **Received:** 08/29/19 14:30  
**Sample Desc:** Influent    **Sample Type:** Composite

	Result	Unit	Rep. Limit	Analysis Method	Analyzed	Notes	Analyst
<b>General Chemistry</b>							
Biochemical Oxygen Demand	168	mg/l	2.0	SM 5210 B	08/29/19 16:00		ARG

### Notes and Definitions

Q-10    The matrix spike(s) were outside acceptable limits of 90-110% recovery at 84.0% and 75.3%.



107 Angelica Street    Reading, PA 19611    www.mjreider.com    (610) 374-5129    fax (610) 374-7234  
This certificate shall not be reproduced except in full without the written approval of M.J. Reider Associates, Inc.  
NELAP accredited by PA. (PADEP #06-00003) Visit our website to view our current  
NELAC accreditations for various drinking water, wastewater and solid & chemical materials analytes.  
Additional accreditations by CT (PH-0210), MD (261), NY(12094)



**M.J. Reider Associates, Inc.**

107 Angelica St, Reading PA, 19611  
610-374-5129 www.mjreider.com

Client Code: 2639

Project Manager: Bradley T Griffiths

Report To: DELCORA - Michael Krause - P.O. Box 999, Chester, PA 19016

Invoice To: DELCORA - Michael Krause - P.O. Box 999, Chester, PA 19016

**WORK ORDER  
Chain of Custody**

Client: DELCORA

Project: Pocopson Riverside Eff

9011837



Project Notes: Mike Krause - Office (610) 876-5523 x 218 --  
Cell (610) 633-4002

Comments: \_\_\_\_\_

Collected By : Delcorga  
(Full Name)

**9011837-01 Pocopson Riverside Effluent**

Total Nitrogen (TKN & 353.2 NO2-N, NO3-N), NO2-N EPA 353.2, NO3-N EPA 353.2  
TKN EPA 351.2

-0.2 + Influent BOD (C)

9011837-02

↓  
run by 300.0  
RCC  
8/29/19

A-ILP

Matrix: Non-Potable Water

Type: Composite (Simple)

A - PI 250ml NP

B - PI 500ml H2SO4

Date: 8-28-19

Time: 1430

1430

Mike Krause 8-29-19  
Relinquished By Date/Time

[Signature] 8/29/19 1106  
Received By Date/Time

Relinquished By Date/Time

[Signature] 8/29/19 1430  
Received at Laboratory By Date/Time

Sample Kit Prepared By:	Date/Time
Sample Temp (°C):	<u>16</u>
Samples on Ice?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
Approved By:	<u>[Signature]</u>
Entered By:	<u>[Signature]</u>

The Client, by signing (or having the client's agent sign), agrees to MJRA's Terms and Conditions and to pay for the above requested services including any additional associated fees incurred.

**M.J. Reider Associates, Inc.**

**MJRA Terms & Conditions**

All samples submitted must be accompanied by signed documentation representing a Chain of Custody (COC). The COC Record acts as a contract between the client and MJRA. Signing the COC form gives approval for MJRA to perform the requested analyses and is an agreement to pay for the cost of such analyses. COC Records must be completed in black or blue indelible ink (must not run when wet). COC documentation begins at the time of sample collection. Client is required to document all sample details prior to releasing samples to MJRA. All samples must be placed on ice immediately after sampling and shipped or delivered to the laboratory in a manner that will maintain the sample temperature above freezing and below 6C (loose ice is preferred).

**Sample Submission, Sample Acceptance & Sampling Containers**

Included on the COC must be the sample description, date and time of collection (including start and stop for composites), container size and type, preservative information, sample matrix, indication of whether the sample is a grab or composite, number of containers & a list of the tests to be performed. Poor sample collection technique, inappropriate sampling containers and/or improper sample preservation may lead to sample rejection. Suitable sample containers, labels, and preservatives (as applicable), along with blank COCs are provided at no additional cost.

**Turnaround Times (TAT)**

Average TAT for test results range from 5 to 15 working days depending on the specific analyses and time of year submitted. Faster turnaround times (\*RUSH TAT) may be available depending on the current workload in a particular department and the nature of the analyses requested. We encourage you to verify requests for expedited sample results with one of our Technical Directors prior to sample submittal. Without confirmation from a Technical Director, your results may not be completed by your deadline. \*RUSH TAT Surcharges are applied for expedited turnaround times.

**Analytical Results, Sample Collection Integrity & Subcontracting**

Analytical values are for the sample as submitted and relate only to the item tested. The value indicates a snapshot of the constituent content of the sample at the time of sample collection. Analytical results can be impacted by poor sample collection technique and/or improper preservation. All sample collection completed by MJRA was performed in accordance with applicable regulatory protocols or as specified in customer specific sampling plans. Constituent content will vary over time based on the matrix of the sample and the physical and chemical changes to its environment. All sample results and laboratory reports are strictly confidential. Results will not be available to anyone except the primary client or authorized party representing the client unless MJRA receives additional permissions from the client. When necessary, MJRA will subcontract certain analyses to a third party accredited laboratory. If client prohibits subcontracting, it must be provided in writing and include instruction on how to proceed with client samples that require third party analyses.

**Payment Terms**

Payment Terms are Net 30 days. Prices are subject to change without notice. A standing monthly charge of 1.5% of the clients over-30-day-unpaid balance may be added to the balance after 30 days and each month thereafter (day 31, 61, 91 etc.). The laboratory accepts all major credit cards, ACH transactions, checks and cash. New clients must pay for all services rendered prior to sample collection and/or in some cases report processing. Clients must contact the MJRA accounting department to pursue a credit-based account. MJRA reserves the right to terminate the client's credit account and to refuse to perform additional services on a credit basis if any balance is outstanding for more than 60 days.

**Warranty & Litigation**

MJRA does not guarantee any results of its services but has agreed to use its best efforts, in accordance with the standards and practices of the industry, to cause such results to be accurate and complete. We disclaim any other warranties, expressed or implied, including a warranty of fitness for a particular purpose and warranty of merchantability. Clients agree that they shall reimburse MJRA for any and all fees, cost and litigation expenses, including reasonable attorney fees incurred by MJRA in obtaining payment for the services rendered. All costs associated with compliance with any subpoena for documents, testimony, or any other purpose relating to work performed by MJRA, for a client, shall be paid by that client. MJRA's aggregate liability for negligent acts and omissions and of an intentional breach by MJRA will not exceed the fee paid for the services. Client agrees to indemnify and hold MJRA harmless for any and all liabilities in excess of said amount. Neither MJRA nor the client shall be liable to the other for special, incidental consequential or punitive liability or damages included but not limited to those arising from delay, loss of use, loss of profits or revenues. MJRA will not be liable to the client unless the client has notified MJRA of the discovery of the alleged negligent act, error, omissions or breach within 30 days of the

Reviewed and Approved by:



Bradley T Griffiths  
Project Manager



107 Angelica Street ○ Reading, PA 19611 ○ www.mjreider.com ○ (610) 374-5129 ○ fax (610) 374-7234

This certificate shall not be reproduced except in full without the written approval of M.J. Reider Associates, Inc.

NELAP accredited by PA. (PADEP #06-00003) Visit our website to view our current  
NELAC accreditations for various drinking water, wastewater and solid & chemical materials analytes.  
Additional accreditations by CT (P11-0210), MD (261), NY(12094)



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

October 22, 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 September 2019**

Dear Mr. McAdams:

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

A total of 501,400 gallons of influent entered the facility for an average of 16,713 gallons per day. There were 415,300 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](mailto:dharrower@pencomanagement.com))  
S. Gober 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

## Cummings, Meghan

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Tuesday, October 22, 2019 10:39 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:** 09/01/2019-09/30/2019  
**Report Due Date:** 10/28/2019

**Submitted By:** Stan Gober  
**Submission Id:** 171376  
**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.



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, 19386  
 STAGE: Prior to Irrigation

1505419	001
PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Monthly  
 DMR Effective From: 09/01/2019  
 DMR Effective To: 09/30/2019  
 Permit Expires: 04/30/2020  
 Permit Application Due: 11/02/2019  
 No Discharge:

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
FROM 2019	09	01	TO	2019	09	30

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	***	***	***	6.6	***	7.8	S.U.	1/month	Grab
	Permit Requirement	***	***	***	6.0 Min	***	8.0 Max		1/month	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	7	7	mg/L	1/month	8-Hr Composite
	Permit Requirement	***	***	***	***	30 Avg Mo	60 IMAX		1/month	8-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	<9.1	9.1	mg/L	1/month	Calculation
	Permit Requirement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX		1/month	Calculation
Flow (90050)	Sample Measurement	016713	.02460	MGD	***	***	***	***	Continuous	Metered
	Permit Requirement	.045150 Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Metered
Focal Coliform (74055)	Sample Measurement	***	***	***	***	<1	***	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 Sampling Point Comments										



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 Preserve Analytical September 2019.pdf	Laboratory Analytical Report	2019-10-18T14:06:33-04:00	
Pocopson Riverside Influent and Process Control Form September 2019.xls	Influent and Process Control Form	2019-10-18T14:06:23-04:00	
Pocopson Riverside Supp. September 2019.xls	Daily Effluent Monitoring Form	2019-10-18T14:09:49-04:00	
Pocopson Riverside DEP Cov. Ltr. September 2019.doc	Cover Letter	2019-10-22T10:37:50-04:00	
Pocopson Riverside Lab Accred. September 2019.doc	Laboratory Accreditation Form	2019-10-18T14:06:03-04:00	

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
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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
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OTHER PERMIT VIOLATIONS

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

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Stanley J Gober	T 1938	(484)-844-2175

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).	SUBMITTED BY FULL NAME	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
gobers		Stan Gober	(484)	844-2175	2019	10	22





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

**SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>**

Permittee Name: DELCORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1505419	19	09	01	TO	19	09	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
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

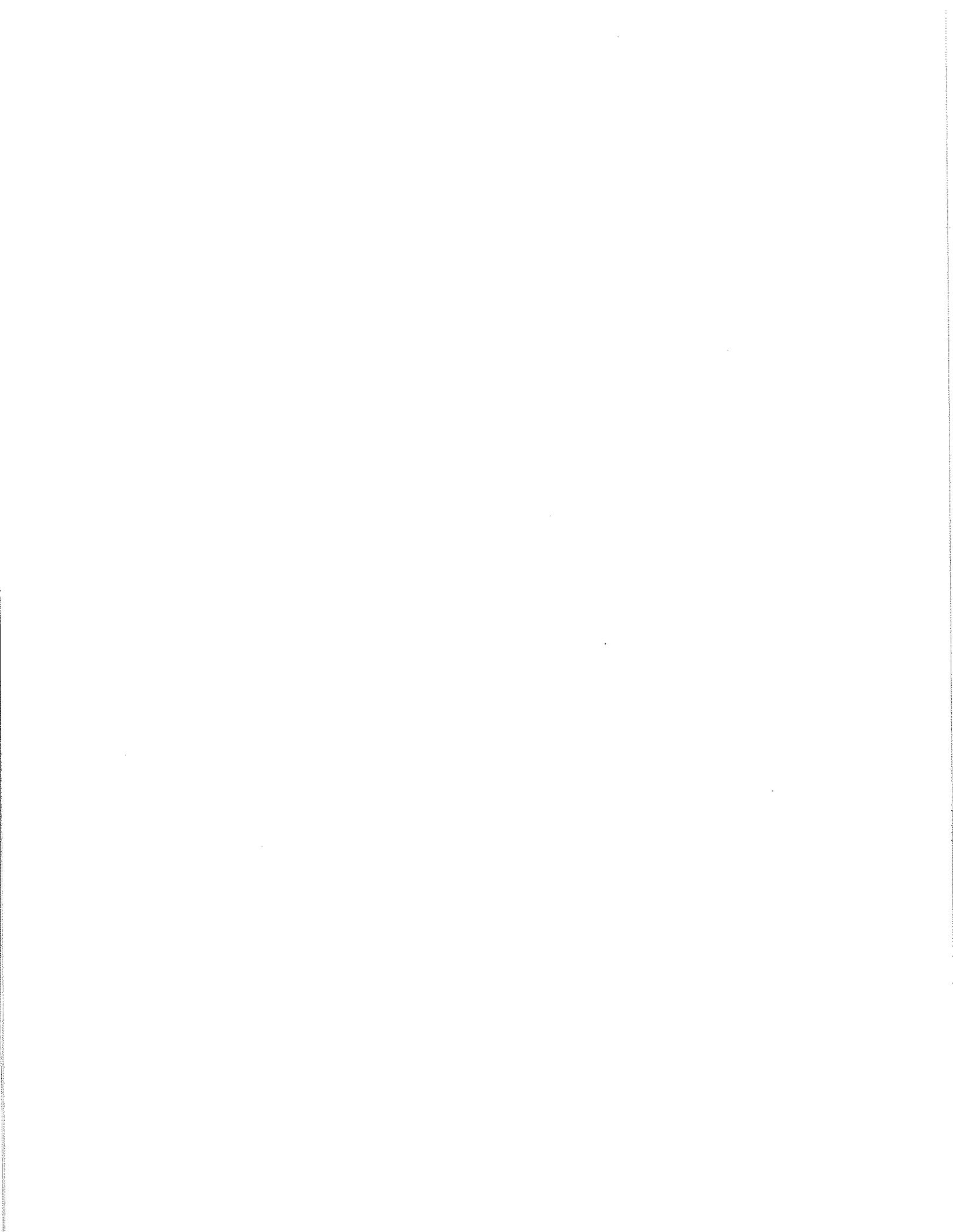
Phone: 610-876-5523 ext 264

Date: 10/3/2019

Signature of Principal Executive Officer or Authorized Agent: \_\_\_\_\_

<sup>1</sup> 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.

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





**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BPNPSM0436 3/2012

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

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

Day	Influent					Process Control				
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.014									
2	0.0189									
3	0.0138									
4	0.0192									
5	0.0165									
6	0.0173									
7	0.0154									
8	0.0213									
9	0.0184									
10	0.0134									
11	0.0198									
12	0.0176									
13	0.0149									
14	0.0184									
15	0.0186									
16	0.0069									
17	0.0246									
18	0.0201	148.0	25	72.0	12					
19	0.0187									
20	0.0185									
21	0.0187									
22	0.0212									
23	0.0143									
24	0.0035									
25	0.0168									
26	0.0224									
27	0.0093									
28	0.02									
29	0.0124									
30	0.0165									
31										
Avg	0.017	148	25	72	12					
Max	0.025	148	25	72	12					

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

# Lab Report for Pocopson Riverside

Influent & Effluent DMR Data

Lab Certification No: 23-00671



**DEL CORA**

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
Sep 1, 2019									
Sep 2, 2019									
Sep 3, 2019									
Sep 4, 2019									
Sep 5, 2019									
Sep 6, 2019									
Sep 7, 2019									
Sep 8, 2019									
Sep 9, 2019									
Sep 10, 2019									
Sep 11, 2019									
Sep 12, 2019									
Sep 13, 2019									
Sep 14, 2019									
Sep 15, 2019									
Sep 16, 2019									
Sep 17, 2019									
Sep 18, 2019	148	72 <	2	6.6 <	1 (1) <	0.200 (2)	7.22 (3)	1.70 (4) <	9.1
Sep 19, 2019									
Sep 20, 2019									
Sep 21, 2019									
Sep 22, 2019									
Sep 23, 2019									
Sep 24, 2019									
Sep 25, 2019									
Sep 26, 2019									
Sep 27, 2019									
Sep 28, 2019									
Sep 29, 2019									
Sep 30, 2019									
Count	1	1	1	1	1	1	1	1	1
Maximum	148	72	2	6.6	1	0.200	7.22	1.70	9.1
Minimum	148	72	2	6.6	1	0.200	7.22	1.70	9.1
Average	148	72	2	6.6	1	0.200	7.22	1.70	9.1
Total	148	72	2	6.6	1	0.200	7.22	1.70	9.1

Comments:

- (1) MJR
- (2) MJR
- (3) MJR
- (4) MJR



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

November 25, 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 October 2019**

Dear Mr. McAdams:

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

A total of 577,400 gallons of influent entered the facility for an average of 18,626 gallons per day. There were 557,500 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](mailto:dharrower@pencomanagement.com))  
S. Gober 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

## Cummings, Meghan

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Monday, November 25, 2019 9:24 AM  
**To:** Gober, Stan; Gober, Stan; Raymond Rios; DiSantis, Michael; Cummings, Meghan  
**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:** 10/01/2019-10/31/2019  
**Report Due Date:** 11/28/2019

**Submitted By:** Stan Gober  
**Submission Id:** 177145  
**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.



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

Reporting Frequency: Monthly  
DMR Effective From: 10/01/2019  
DMR Effective To: 10/31/2019  
Permit Expires: 04/30/2020  
Permit Application Due: 11/02/2019  
No Discharge:

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
FROM 2019	10	01	TO	2019	10	31

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	***	***	***	7.0	***	7.3	S.U.	1/month	Grab
	Permit Requirement	***	***	***	6.0 Min	***	8.0 Max		1/month	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	3	3	mg/L	1/month	8-Hr Composite
	Permit Requirement	***	***	***	***	30 Avg Mo	60 IMAX		1/month	8-Hr Composite
Total Nitrogen (00900)	Sample Measurement	***	***	***	***	11.2	11.2	mg/L	1/month	Calculation
	Permit Requirement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX		1/month	Calculation
Flow (50050)	Sample Measurement	.018628	.027	MGD	***	***	***	***	Continuous	Metered
	Permit Requirement	.045150 Avg Mo	Monitor & Report Daily Max	***	***	***	***		Continuous	Metered
Fecal Coliform (74055)	Sample Measurement	***	***	***	***	1	***	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 Sampling Point Comments										



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
Pocopsen Riverside Lab Accred October 2019.doc	Laboratory Accreditation Form	2019-11-25T09:22:55-05:00	
Riverside Lab Report October 2019.xlsx	Laboratory Analytical Report	2019-11-25T09:18:06-05:00	
Pocopsen Riverside Influent and Process Control Form October 2019.xls	Influent and Process Control Form	2019-11-25T09:21:33-05:00	
Pocopsen Riverside Supp. October 2019.xls	Daily Effluent Monitoring Form	2019-11-25T09:17:09-05:00	
Pocopsen Riverside DEP Cov. Ltr. October 2019.doc	Cover Letter	2019-11-25T09:16:07-05:00	

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
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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
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OTHER PERMIT VIOLATIONS

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

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Stanley J. Gober	T 1938	(484)-844-2175

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).	Stan Gober	TELEPHONE		DATE		
			(484)	844-2175	2019	11	25
gobers		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

October 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	15,500	78	63			0.0	0	0	0								
2	18,400	88	66			0.1	0	0	0								
3	16,600	62	60			0.1	0	0	0								
4	15,600	67	47			0.0	0	0	0								
5	16,700	58	42			0.0	0	0	0								
6	18,900	69	48			0.0	0	0	0								
7	16,500	77	50			0.3	0	0	0	0							
8	17,200	58	55			0.0	0	0	0								
9	25,200	53	54			0.0	0	0	0								
10	18,100	70	52			0.0	0	0	0								
11	17,400	69	51			0.0	0	0	0								
12	22,000	64	45			0.0	0	0	0								
13	14,500	64	43			0.0	0	0	0								
14	12,500	69	49			0.0	0	0	0								
15	20,100	66	41			0.0	31,200	22,600	21,500		7.0	7.9	0.93				
16	27,000	43	48	260	194	1.7	72,900	67,300	48,800		7.2	8.5	1.10	2	3	1	11.2
17	15,300	57	50			0.0	0	0	0								
18	22,000	53	40			0.0	7,800	22,600	0		7.3	6.0	1.20				
19	17,400	61	33			0.1	0	0	0								
20	22,300	53	44			0.3	0	0	0								
21	18,200	66	49			0.0	0	0	0	294,700							
22	15,600	60	55			0.7	0	0	0								
23	22,200	50	42			0.0	88,000	65,700	55,400		7.0	8.2	1.74				
24	18,500	64	36			0.0	22,300	31,400	0		7.1	8.0	1.56				
25	16,600	63	42			0.0	0	0	0								
26	22,900	62	47			1.7	0	0	0								
27	20,600	66	54			0.0	0	0	0								
28	17,900	62	47			0.0	0	0	0	262,800							
29	17,800	59	53			0.0	0	0	0								
30	21,800	61	55			0.7	0	0	0	0							
31	16,100	73	59			0.7	0	0	0								
Total	577,400					6.5	222,200	209,600	125,700	557,500							
Avg.	18,626													2	3	1	11.2
Min	12,500										7.0						
Max	27,000										7.3						



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

**SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>**

**Permittee Name:** DELCORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD						
	Year/Month/Day						
PA 1505419	19	10	01	TO	19	10	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
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 possibility 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      **Signature of Principal Executive Officer or Authorized Agent** \_\_\_\_\_

**Date:** 11/7/2019

<sup>1</sup> 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.

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



**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BPNPSM0436 3/2012

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

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

Day	Influent					Process Control				
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.0155									
2	0.0184									
3	0.0166									
4	0.0156									
5	0.0167									
6	0.0189									
7	0.0165									
8	0.0172									
9	0.0252									
10	0.0181									
11	0.0174									
12	0.022									
13	0.0145									
14	0.0125									
15	0.0201									
16	0.027	260.0	59	194.0	44					
17	0.0153									
18	0.022									
19	0.0174									
20	0.0223									
21	0.0182									
22	0.0156									
23	0.0222									
24	0.0185									
25	0.0166									
26	0.0229									
27	0.0206									
28	0.0179									
29	0.0178									
30	0.0218									
31	0.0161									
Avg	0.019	260	59	194	44					
Max	0.027	260	59	194	44					

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 Riverside  
 Influent & Effluent DMR Data  
 Lab Certification No: 23-006/1

	21504	21500	21505	21501	21506	21508	21509	21510	21502
	PR	PR	PR	PR	PR	PR	PR	PR	PR
	Influent	Influent	Effluent	Effluent	Effluent	Effluent	Effluent	Effluent	Effluent
	BOD5	TSS	CBOD5	TSS	Fecal Coliform	NO2 Nitrite	NO3 Nitrate	TKN	Nitrogen, Total
	Daily Avg	Daily Avg	Daily Avg	Daily Avg	Daily Avg				
Date	mg/l	mg/l	mg/l	mg/l	count/100ml	ppm/l	ppm/l	ppm/l	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									
Oct 10, 2019									
Oct 11, 2019									
Oct 12, 2019									
Oct 13, 2019									
Oct 14, 2019									
Oct 15, 2019									
Oct 16, 2019	260	194	<2	3.0	<1	0.380	7.82	2.96	11.2
Oct 17, 2019									
Oct 18, 2019									
Oct 19, 2019									
Oct 20, 2019									
Oct 21, 2019									
Oct 22, 2019									
Oct 23, 2019									
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	1	1	1	1	1	1	1	1	1
Maximum	260	194	2	3.0	1	0.380	7.82	2.96	11.2
Minimum	260	194	2	3.0	1	0.380	7.82	2.96	11.2
Average	260	194	2	3.0	1	0.380	7.82	2.96	11.2
Total	260	194	2	3.0	1	0.380	7.82	2.96	11.2



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

December 11, 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 November 2019**

Dear Mr. McAdams:

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

A total of 573,200 gallons of influent entered the facility for an average of 19,107 gallons per day. There were 263,900 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](mailto:dharrower@pencomanagement.com)  
S. Gober 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

## Cummings, Meghan

---

**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Wednesday, December 11, 2019 12:09 PM  
**To:** Gober, Stan; Gober, Stan; Raymond Rios; DiSantis, Michael; Cartafalsa, James; Cummings, Meghan  
**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:** 11/01/2019-11/30/2019  
**Report Due Date:** 12/28/2019

**Submitted By:** Stan Gober  
**Submission Id:** 179765  
**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.



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

NAME: DEL CORA  
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 2019	11	01	TO	2019	11	30	

Reporting Frequency: Monthly  
DMR Effective From: 11/01/2019  
DMR Effective To: 11/30/2019  
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	***	***	***	6.5	***	7.0	S.U.	1/month	Grab
	Permit Requirement	***	***	***	6.0 Min	***	9.0 Max		1/month	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	1	1	mg/L	1/month	8-Hr Composite
	Permit Requirement	***	***	***	30 Avg Mo	60	IMAX		1/month	8-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	13	13	mg/L	1/month	Calculation
	Permit Requirement	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX	***		1/month	Calculation
Flow (50050)	Sample Measurement	.019107	.024200	MGD	***	***	***	***	Continuous	Metered
	Permit Requirement	.045150 Avg Mo	Monitor & Report Daily Max	***	***	***	***		Continuous	Metered
Fecal Coliform (74055)	Sample Measurement	***	***	***	***	29	***	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 Sampling Point Comments										



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 Lab Accred November 2019.doc	Laboratory Accreditation Form	2019-12-10T08:39:15-05:00	
Pocopson Riverside Supp. November 2019.xls	Daily Effluent Monitoring Form	2019-12-11T12:07:56-05:00	
Pocopson Riverside DEP Cov. Ltr. November 2019.doc	Cover Letter	2019-12-10T08:38:09-05:00	
Pocopson Riverside Influent and Process Control Form November 2019.xls	Influent and Process Control Form	2019-12-10T08:38:47-05:00	
Lab Report for Pocopson Riverside November 2019.xlsx	Laboratory Analytical Report	2019-12-10T08:37:38-05:00	

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
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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
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OTHER PERMIT VIOLATIONS

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

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Stanley J Gober	T 1938	(484)-844-2175

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).	Stan Gober	TELEPHONE		DATE		
			(484)	844-2175	2019	12	11
gobers		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

November 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	21,500	51	37			0.0	0	0	0								
2	18,600	53	29			0.0	0	0	0								
3	17,800	53	31			0.0	0	0	0								
4	15,600	53	28			0.0	0	0	0								
5	18,900	59	38			0.0	0	0	0								
6	21,100	49	36			0.1	0	0	0								
7	17,100	57	36			0.0	0	0	0	0							
8	17,200	40	26			0.0	0	0	0								
9	16,400	41	20			0.0	0	0	0								
10	18,400	52	27			0.0	0	0	0								
11	17,600	59	33			0.0	0	0	0								
12	20,400	36	25			0.0	51,300	36,200	40,700		7.0	9.8	2.20				
13	17,300	35	20	443	254	0.0	0	0	0					2	1		13.0
14	14,100	44	20			0.0	0	0	0								
15	20,100	46	26			0.0	0	20,400	9,000		7.0	9.5	0.36			866	
16	17,000	42	30			0.0	0	0	0								
17	23,300	41	28			0.0	0	0	0								
18	20,400	43	35			0.0	0	0	0								
19	21,800	49	26			0.0	0	0	33,300		6.5	10.1	2.20			1	
20	16,800	49	39			0.0	0	0	0								
21	19,700	51	35			0.1	0	0	0	62,700							
22	20,700	49	34			0.0	0	0	0								
23	18,400	45	27			1.1	0	0	0								
24	21,500	39	27			0.0	0	0	0								
25	14,200	54	36			0.0	0	0	0								
26	22,300	41	31			0.0	41,400	28,100	24,300			7.0	8.50				
27	24,200	55	30			0.0	39,100	28,500	20,200			7.0	8.80				
28	21,700	49	36			0.0	0	0	0	181,600							
29	20,900	40	38			0.0	19,600	0	0			6.7	8.10				
30	18,200	42	29			0.0	0	0	0	19,600							
31																	
Total	573,200					1.3	151,400	113,200	127,500	263,900				2	1	29	13.0
Avg.	19,107																
Min	14,100										6.5						
Max	24,200										7.0						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: DELCORA-Sheeder Tract WWTP

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

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA 1505419	19	11	01	TO	19	11	30

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
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      Phone: 610-876-5523 ext 264      Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Director of Operations & Maintenance      Date: 12/4/2019

<sup>1</sup> 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.

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



**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BPNPSM0436 3/2012

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

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

Day	Influent				Process Control					
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.0215									
2	0.0186									
3	0.0178									
4	0.0156									
5	0.0189									
6	0.0211									
7	0.0171									
8	0.0172									
9	0.0164									
10	0.0184									
11	0.0176									
12	0.0204									
13	0.0173	443.0	64	254.0	37					
14	0.0141									
15	0.0201									
16	0.017									
17	0.0233									
18	0.0204									
19	0.0218									
20	0.0168									
21	0.0197									
22	0.0207									
23	0.0184									
24	0.0215									
25	0.0142									
26	0.0223									
27	0.0242									
28	0.0217									
29	0.0209									
30	0.0182									
31										
Avg	0.019	443	64	254	37					
Max	0.024	443	64	254	37					

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

Lab Report for Pocopson Riverside

Influent & Effluent DMX Data

Lab Certification No: 23-00671

Date	21504 PR Influent BOD5 Daily Avg mg/l	21500 PH Influent TSS Daily Avg mg/l	21505 PK Effluent CBOD5 Daily Avg mg/l	21501 PB Effluent TSS Daily Avg mg/l	21506 PR Effluent Fecal Coliform Daily Avg count/100ml	21508 PB Effluent NO2 Nitrite Daily Avg mg/l	21509 PB Effluent NO3 Nitrate Daily Avg mg/l	21510 PH Effluent TKN Daily Avg mg/l	21507 PB Effluent Nitrogen, Total Daily Avg mg/l
Nov 1, 2019									
Nov 2, 2019									
Nov 3, 2019									
Nov 4, 2019									
Nov 5, 2019									
Nov 6, 2019									
Nov 7, 2019									
Nov 8, 2019									
Nov 9, 2019									
Nov 10, 2019									
Nov 11, 2019									
Nov 12, 2019									
Nov 13, 2019	443	254	< 2	1.0		0.530	8.15	4.30	13.0
Nov 14, 2019									
Nov 15, 2019					866				
Nov 16, 2019									
Nov 17, 2019									
Nov 18, 2019									
Nov 19, 2019					< 1				
Nov 20, 2019									
Nov 21, 2019									
Nov 22, 2019									
Nov 23, 2019									
Nov 24, 2019									
Nov 25, 2019									
Nov 26, 2019									
Nov 27, 2019									
Nov 28, 2019									
Nov 29, 2019									
Nov 30, 2019									
Count	1	1	1	1	2	1	1	1	1
Maximum	443	254	2	1.0	866	0.530	8.15	4.30	13.0
Minimum	443	254	2	1.0	1	0.530	8.15	4.30	13.0
Average	443	254	2	1.0	29	0.530	8.15	4.30	13.0
Total	443	254	2	1.0	867	0.530	8.15	4.30	13.0



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

January 11, 2020

**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 2019**

Dear Mr. McAdams:

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

There was no discharge for the month of December 2019.

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@penco.com](mailto:dharrower@penco.com)  
S. Gober 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

## Cummings, Meghan

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**From:** depgreenporthelpdesk@state.pa.us  
**Sent:** Friday, January 10, 2020 12:18 PM  
**To:** Gober, Stan; Gober, Stan; Raymond Rios; DiSantis, Michael; Cartafalsa, James; Cummings, Meghan  
**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:** 12/01/2019-12/31/2019  
**Report Due Date:** 01/28/2020

**Submitted By:** Stan Gober  
**Submission Id:** 184292  
**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



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

NAME: DELCTORA  
 ADDRESS: PO BOX 999, CHESTER PA, 19016-0999  
 FACILITY: SHEEDER TRACT SUBDIVISION STP  
 LOCATION: POCOPSON RD, POCOPSON PA, 19355  
 STAGE: Prior to Irrigation

1506419	001
PERMIT NUMBER	OUTFALL NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2019	12	01		2019	12	31

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	***	***	***	***	***	***	S U	1/month	Grab
	Permit Requirement	***	***	***	6.0 Min	***	8.0 Max			
Total Suspended Solids (00630)	Sample Measurement	***	***	***	***	***	***	mg/L	1/month	8-Hr Composite
	Permit Requirement	***	***	***	***	30 Avg Mo	60 IMAX			
Total Nitrogen (00000)	Sample Measurement	***	***	***	***	***	***	mg/L	1/month	Calculation
	Permit Requirement	***	***	***	***	Monitor & Report Avg Mo	Monitor & Report IMAX			
Flow (50050)	Sample Measurement	***	***	MGD	***	***	***	***	Continuous	Metered
	Permit Requirement	045150 Avg Mo	Monitor & Report Daily Max	***	***	***	***			
Fecal Coliform (7-0055)	Sample Measurement	***	***	***	***	***	***	CFU/100 ml	1/month	Grab
	Permit Requirement	***	***	***	***	200 Geo Mean	***			
Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	***	***	***	***	***	***	mg/L	1/month	8-Hr Composite
	Permit Requirement	***	***	***	***	25 Avg Mo	50 IMAX			
Facility Sampling Point Comments										

3800-FM-BCW0462 12/2016



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 Influent and Process Control Form December 2019.xls	Influent and Process Control Form	2020-01-07T13:52:29-05:00	
Riverside Lab Report December 2019.pdf	Laboratory Analytical Report	2020-01-07T13:53:44-05:00	
Pocopson Riverside DEP Cov. Ltr December 2019.doc	Cover Letter	2020-01-10T10:02:46-05:00	
Pocopson Riverside Supp. December 2019.xls	Daily Effluent Monitoring Form	2020-01-10T10:05:22-05:00	
Pocopson Riverside Lab Accred December 2019.doc	Laboratory Accreditation Form	2020-01-07T13:53:03-05:00	

PERMIT VIOLATIONS

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

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

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Stanley J Gober	T 1939	(484)-844-2175

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)	SUBMITTED BY FULL NAME	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
gobers		Stan Gober	(484)	844-2175	2020	1	10

POCOPSON SHEEDER TRACT WWTP  
WQM PERMIT # 1505419

December 2019

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	26,200	35	32			0.6	0	0	0								
2	17,800	38	32			0.0	0	0	0								
3	17,900	41	30			0.0	0	0	0								
4	19,000	42	32			0.1	0	0	0								
5	19,900	42	34			0.0	0	0	0								
6	17,100	48	30			0.0	0	0	0								
7	17,500	40	25			0.0	0	0	0	0							
8	21,300	41	23			0.3	0	0	0								
9	20,500	48	39			1.0	0	0	0								
10	18,100	55	34			1.2	0	0	0								
11	21,200	39	25			0.0	0	0	0								
12	15,600	35	21			0.0	0	0	0								
13	20,200	41	27			0.5	0	0	0								
14	19,900	52	39			0.0	0	0	0								
15	17,700	46	32			0.0	0	0	0								
16	21,700	34	32			1.0	0	0	0								
17	19,000	36	32			0.0	0	0	0								
18	24,400	34	19			0.0	0	0	0								
19	33,200	25	16			0.0	0	0	0								
20	26,700	35	16			0.0	0	0	0								
21	28,000	33	19			0.0	0	0	0	0							
22	15,400	37	21			0.0	0	0	0								
23	9,100	56	30	436	193	0.0	0	0	0								
24	23,500	47	34			0.0	0	0	0								
25	21,200	45	27			0.0	0	0	0								
26	15,000	49	28			0.0	0	0	0								
27	19,700	51	37			0.0	0	0	0								
28	17,900	55	36			0.0	0	0	0	0							
29	22,700	45	34			0.9	0	0	0								
30	19,900	44	37			0.0	0	0	0	0							
31	19,200	44	36			0.0	0	0	0								
Total	626,500					5.6	0	0	0	0							
Avg.	20,210													#DIV/0!	#DIV/0!	#NUM!	#DIV/0!
Min	9,100										0.0						
Max	33,200										0.0						



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>DELCORA-Sheeder Tract WWTP</u>							
Address: <u>P.O. Box 999</u>							
<u>Chester, PA 19016</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA 1505419				19	12	01	TO 19 12 31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>				
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 possibility of fine and imprisonment for knowing violations.

Name/Title Principal Executive Officer

Phone: 610-876-5523 ext 264

Signature of Principal Executive Officer or Authorized Agent

Michael J. DiSantis, Director of Operations & MaintenanceDate: 1/6/2020

<sup>1</sup> 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.

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



**SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL**

3800-FM-BPNPSM0436 3/2012

Facility Name: Pocopson Riverside  
 Municipality: Pocopson Township County: Delaware  
 Watershed: \_\_\_\_\_

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

Day	Influent					Process Control				
	Flow (MGD)	BOD <sub>5</sub> (mg/l)	BOD <sub>5</sub> (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.0262									
2	0.0178									
3	0.0179									
4	0.019									
5	0.0199									
6	0.0171									
7	0.0175									
8	0.0213									
9	0.0205									
10	0.0181									
11	0.0212									
12	0.0156									
13	0.0202									
14	0.0199									
15	0.0177									
16	0.0217									
17	0.019									
18	0.0244									
19	0.0332									
20	0.0267									
21	0.028									
22	0.0154									
23	0.0091	436.0	33	193.0	15					
24	0.0235									
25	0.0212									
26	0.015									
27	0.0197									
28	0.0179									
29	0.0227									
30	0.0199									
31	0.0192									
Avg	0.02	436	33	193	15					
Max	0.033	436	33	193	15					

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

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

License No.: T0403  
 Date: 1/6/2020

# Lab Report for Pocopson Riverside

Influent & Effluent DMR Data  
 Lab Certification No: 23-00671



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
Dec 1, 2019									
Dec 2, 2019									
Dec 3, 2019									
Dec 4, 2019									
Dec 5, 2019									
Dec 6, 2019									
Dec 7, 2019									
Dec 8, 2019									
Dec 9, 2019									
Dec 10, 2019									
Dec 11, 2019									
Dec 12, 2019									
Dec 13, 2019									
Dec 14, 2019									
Dec 15, 2019									
Dec 16, 2019									
Dec 17, 2019									
Dec 18, 2019									
Dec 19, 2019									
Dec 20, 2019									
Dec 21, 2019									
Dec 22, 2019									
Dec 23, 2019	436	193							
Dec 24, 2019									
Dec 25, 2019									
Dec 26, 2019									
Dec 27, 2019									
Dec 28, 2019									
Dec 29, 2019									
Dec 30, 2019									
Dec 31, 2019									
Count	1	1	0	0	0	0	0	0	0
Maximum	436	193							
Minimum	436	193							
Average	436	193							
Total	436	193							

Comments: