
EXHIBIT N7

DISCHARGE MONITORING REPORTS -
SPRINGHILL FARMS WWTF



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

February 10, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Mr. Robert Bauer
Water Quality Supervisor
Water Management Program
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for January 2015

Dear Mr. Bauer:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for January 2015.

There were no violations reported at this Facility during the reporting period.

Please contact me at 610-876-5523 ext, 262 if you need any additional information.

Very Truly Yours,

Electronically submitted & signed

Joseph A. DiMatteo
DELCORA
Remote Systems Supervisor

JAD:smf
Enclosures

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

Springhill Original eDMR Submission 91172 Received Confirmation.txt 1-15
From: depgreenporthelpdesk@state.pa.us
Sent: Tuesday, February 10, 2015 1:24 PM
To: DiMatteo, Joe
Subject: Original eDMR Submission 91172 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 91172 has been received.
The details of your original submission and report sender are as follows:

Login Name: JDiM0001
First Name: Joseph
Last Name: DiMatteo
Submission ID: 91172
Permit Number: PA0052230
Facility Name: SPRINGHILL FARM 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: SPRINGHILL FARM STP PERMIT NUMBER: PA0052230 REGION: EP SE Rgnl Off
 PERMITTEE: SPRING HILL FARM WWTF ASSN OUTFALL: 001 COUNTY: Delaware
 PO BOX 756 CHADDS FORD, PA MONITORING PERIOD: From: 2015-01-01 NO DISCHARGE CITY: CHADDS FORD
 ADDRESS: 19317 To: 2015-01-31 FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	****	****		7.9	****	****	mg/L	0	1/day	Grab
Parameter Code: 00300	Permit Requirement	****	****		5.0	****	****			1/day	Grab
Stage Code: 1					Instantaneous Minimum	****	****				
pH	Sample Measurement	****	****		6.7	****	8.1	S.U.	0	1/day	Grab
Parameter Code: 00400	Permit Requirement	****	****		6.0	****	9.0			1/day	Grab
Stage Code: 1					Instantaneous Minimum	****	Instantaneous Maximum				
Total Suspended Solids	Sample Measurement	10	****		****	24	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530	Permit Requirement	25	****	lbs/day	****	30	****			1/week	24-Hr Composite
Stage Code: 1		Average Monthly	****			Average Monthly	****				
Ammonia-Nitrogen	Sample Measurement	0.2	****		****	0.5	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00610	Permit Requirement	5.0	****	lbs/day	****	6.0	****			1/week	24-Hr Composite
Stage Code: 1		Average Monthly	****			Average Monthly	****				
Total Phosphorus	Sample Measurement	0.5	****		****	1.3	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00665	Permit Requirement	1.7	****	lbs/day	****	2.0	****			1/week	24-Hr Composite
Stage Code: 1		Average Monthly	****			Average Monthly	****				
Flow (mgd)	Sample Measurement	0.05499	0.09778		****	****	****		0	Continuous	Recorded
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	****	****			Continuous	Recorded
Stage Code: 1											
Total Residual Chlorine (TRC)	Sample Measurement	****	****		****	0.03	0.10	mg/L	0	1/day	Grab
Parameter Code: 50060	Permit Requirement	****	****		****	0.06	0.14			1/day	Grab
Stage Code: 1						Average Monthly	Instantaneous Maximum				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted, Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2015-02-10	

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: SPRINGHILL FARM STP PERMIT NUMBER: PA0052230 REGION: EP SE Rgnl Off
 PERMITTEE: SPRING HILL FARM WWTF ASSN OUTFALL: 001 COUNTY: Delaware

ADDRESS: PO BOX 756 CHADDS FORD, PA 19317
 MONITORING PERIOD: From: 2015-01-01 To: 2015-01-31
 CITY: CHADDS FORD 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				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	64	136	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Average Monthly	1000 Instantaneous Maximum				1/week
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	4	*****	lbs/day	*****	10	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	21 Average Monthly	*****		*****	25 Average Monthly	*****				1/week
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2015-02-10	

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

PARAMETER SPECIFIC COMMENTS:

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S) January-15
 Month:

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on September 30, 2015

		Influent													Rainfall			
Date	BOD5 mg/l	TSS mg/l	pH SU	CBOD mg/l	CBOD lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1			7.5										7.3	0.02	0.02	9.7	0.04080	
2			7.7										7.2	0.04	0.04	9.2	0.05884	
3			7.5										7.3	0.04	0.04	9.5	0.06337	0.5
4			7.1										7.4	0.06	0.06	8.3	0.09778	0.3
5			6.9										7.3	0.03	0.03	8.5	0.04783	
6			7.6										7.3	0.02	0.02	7.9	0.04028	
7			7.5										7.2	0.02	0.02	7.9	0.04384	
8			8.2	12	4	35	12	0.5	0.2	2.0	0.7	136	7.1	0.03	0.03	9.5	0.04075	
9			8.1										7.0	0.05	0.05	9.1	0.04956	
10			7.9										7.0	0.00	0.00	8.5	0.03955	
11			7.8										7.4	0.05	0.05	10.4	0.08510	
12			7.8										6.7	0.02	0.02	8.0	0.06010	0.3
13			7.7										7.6	0.03	0.03	9.8	0.04691	
14			7.8										7.3	0.05	0.05	9.7	0.06011	
15	521	241	7.9	9	4	24	11	0.5	0.2	1.1	0.5	57	7.4	0.03	0.03	9.2	0.05348	
16			7.7										7.5	0.01	0.01	9.8	0.03813	
17			7.6										7.4	0.03	0.03	10.3	0.05593	
18			7.5										7.4	0.01	0.01	10.5	0.06432	1.6
19			7.6										7.5	0.10	0.10	9.9	0.06106	
20			7.8										7.7	0.03	0.03	10.6	0.04078	
21			7.9										6.9	0.05	0.05	9.8	0.05048	
22			7.7	9	3	21	7	0.5	0.2	1.1	0.4	61	7.3	0.04	0.04	9.9	0.04202	
23			8.0										7.4	0.00	0.00	9.9	0.04271	0.1
24			7.1										7.3	0.05	0.05	10.3	0.08942	0.4
25			7.4										7.6	0.01	0.01	9.5	0.05784	
26			7.4										7.3	0.04	0.04	8.3	0.08668	
27			7.8										7.5	0.00	0.00	10.5	0.04249	
28			8.0										8.1	0.06	0.06	10.4	0.05233	
29			7.7	9	4	16	8	0.5	0.2	0.8	0.4	35	7.4	0.04	0.04	10.4	0.05982	
30			7.5										7.5	0.02	0.02	9.9	0.03241	
31			7.7										7.8	0.02	0.02	10.1	0.06017	
Min													6.7			7.9	0.03241	
Max				12	4	35	12					136	8.1	0.10		9.5	0.09778	
Avg:	521	241	7.7	10	4	24	9.5	0.5	0.2	1.3	0.5	64	7.4		0.03		0.05499	

LAB DELCORA In-house? Yes* pH, D.O., TRC, CBOD, BOD, TSS, NH3 & Fecal DELCORA Lab Telephone 610-876-5523

REMARKS: Fecal coliform is geometric mean



SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: Springhill Farm Wastewater Treatment Facility Association

Address: Springhill Drive
Glenn Mills, PA 19342

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA0052230	15	1	01	TO	15	1	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²
CBOD5	SM 2540-D	DELCORA - Central Laboratory	23-00671
TSS	SM 2540-D	DELCORA - Central Laboratory	23-00671
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-00671
NH3	EPA 350-1	DELCORA - Central Laboratory	23-00671
Total Phosphorous	EPA 365.1	ALS Environmental	22-293
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671
TRC- cl2	Meter	DELCORA- Operations Meter	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

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

Joseph A. DiMatteo/Remote Systems
Supervisor

Date: 2-10-15

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

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



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

February 10, 2015

Mr. Bob Lohr
President
Springhill Farm Wastewater Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for January 2015. If you have any questions, please do not hesitate to call me at 484-832-9150.

Respectfully Submitted,

Joseph A. DiMatteo
Remote Systems Supervisor
DEL CORA

JAD:smf

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

**Springhill Farm Wastewater Treatment Facilities
Operations & Maintenance Report
January 2015**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for January 2015.

Wastewater Plant

Total Wastewater Treated: 1,704,690 gallons at 54,990 gallons per day average.

There were no violations to report at this facility during the January 2015 reporting period.

Sodium hypochlorite was delivered on January 27th in the amount of 162 gallons.

Sodium thiosulfate was picked up on January 27th in the amount of 440 pounds or 8 fifty-five pound bags.

Sludge was hauled on January 15th in the amount of 32,600 gallons.

A Equalization Tank pump failure occurred on January 24th that necessitated a call to the Hauling firm while temporary pumps were set up to alleviate an overflow at the Facility. Three trucks or 10,800 gallons of raw sewage was hauled off site.

Wasted approximately 114,100 gallons (based on 75 gpm from air lifts) from both Aeration Tanks at daily intervals throughout the reporting period. Decanted approximately 57,700 gallons (based on 3,100 gallons/foot in Digester) from the Sludge Holding Tank back to Equalization Tank during the reporting period. Additional decanting was necessary due to the loading from the alum chemical and it minimally affected the effluent process.

Microspring grease inhibitor was continued throughout the reporting period and controlling the grease in the wet well and the filaments and foaming in the plant process. Two tablets were added during the reporting period.

The average phosphorous level for the month of January 2015 was 1.3 mg/l.

As previously mentioned above, there was a dual failure of the Equalization Tank Pumps on January 24th, this occurred when the level of the Equalization Tanks are above $\frac{3}{4}$ full increasing the amperage to the pumps and causing them to fail thermally. Both pumps were pulled and inspected and being serviced along with the spares on site. We intend to replace the contactors and adjustable thermal overloads that could be causing the problem.

Had one of the $\frac{3}{4}$ HP Equalization Tank pump inspected and serviced on January 9th.

Salted the driveway area on two different occasions due to ice buildup during the reporting period.

Installed a diversion pipe to discharge the Equalization Tank flow away from overtop of the Equalization Tank pumps to alleviate waves to the floats on January 15th.



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

March 12, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Mr. Robert Bauer
Water Quality Supervisor
Water Management Program
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for February 2015

Dear Mr. Bauer:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for February 2015.

There were no violations reported at this Facility during the reporting period.

Please contact me at 610-876-5523 ext, 262 if you need any additional information.

Very Truly Yours,

Electronically submitted & signed

Joseph A. DiMatteo
DELCORA
Remote Systems Supervisor

JAD:smf
Enclosures

ADMINISTRATION

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 FAX: 610-876-2728

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 FAX: 610-876-1460

PURCHASING & STORES

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

PLANT & MAINTENANCE

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

Springhill Original eDMR Submission 93281 Received Confirmation.txt 2-15
From: depgreenporthehelpdesk@state.pa.us
Sent: Thursday, March 12, 2015 12:12 PM
To: DiMatteo, Joe
Subject: Original eDMR Submission 93281 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 93281 has been received.
The details of your original submission and report sender are as follows:

Login Name: JDiM0001
First Name: Joseph
Last Name: DiMatteo
Submission ID: 93281
Permit Number: PA0052230
Facility Name: SPRINGHILL FARM 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: SPRINGHILL FARM STP PERMIT NUMBER: PA0052230 REGION: EP SE Rgnl Off
 PERMITTEE: SPRING HILL FARM WWTF ASSN OUTFALL: 001 COUNTY: Delaware
 PO BOX 756 CHADDS FORD, PA MONITORING From: 2015-02-01 NO DISCHARGE CITY: CHADDS FORD
 ADDRESS: 19317 PERIOD: To: 2015-02-28 FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	****	****		9.2	****	****		0	1/day	Grab
Parameter Code: 00300	Permit Requirement	****	****		5.0	****	****	mg/L		1/day	Grab
Stage Code: 1					Instantaneous Minimum	****	****				
pH	Sample Measurement	****	****		6.9	****	7.9		0	1/day	Grab
Parameter Code: 00400	Permit Requirement	****	****		6.0	****	9.0	S.U.		1/day	Grab
Stage Code: 1					Instantaneous Minimum	****	Instantaneous Maximum				
Total Suspended Solids	Sample Measurement	8	****		****	22	****		0	1/week	24-Hr Composite
Parameter Code: 00530	Permit Requirement	25	****	lbs/day	****	30	****	mg/L		1/week	24-Hr Composite
Stage Code: 1		Average Monthly			****	Average Monthly	****				
Ammonia-Nitrogen	Sample Measurement	0.2	****		****	0.5	****		0	1/week	24-Hr Composite
Parameter Code: 00610	Permit Requirement	5.0	****	lbs/day	****	6.0	****	mg/L		1/week	24-Hr Composite
Stage Code: 1		Average Monthly			****	Average Monthly	****				
Total Phosphorus	Sample Measurement	0.5	****		****	1.5	****		0	1/week	24-Hr Composite
Parameter Code: 00665	Permit Requirement	1.7	****	lbs/day	****	2.0	****	mg/L		1/week	24-Hr Composite
Stage Code: 1		Average Monthly			****	Average Monthly	****				
Flow (mgd)	Sample Measurement	0.04745	0.06353		****	****	****		0	Continuous	Recorded
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	****	****			Continuous	Recorded
Stage Code: 1					****	****	****				
Total Residual Chlorine (TRC)	Sample Measurement	****	****		****	0.03	0.07		0	1/day	Grab
Parameter Code: 50060	Permit Requirement	****	****		****	0.06	0.14	mg/L		1/day	Grab
Stage Code: 1					****	Average Monthly	Instantaneous Maximum				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		
										2015-03-12	

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: SPRINGHILL FARM STP PERMIT NUMBER: PA0052230 REGION: EP SE Rgnl Off
 PERMITTEE: SPRING HILL FARM WWTF ASSN OUTFALL: 001 COUNTY: Delaware

ADDRESS: PO BOX 756 CHADDS FORD, PA 19317
 MONITORING PERIOD: From: 2015-02-01 To: 2015-02-28
 CITY: CHADDS FORD 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				
Fecal Coliform	Sample Measurement	****	****		****	49	133	CFU/100 mL	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	****	****		****	200 Average Monthly	1000 Instantaneous Maximum				1/week
CBOD5	Sample Measurement	4	****		****	10	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	21 Average Monthly	****	lbs/day	****	25 Average Monthly	****				1/week
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2015-03-12	

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

PARAMETER SPECIFIC COMMENTS:

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)
 Month: **February-15**

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on **September 30, 2015**

Influent															Rainfall			
Date	BOD5 mg/l	TSS mg/l	pH SU	CBOD mg/l	CBOD lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1			7.4										7.7	0.01	0.01	10.7	0.05073	
2			7.5										7.5	0.03	0.03	10.1	0.05775	0.6
3			7.5										7.2	0.05	0.05	9.8	0.05149	
4			7.3										7.2	0.04	0.04	10.1	0.05053	
5			7.4	6	1	13	3	0.5	0.1	0.7	0.2	31	7.5	0.01	0.01	10.9	0.02927	
6			7.5										6.9	0.06	0.06	10.9	0.05292	
7			7.7										7.0	0.03	0.03	9.9	0.05684	
8			7.2										7.4	0.01	0.01	11.4	0.06075	
9			7.1										7.5	0.02	0.02	12.3	0.04902	
10			7.4										7.5	0.01	0.01	11.4	0.04045	
11			7.8										7.7	0.02	0.02	11.0	0.03789	
12	687	341	7.5	8	4	14	7	0.5	0.3	0.8	0.4	124	7.6	0.01	0.01	11.0	0.06353	
13			8.4										7.3	0.01	0.01	12.2	0.05090	
14			7.5										7.6	0.02	0.02	11.5	0.04947	0.1
15			7.6										7.4	0.01	0.01	9.2	0.05618	
16			7.7										7.5	0.05	0.05	11.1	0.05254	
17			7.6										7.4	0.02	0.02	10.9	0.04007	0.1
18			7.8										7.6	0.03	0.03	9.7	0.04366	
19			7.8	9	3	10	3	0.5	0.2	0.9	0.3	133	7.9	0.07	0.07	10.1	0.04081	
20			7.3										7.6	0.04	0.04	11.1	0.03861	
21			7.3										7.6	0.05	0.05	11.3	0.04716	0.2
22			7.2										7.3	0.04	0.04	9.9	0.05825	0.2
23			7.5										7.1	0.02	0.02	10.0	0.04132	
24			7.5										7.4	0.05	0.05	10.3	0.03939	
25			7.3										7.4	0.01	0.01	11.2	0.03930	
26			8.2	25	8	68	22	0.5	0.2	3.4	1.1	11	7.5	0.03	0.03	10.6	0.03938	
27			7.4	8	3	13	4						7.4	0.01	0.01	10.9	0.04055	
28			7.5	5	2	11	5						6.9	0.01	0.01	9.3	0.04991	
Min													6.9			9.2	0.02927	
Max				25	8	68	22					133	7.9	0.07		10.7	0.06353	
Avg:	687	341	7.5	10	4	22	7.6	0.5	0.2	1.5	0.5	49	7.4		0.03		0.04745	

LAB DELCORA In-house? Yes* pH, D.O., TRC, CBOD, BOD, TSS, NH3 & Fecal DELCORA Lab Telephone 610-876-5523

REMARKS: Fecal coliform is geometric mean



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>										
Address: <u>Springhill Drive</u>										
<u>Glenn Mills, PA 19342</u>										
PERMIT NUMBER										
MONITORING PERIOD Year/Month/Day										
PA0052230				15	2	01	TO	15	2	28
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
CBOD5	SM 2540-D	DELCORA - Central Laboratory	23-00671							
TSS	SM 2540-D	DELCORA - Central Laboratory	23-00671							
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-00671							
NH3	EPA 350-1	DELCORA - Central Laboratory	23-00671							
Total Phosphorous	EPA 365.1	ALS Environmental	22-293							
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671							
TRC- cl2	Meter	DELCORA- Operations Meter	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

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

Joseph A. DiMatteo/Remote Systems
Supervisor

Date: 3-12-15

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

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



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

March 12, 2015

Mr. Bob Lohr
President
Springhill Farm Wastewater Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for February 2015. If you have any questions, please do not hesitate to call me at 484-832-9150.

Respectfully Submitted,

Joseph A. DiMatteo
Remote Systems Supervisor
DELCORA

JAD:smf
Enclosures

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

**Springhill Farm Wastewater Treatment Facilities
Operations & Maintenance Report
February 2015**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for February 2015.

Wastewater Plant

Total Wastewater Treated: 1,328,600 gallons at 47,450 gallons per day average.

There were no violations to report at this facility during the February 2015 reporting period.

Sludge was hauled on three separate occasions the first time on February 2nd in the amount of 30,700 gallons and again on February 26th and 27th totaling 34,000 gallons and the Chlorine, Dechlor and Final Tanks were also cleaned.

Sodium thiosulfate was picked up on February 5th in the amount of 110 pounds or 2 fifty-five pound bags.

Aluminum Sulfate was delivered on February 5th in the amount of 110 gallons.

Wasted approximately 95,700 gallons (based on 75 gpm from air lifts) from both Aeration Tanks at daily intervals throughout the reporting period. Decanted approximately 49,400 gallons (based on 3,100 gallons/foot in Digester) from the Sludge Holding Tank back to Equalization Tank during the reporting period.

Microspring grease inhibitor was continued throughout the reporting period and controlling the grease in the wet well and the filaments and foaming in the plant process. One tablet was added during the reporting period.

There was considerable freezing at this Facility during multiple days of the reporting period. Equipment in the form of heat lamps and propane was used to thaw out potable water lines, aluminum sulfate lines, diffuser piping, return sludge lines and decant lines. An issue occurred on February 26th when alum lines were frozen and alum was being disposed of manually to the system which caused a sludge bulking to the final clarifiers. Extra wasting and tank cleaning was induced and we also cleaned the final tanks. The TSS result was a 68 mg/l as it was sample day and additional samples were run to average and maintain compliance for the monthly average.

Installed thermal overload and contactors to the two Equalization Tank $\frac{3}{4}$ hp pumps on February 9th. This appeared to stop the failures to the ET Pumps.

Repaired two failed LMI Pumps that are used for spares on February 19th.

Rebuilt the spare $\frac{3}{4}$ hp Goulds Equalization Pump on January 30th.

Changed oil to the blowers during reporting period and purchased oil and filter for remainder of year.

Salted driveway from ice buildup multiple times during reporting period.



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

April 14, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Mr. Robert Bauer
Water Quality Supervisor
Water Management Program
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for March 2015

Dear Mr. Bauer:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for March 2015.

There were no violations reported at this Facility during the reporting period.

Please contact me at 610-876-5523 ext, 262 if you need any additional information.

Very Truly Yours,

Electronically submitted & signed

Joseph A. DiMatteo
DELCORA
Remote Systems Supervisor

JAD:smf
Enclosures

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

Springhill Original eDMR Submission 95404 Received Confirmation.txt 3-15
From: depgreenporthehelpdesk@state.pa.us
Sent: Wednesday, April 15, 2015 2:04 PM
To: DiMatteo,Joe
Subject: Original eDMR Submission 95404 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 95404 has been recieved.
The details of your original submission and report sender are as follows:

Login Name: JDiM0001
First Name: Joseph
Last Name: DiMatteo
Submission ID: 95404
Permit Number: PA0052230
Facility Name: SPRINGHILL FARM 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: SPRINGHILL FARM STP **PERMIT NUMBER:** PA0052230 **REGION:** EP SE Rgnl Off
PERMITTEE: SPRING HILL FARM **OUTFALL:** 001 **COUNTY:** Delaware
 WWTF ASSN **CITY:** CHADDS FORD
 PO BOX 756 **MONITORING** From: 2015-03-01 **NO DISCHARGE**
 CHADDS FORD, PA **PERIOD:** To: 2015-03-31 **FROM SITE:** ()
ADDRESS: 19317

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		8.1	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	*****				
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.6	*****	7.5	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum				
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	5	*****	lbs/day	*****	12	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	25 Average Monthly	*****		*****	30 Average Monthly	*****				
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	0.2	*****	lbs/day	*****	0.5	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	5.0 Average Monthly	*****		*****	6.0 Average Monthly	*****				
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	0.3	*****	lbs/day	*****	0.8	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	1.7 Average Monthly	*****		*****	2.0 Average Monthly	*****				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.05579	0.07972	MGD	*****	*****	*****		0	Continuous	Recorded
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Total Residual Chlorine (TRC) Parameter Code: 50060 Stage Code: 1	Sample Measurement	*****	*****		*****	0.03	0.10	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		*****	0.06 Average Monthly	0.14 Instantaneous Maximum				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: SPRINGHILL FARM STP **PERMIT NUMBER:** PA0052230 **REGION:** EP SE Rgnl Off
PERMITTEE: SPRING HILL FARM **OUTFALL:** 001 **COUNTY:** Delaware
 WWTF ASSN

ADDRESS: PO BOX 756 CHADDS FORD, PA 19317
 MONITORING PERIOD: From: 2015-03-01 To: 2015-03-31
 CITY: CHADDS FORD 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				
Fecal Coliform	Sample Measurement	****	****		****	7	46	CFU/100 mL	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	****	****		****	200 Average Monthly	1000 Instantaneous Maximum				1/week
CBOD5	Sample Measurement	2	****		****	5	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	21 Average Monthly	****	lbs/day	****	25 Average Monthly	****				1/week
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. r 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		
									2015-04-15		

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

PARAMETER SPECIFIC COMMENTS:

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S) March-15
 Month:

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on September 30, 2015

		Influent																
Date	BOD5 mg/l	TSS mg/l	pH SU	CBOD mg/l	CBOD lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1			7.7										7.3	0.03	0.03	8.1	0.06109	0.3
2			7.7										7.3	0.01	0.01	8.9	0.05282	
3			7.7										7.3	0.08	0.08	10.8	0.04256	0.4
4			7.6										7.3	0.10	0.10	10.8	0.04784	0.3
5			7.7	6	3	14	6	0.5	0.2	1.4	0.6	46	7.2	0.06	0.06	9.8	0.05178	0.5
6			7.8										6.6	0.05	0.05	9.5	0.04750	
7			7.7										7.0	0.06	0.06	9.6	0.04918	
8			7.6										7.2	0.03	0.03	10.5	0.05941	
9			7.1										6.6	0.04	0.04	10.1	0.05899	
10			7.3										6.9	0.03	0.03	9.7	0.05607	0.5
11			7.4										7.2	0.08	0.08	11.0	0.04395	
12	531	185	7.3	3	1	11	4	0.5	0.2	0.3	0.1	4	7.3	0.05	0.05	9.0	0.04507	
13			7.4										6.9	0.00	0.00	9.5	0.06013	
14			7.3										7.2	0.06	0.06	8.4	0.07826	0.8
15			7.0										7.1	0.01	0.01	8.4	0.07972	
16			7.5										7.3	0.01	0.01	8.8	0.06421	
17			7.7										7.0	0.01	0.01	8.9	0.06042	
18			7.6										7.1	0.04	0.04	9.4	0.05856	
19			7.4	5	2	11	5	0.5	0.2	1.0	0.4	1	7.2	0.08	0.08	9.1	0.05133	
20			7.0										6.6	0.00	0.00	8.9	0.05039	0.4
21			7.5										7.0	0.02	0.02	9.0	0.05967	
22			7.3										7.2	0.01	0.01	9.1	0.06437	
23			6.9										7.0	0.01	0.01	8.1	0.06461	
24			6.8										6.8	0.05	0.05	8.3	0.04276	
25			7.3										7.4	0.01	0.01	8.8	0.04030	
26			7.4	5	2	13	5	0.5	0.2	0.5	0.2	10	7.3	0.01	0.01	9.1	0.04333	0.2
27			7.3										6.6	0.01	0.01	9.1	0.07883	0.2
28			7.3										7.5	0.01	0.01	8.6	0.06860	
29			6.8										7.0	0.01	0.01	8.3	0.05205	
30			7.0										7.3	0.03	0.03	8.7	0.04927	
31			7.1										7.1	0.06	0.06	9.0	0.04631	
Min													6.6			8.1	0.04030	
Max				6	3	14	6					46	7.5	0.10			0.07972	
Avg:	531	185	7.4	5	2	12	4.9	0.5	0.2	0.8	0.3	7	7.1		0.03	9.2	0.05579	

LAB DELCORA In-house? Yes* pH, D.O., TRC, CBOD, BOD, TSS, NH3 & Fecal DELCORA Lab Telephone 610-876-5523

REMARKS: Fecal coliform is geometric mean



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>							
Address: <u>Springhill Drive</u>							
<u>Glenn Mills, PA 19342</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0052230				15	3	01	TO 15 3 31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²				
CBOD5	SM 2540-D	DELCORA - Central Laboratory	23-00671				
TSS	SM 2540-D	DELCORA - Central Laboratory	23-00671				
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-00671				
NH3	EPA 350-1	DELCORA - Central Laboratory	23-00671				
Total Phosphorous	EPA 365.1	ALS Environmental	22-293				
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671				
TRC- cl2	Meter	DELCORA- Operations Meter	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

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

Joseph A. DiMatteo/Remote Systems
Supervisor

Date: 4-15-15

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

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



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

April 15, 2015

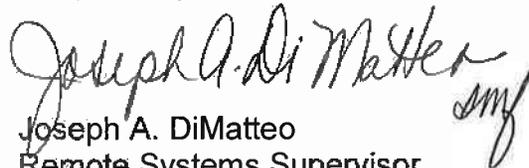
Mr. Bob Lohr
President
Springhill Farm Wastewater Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for March 2015. If you have any questions, please do not hesitate to call me at 484-832-9150.

Respectfully Submitted,


Joseph A. DiMatteo
Remote Systems Supervisor
DELCORA

JAD:smf
Enclosures

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

**Springhill Farm Wastewater Treatment Facilities
Operations & Maintenance Report
March 2015**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for March 2015.

Wastewater Plant

Total Wastewater Treated: 1,729,490 gallons at 55,790 gallons per day average.

There were no violations to report at this facility during the March 2015 reporting period.

Sludge was hauled on two separate occasions the first time on March 18th in the amount of 23,700 gallons and again on March 31st in the amount of 29,400 gallons totaling 53,100 gallons for the reporting period.

Sodium hypochlorite was delivered on March 3rd in the amount of 213 gallons.

Sodium thiosulfate was delivered on March 6th in the amount of 10 fifty-five pound bags or 550 pounds.

Aluminum Sulfate was delivered on March 24th in the amount of 175 gallons.

Wasted approximately 137,900 gallons (based on 75 gpm from air lifts) from both Aeration Tanks at daily intervals throughout the reporting period. Decanted approximately 69,400 gallons (based on 3,100 gallons/foot in Digester) from the Sludge Holding Tank back to Equalization Tank during the reporting period. Wasting has increased by 35% since the last reporting period.

Microspring grease inhibitor was continued throughout the reporting period and controlling the grease in the wet well and the filaments and foaming in the plant process. Two tablets were added during the reporting period.

Freezing of water lines and air lines was still an issue during the first two weeks of the reporting period.

Purchased and installed a check valve to the #3 blower on March 12th.

Salted the driveway from extreme ice build up on March 6th.



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

May 8, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Mr. Robert Bauer
Water Quality Supervisor
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for APRIL 2015

Dear Mr. Bauer:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for April 2015.

There were no violations reported at this Facility during the reporting period.

Please contact me at 610-876-5523, ext. 262 if you need any additional information.

Very truly yours,

Electronically submitted & signed

Joseph A. DiMatteo
Remote Systems Supervisor

JAD:vm
enclosure

cc: J. DiMatteo
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

Springhill Original eDMR Submission 97150 Received Confirmation.txt 4-15
From: depgreenporthehelpdesk@state.pa.us
Sent: Friday, May 08, 2015 10:58 AM
To: DiMatteo, Joe
Subject: Original eDMR Submission 97150 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 97150 has been recieved.
The details of your original submission and report sender are as follows:

Login Name: JDiM0001
First Name: Joseph
Last Name: DiMatteo
Submission ID: 97150
Permit Number: PA0052230
Facility Name: SPRINGHILL FARM 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: SPRINGHILL FARM STP **PERMIT NUMBER:** PA0052230 **REGION:** EP SE Rgnl Off
PERMITTEE: SPRING HILL FARM **OUTFALL:** 001 **COUNTY:** Delaware
 WWTF ASSN **CITY:** CHADDS FORD
 PO BOX 756
 CHADDS FORD, PA **MONITORING PERIOD:** From: ~~2015-04-01~~ **NO DISCHARGE**
 19317 To: ~~2015-04-30~~ **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	****	****		6.9	****	****	mg/L	0	1/day	Grab
	Permit Requirement	****	****		5.0 Instantaneous Minimum	****	****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	****	****		6.5	****	8.5	S.U.	0	1/day	Grab
	Permit Requirement	****	****		6.0 Instantaneous Minimum	****	9.0 Instantaneous Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	7	****		****	16	****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	25 Average Monthly	****	lbs/day	****	30 Average Monthly	****			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	0.2	****		****	0.5	****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	5.0 Average Monthly	****	lbs/day	****	6.0 Average Monthly	****			1/week	24-Hr Composite
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	0.5	****		****	1.2	****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	1.7 Average Monthly	****	lbs/day	****	2.0 Average Monthly	****			1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.05243	0.07234		****	****	****		0	Continuous	Recorded
	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	****	****			Continuous	Recorded
Total Residual Chlorine (TRC) Parameter Code: 50060 Stage Code: 1	Sample Measurement	****	****		****	0.03	0.08	mg/L	0	1/day	Grab
	Permit Requirement	****	****		****	0.06 Average Monthly	0.14 Instantaneous Maximum			1/day	Grab
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: SPRINGHILL FARM STP **PERMIT NUMBER:** PA0052230 **REGION:** EP SE Rgnl Off
PERMITTEE: SPRING HILL FARM **OUTFALL:** 001 **COUNTY:** Delaware
 WWTF ASSN **CITY:** CHADDS FORD
 PO BOX 756
 CHADDS FORD, PA **MONITORING** From: ~~2015-04-01~~ **NO DISCHARGE**
ADDRESS: 19317 **PERIOD:** To: ~~2015-04-30~~ **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Fecal Coliform	Sample Measurement	****	****		****	17	140	CFU/100 mL	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	****	****		****	200 Average Monthly	1000 Instantaneous Maximum				1/week
CBOD5	Sample Measurement	2	****		****	4	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	21 Average Monthly	****	lbs/day	****	25 Average Monthly	****				1/week
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. - 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
									2015-05-08		

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

PARAMETER SPECIFIC COMMENTS:

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)

April-15

Month:

Springhill Farm Wastewater Treatment Facility Association

Springhill Drive NPDES permit PA 0052230

Glenn Mills, PA 19342 This permit will EXPIRE on September 30, 2015

Date	Influent										Effluent										Rainfall Inches
	BOD5 mg/l	TSS mg/l	pH SU	CBOD mg/l	CBOD lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD				
1			6.8										6.9	0.06	0.06	9.1	0.04219				
2			7.4	4	2	28	11	0.5	0.2	1.0	0.4	5	7.2	0.04	0.04	8.8	0.04644				
3			6.8										6.8	0.06	0.06	8.9	0.05417				
4			7.0										6.6	0.02	0.02	8.4	0.05400				
5			7.0										7.4	0.01	0.01	8.4	0.05870				
6			7.1										7.3	0.04	0.04	8.1	0.05990				
7			7.5										7.4	0.01	0.01	8.2	0.04325				
8			7.2										8.0	0.02	0.02	8.1	0.04033				
9	542	173	7.5	2	1	17	10	0.5	0.3	1.7	1.0	3	6.6	0.01	0.01	8.9	0.07024				
10			7.0										6.9	0.01	0.01	7.8	0.06058				
11			7.4										7.1	0.02	0.02	8.2	0.03723				
12			7.2										6.9	0.01	0.01	8.6	0.05631				
13			7.4										6.8	0.00	0.00	8.2	0.04102				
14			7.5										6.9	0.02	0.02	7.5	0.03330				
15			8.1										7.3	0.07	0.07	7.7	0.04053				
16			7.2	8	3	14	6	0.5	0.2	1.2	0.5	19	7.3	0.01	0.01	8.5	0.04961				
17			6.9										6.5	0.04	0.04	6.9	0.05941				
18			6.9										6.6	0.00	0.00	7.6	0.06771				
19			7.4										8.5	0.01	0.01	8.5	0.05241				
20			6.6										7.2	0.02	0.02	8.9	0.07072				
21			7.3										7.0	0.01	0.01	8.0	0.07234				
22			7.3										7.2	0.05	0.05	9.0	0.05598				
23			7.6	3	1	9	3	0.5	0.2	0.9	0.3	140	7.0	0.01	0.01	8.4	0.04584				
24			8.0										7.3	0.04	0.04	8.7	0.04418				
25			7.5										7.7	0.08	0.08	9.2	0.05805				
26			7.1										7.1	0.06	0.06	8.9	0.05738				
27			7.4										7.2	0.01	0.01	7.3	0.05652				
28			7.7										7.4	0.04	0.04	8.6	0.04843				
29			7.2										7.3	0.04	0.04	8.7	0.04800				
30			7.0	4	2	10	4	0.5	0.2	1.3	0.5	31	6.5	0.04	0.04	9.6	0.04810				
Min													6.5			6.9	0.03330				
Max				8	3	28	11					140	8.5	0.08		8.4	0.07234				
Avg:	542	173	7.3	4	2	16	6.8	0.5	0.2	1.2	0.5	17	7.1		0.03	8.4	0.05243				

LAB DELCORA

In-house? Yes* pH, D.O., TRC, CBOD, BOD, TSS, NH3 & Fecal DELCORA Lab

Telephone 610-876-5523

REMARKS: Fecal coliform is geometric mean



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>										
Address: <u>Springhill Drive</u>										
<u>Glenn Mills, PA 19342</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0052230				15	4	01	TO	15	4	30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
CBOD5	SM 2540-D	DELCORA - Central Laboratory	23-00671							
TSS	SM 2540-D	DELCORA - Central Laboratory	23-00671							
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-00671							
NH3	EPA 350-1	DELCORA - Central Laboratory	23-00671							
Total Phosphorous	EPA 365.1	ALS Environmental	22-293							
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671							
TRC- cl2	Meter	DELCORA- Operations Meter	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

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

Joseph A. DiMatteo/Remote Systems
Supervisor

Date: 5-8-15

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

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



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

May 8, 2015

Mr. Bob Lohr
President
Springhill Farm Wastewater Facility Association
P. O. Box 756
Chadds Ford, PA19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for April 2015. If you have any questions, please do not hesitate to call me at 484-832-9150.

Respectfully submitted,

Joseph A. DiMatteo
Remote Systems Supervisor

JAD:vm
enclosure

cc: J. DiMatteo
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

**Springhill Farm Wastewater Treatment Facilities
Operations & Maintenance Report
APRIL 2015**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for April 2015.

Wastewater Plant

Total Wastewater Treated: 1,572,900 gallons at 52,430 gallons per day average.

There were no violations to report at this facility during the April 2015 reporting period.

Sludge was hauled on April 17th in the amount of 35,300 gallons.

Sodium hypochlorite was delivered on April 15th in the amount of 246 gallons.

Sodium thiosulfate was picked up on April 10th and delivered on April 28th for a total amount purchased of 10 fifty-five pound bags or 550 pounds.

Aluminum Sulfate was delivered on April 28th in the amount of 175 gallons.

Wasted approximately 106,400 gallons (based on 75 gpm from air lifts) from both Aeration Tanks at daily intervals throughout the reporting period. Decanted approximately 60,100 gallons (based on 3,100 gallons/foot in Digester) from the Sludge Holding Tank back to Equalization Tank during the reporting period. Wasting has increased by 35% since the last reporting period.

Microspring grease inhibitor was continued throughout the reporting period and controlling the grease in the wet well and the filaments and foaming in the plant process. Three tablets were added during the reporting period.

Purchased a spare LMI chemical feed pump for a back up for aluminum sulfate, sodium thiosulfate or sodium hypochlorite injection.



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

June 9, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

Mr. Robert Bauer
Water Quality Supervisor
Water Management Program
PADEP
Southeast Regional Office
2 East Main Street
Norristown, PA 19401

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for MAY 2015

Dear Mr. Bauer:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for May 2015.

There were no violations reported at this Facility during the reporting period.

Please contact me at 610-876-5523, ext. 262 if you need any additional information.

Very truly yours,

Electronically submitted & signed

Joseph A. DiMatteo
Remote Systems Supervisor

JAD:vm
enclosure

cc: J. DiMatteo
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

Springhill Original eDMR Submission 99155 Received Confirmation.txt5-15
From: depgreenporthelpdesk@state.pa.us
Sent: Tuesday, June 09, 2015 1:03 PM
To: DiMatteo,Joe
Subject: Original eDMR Submission 99155 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 99155 has been recieved.
The details of your original submission and report sender are as follows:

Login Name: JDiM0001
First Name: Joseph
Last Name: DiMatteo
Submission ID: 99155
Permit Number: PA0052230
Facility Name: SPRINGHILL FARM 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: SPRINGHILL FARM STP **PERMIT NUMBER:** PA0052230 **REGION:** EP SE Rgnl Off
PERMITTEE: SPRING HILL FARM **OUTFALL:** 001 **COUNTY:** Delaware
 WWTF ASSN **CITY:** CHADDS FORD
 PO BOX 756
 CHADDS FORD, PA **MONITORING PERIOD:** From: 2015-05-01 **NO DISCHARGE**
 19317 To: 2015-05-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	****	****		6.7	****	****	mg/L	0	1/day	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	****	****		5.0 Instantaneous Minimum	****	****				1/day
pH	Sample Measurement	****	****		6.5	****	8.0	S.U.	0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	****	****		6.0 Instantaneous Minimum	****	9.0 Instantaneous Maximum				1/day
Total Suspended Solids	Sample Measurement	5	****		****	14	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	25 Average Monthly	****	lbs/day	****	30 Average Monthly	****				1/week
Ammonia-Nitrogen	Sample Measurement	0.2	****		****	0.5	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	1.7 Average Monthly	****	lbs/day	****	2.0 Average Monthly	****				1/week
Total Phosphorus	Sample Measurement	0.2	****		****	0.6	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00665 Stage Code: 1	Permit Requirement	0.8 Average Monthly	****	lbs/day	****	1.0 Average Monthly	****				1/week
Flow (mgd)	Sample Measurement	0.04904	0.06323		****	****	****	MGD	0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum		****	****	****				Continuous
Total Residual Chlorine (TRC)	Sample Measurement	****	****		****	0.03	0.09	mg/L	0	1/day	Grab
Parameter Code: 50060 Stage Code: 1	Permit Requirement	****	****		****	0.06 Average Monthly	0.14 Instantaneous Maximum				1/day
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	
										2015-06-09	

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: SPRINGHILL FARM STP **PERMIT NUMBER:** PA0052230 **REGION:** EP SE Rgnl Off
PERMITTEE: SPRING HILL FARM **OUTFALL:** 001 **COUNTY:** Delaware
 WWTF ASSN **CITY:** CHADDS FORD
 PO BOX 756
 CHADDS FORD, PA **MONITORING PERIOD:** From: 2015-05-01 **NO DISCHARGE**
 19317 To: 2015-05-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Fecal Coliform	Sample Measurement	****	****		****	65	217	CFU/100 mL	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	****	****		****	200 Average Monthly	1000 Instantaneous Maximum				1/week
CBOD5	Sample Measurement	2	****		****	4	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	21 Average Monthly	****	lbs/day	****	25 Average Monthly	****				1/week
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2015-06-09	

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

PARAMETER SPECIFIC COMMENTS:

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)

May-15

Month:

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342

NPDES permit PA 0052230
 This permit will EXPIRE on September 30, 2015

		Influent													Rainfall			
Date	BOD5 mg/l	TSS mg/l	pH SU	CBOD mg/l	CBOD lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1			6.8										6.5	0.05	0.05	8.0	0.04827	
2			7.9										7.4	0.05	0.05	7.9	0.05146	
3			7.6										7.3	0.01	0.01	9.0	0.06323	
4			6.6										6.6	0.00	0.00	9.0	0.04992	
5			7.4										6.9	0.01	0.01	8.8	0.05422	
6			7.6										7.3	0.01	0.01	8.5	0.06066	0.1
7			7.7	4	2	8	4	0.5	0.2	0.5	0.2	176	7.4	0.06	0.06	8.3	0.05687	
8			7.0										6.9	0.09	0.09	8.2	0.05575	
9			7.5										6.6	0.04	0.04	7.8	0.06055	
10			7.1										7.0	0.02	0.02	7.5	0.05849	
11			7.0										7.4	0.03	0.03	8.7	0.05357	
12			7.6										7.6	0.03	0.03	8.0	0.05162	
13			7.6										7.7	0.05	0.05	7.7	0.04738	
14	488	234	7.6	6	2	27	10	0.5	0.2	0.9	0.3	217	6.6	0.03	0.03	7.8	0.04446	
15			7.0										6.9	0.02	0.02	7.0	0.04338	
16			7.2										7.1	0.01	0.01	7.5	0.04369	0.5
17			7.0										7.0	0.03	0.03	7.8	0.05155	0.2
18			7.1										7.0	0.01	0.01	8.1	0.04852	
19			7.4										6.9	0.02	0.02	7.7	0.04152	0.1
20			7.3										7.7	0.06	0.06	8.3	0.03696	
21			7.7	4	1	12	4	0.5	0.2	0.6	0.2	12	7.7	0.00	0.00	8.3	0.04022	0.1
22			7.7										8.0	0.00	0.00	6.7	0.04675	
23			7.3										7.5	0.03	0.03	8.3	0.04550	
24			7.5										7.5	0.01	0.01	8.2	0.04933	
25			7.4										6.9	0.05	0.05	7.9	0.05158	
26			7.0										7.4	0.04	0.04	8.0	0.04360	
27			7.7										7.2	0.06	0.06	7.5	0.03083	0.3
28			7.8	3	1	8	3	0.5	0.2	0.2	0.1	40	7.6	0.06	0.06	7.5	0.04355	
29			7.7										6.9	0.03	0.03	8.4	0.04773	
30			7.9										7.1	0.08	0.08	7.3	0.04871	
31			7.8										7.3	0.01	0.01	7.5	0.05052	
Min													6.5			6.7	0.03083	
Max				6	2	27	10					217	8.0	0.09		8.0	0.06523	
Avg:	488	234	7.4	4	2	14	5.2	0.5	0.2	0.6	0.2	65	7.2		0.03	8.0	0.04904	

LAB DELCORA

In-house? Yes* pH, D.O., TRC, CBOD, BOD, TSS, NH3 & Fecal DELCORA Lab

Telephone 610-876-5523

REMARKS: Fecal coliform is geometric mean



SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: Springhill Farm Wastewater Treatment Facility Association

Address: Springhill Drive
Glenn Mills, PA 19342

PERMIT NUMBER	MONITORING PERIOD Year/Month/Day						
PA0052230	15	5	01	TO	15	5	31

PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²
CBOD5	SM 2540-D	DELCORA - Central Laboratory	23-00671
TSS	SM 2540-D	DELCORA - Central Laboratory	23-00671
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-00671
NH3	EPA 350-1	DELCORA - Central Laboratory	23-00671
Total Phosphorous	EPA 365.1	ALS Environmental	22-293
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671
TRC- cl2	Meter	DELCORA- Operations Meter	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 **Signature of Principal Executive Officer or Authorized Agent**

Joseph A. DiMatteo/Remote Systems Supervisor **Date:** 6-9-15 _____

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

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



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

June 9, 2015

Mr. Bob Lohr
President
Springhill Farm Wastewater Facility Association
P. O. Box 756
Chadds Ford, PA19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for May 2015. If you have any questions, please do not hesitate to call me at 484-832-9150.

Respectfully submitted,

Joseph A. DiMatteo
Remote Systems Supervisor

JAD:vm
enclosure

cc: J. DiMatteo
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

**Springhill Farm Wastewater Treatment Facilities
Operations & Maintenance Report
MAY 2015**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for May 2015.

Wastewater Plant

Total Wastewater Treated: 1,520,240 gallons at 49,040 gallons per day average.

There were no violations to report at this facility during the May 2015 reporting period.

Sludge was hauled twice during the reporting period for a total of 48,600 gallons.

Sodium hypochlorite was delivered on May 7th in the amount of 175 gallons.

Sodium thiosulfate was delivered on May 19th in the amount of 550 pounds.

Aluminum Sulfate was delivered on May 19th in the amount of 250 gallons. A separate 55 gallon drum was set alongside of the Alum container for additional volume of alum on site for more stringent summertime limits.

Wasted approximately 73,050 gallons (based on 75 gpm from air lifts) from both Aeration Tanks at daily intervals throughout the reporting period. Decanted approximately 37,200 gallons (based on 3,100 gallons/foot in Digester) from the Sludge Holding Tank back to Equalization Tank during the reporting period. Wasting has increased by 35% since the last reporting period.

Microspring grease inhibitor was continued throughout the reporting period and controlling the grease in the wet well and the filaments and foaming in the plant process. Four tablets were added during the reporting period.

Analyzed for the parameter of Total Nitrogen in influent and effluent from the end of April through second week of reporting period per request of Engineer for Permit Renewal.

Purchased and replaced the failed exhaust fan on south wall in Blower Room on May 18th.

Purchased and replaced fluorescent tubes for approximately six failed lights in Office and Blower Room on May 19th.

The Effluent Flow meter was calibrated on May 15th by W.G. Malden and the invoice will be submitted directly to Springhill Farms c/o Penco Management.



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

July 16, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for June 2015

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for June 2015.

There were no violations reported at this Facility during the reporting period.

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

Respectfully Submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: S. Gober
R. Lohr, SFWTFA
A. Serock, CFTSA
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, July 16, 2015 4:55 PM
To: DiSantis, Michael
Subject: Original eDMR Submission 101631 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 101631 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: 101631
Permit Number: PA0052230
Facility Name: SPRINGHILL FARM 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: SPRINGHILL FARM STP **PERMIT NUMBER:** PA0052230 **REGION:** EP SE RgnI Off
PERMITTEE: SPRING HILL FARM **OUTFALL:** 001 **COUNTY:** Delaware
 WWTF ASSN **CITY:** CHADDS FORD
 PO BOX 756 **MONITORING** From: 2015-06-01 **NO DISCHARGE**
 CHADDS FORD, PA **PERIOD:** To: 2015-06-30 **FROM SITE:** ()
ADDRESS: 19317

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	****	****		6.6	****	****	mg/L	0	1/day	Grab
	Permit Requirement	****	****		Instantaneous Minimum	****	****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	****	****		6.8	****	7.6	S.U.	0	1/day	Grab
	Permit Requirement	****	****		Instantaneous Minimum	****	Instantaneous Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	2	****	lbs/day	****	4	****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	25 Average Monthly	****		****	30 Average Monthly	****			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	0.2	****	lbs/day	****	0.5	****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	1.7 Average Monthly	****		****	2.0 Average Monthly	****			1/week	24-Hr Composite
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	0.2	****	lbs/day	****	0.6	****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	0.8 Average Monthly	****		****	1.0 Average Monthly	****			1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.04753	0.073	MGD	****	****	****		0	Continuous	Recorded
	Permit Requirement	Report Average Monthly	Report Daily Maximum		****	****	****			Continuous	Recorded
Total Residual Chlorine (TRC) Parameter Code: 50060 Stage Code: 1	Sample Measurement	****	****		****	0.03	0.06	mg/L	0	1/day	Grab
	Permit Requirement	****	****		****	0.06 Average Monthly	0.14 Instantaneous Maximum			1/day	Grab
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: SPRINGHILL FARM STP **PERMIT NUMBER:** PA0052230 **REGION:** EP SE RgnI Off
PERMITTEE: SPRING HILL FARM **OUTFALL:** 001 **COUNTY:** Delaware
 WWTF ASSN

ADDRESS: PO BOX 756 CHADDS FORD, PA 19317
 MONITORING PERIOD: From: 2015-06-01 To: 2015-06-30
 CITY: CHADDS FORD 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				
Fecal Coliform	Sample Measurement	*****	*****		*****	29	124	CFU/100 mL	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	*****	*****		*****	200 Average Monthly	1000 Instantaneous Maximum				1/week
CBOD5	Sample Measurement	1	*****		*****	3	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	21 Average Monthly	*****	lbs/day	*****	25 Average Monthly	*****				1/week
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	

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

PARAMETER SPECIFIC COMMENTS:

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DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)

Month: June-15

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on September 30, 2015

Influent																Rainfall		
Date	BOD5 mg/l	TSS mg/l	pH SU	CBOD mg/l	CBOD lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1			7.3										6.8	0.05	0.05	7.4	0.05790	1.6
2			7.4										7.4	0.05	0.05	7.5	0.04100	0.3
3			7.5										7.4	0.02	0.02	7.1	0.04200	
4			7.1	3	1	9	3	0.5	0.2	0.5	0.2	1	6.8	0.04	0.04	7.1	0.04190	0.1
5			7.8										7.6	0.05	0.05	7.5	0.05540	
6			7.3										7.0	0.04	0.04	7.2	0.04950	
7			7.1										7.4	0.05	0.05	7.5	0.03770	
8			7.5										7.4	0.03	0.03	7.6	0.04360	0.7
9			7.5										7.4	0.03	0.03	7.4	0.04100	
10			7.2										7.2	0.01	0.01	8.2	0.06210	
11	262	133	7.0	2	1	3	1	0.5	0.2	0.8	0.3	55	7.3	0.04	0.03	7.8	0.04800	
12			7.1										6.9	0.00	0.00	7.0	0.04200	
13			7.0										7.0	0.06	0.06	7.0	0.04970	
14			7.5										7.4	0.02	0.02	6.6	0.04360	0.3
15			7.6										7.4	0.01	0.01	6.9	0.04600	
16			7.6										7.2	0.03	0.03	7.8	0.04190	
17			7.3										7.4	0.01	0.01	6.9	0.04170	1.0
18			7.5	3	1	3	1	0.5	0.2	0.6	0.2	108	7.4	0.01	0.01	6.6	0.04830	0.8
19			7.3										7.1	0.03	0.03	6.8	0.04670	0.2
20			7.5										7.1	0.04	0.04	6.7	0.05000	1.0
21			7.4										7.1	0.01	0.01	7.4	0.05490	
22			7.3										7.4	0.02	0.02	7.4	0.04690	
23			7.3										7.4	0.02	0.02	7.4	0.03720	0.6
24			7.3										7.1	0.04	0.04	7.4	0.05460	
25			7.2	2	1	2	1	0.5	0.2	0.6	0.2	124	7.1	0.06	0.06	7.6	0.04650	
26			7.3										7.1	0.06	0.06	7.2	0.04190	
27			7.5										7.1	0.03	0.03	7.2	0.07300	2.8
28			7.4										7.5	0.01	0.01	7.2	0.04380	
29			7.9										7.6	0.01	0.01	7.1	0.04980	
30			7.9										7.3	0.05	0.05	7.5	0.04720	1.2
Min													6.8			6.6		
Max												124	7.6	0.06			0.07300	
Avg:	262	133		3	1	4	2	0.5	0.2	0.6	0.2	29			0.03		0.04753	

LAB DELCORA In-house? Yes* pH, D.O., TRC, CBOD, BOD, TSS, NH3 & Fecal DELCORA Lab Telephone 610-876-5523

REMARKS: Fecal coliform is geometric mean



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>							
Address: <u>Springhill Drive</u>							
<u>Glenn Mills, PA 19342</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0052230				15	6	01	TO 15 6 30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²				
CBOD5	SM 2540-D	DELCORA - Central Laboratory	23-00671				
TSS	SM 2540-D	DELCORA - Central Laboratory	23-00671				
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-00671				
NH3	EPA 350-1	DELCORA - Central Laboratory	23-00671				
Total Phosphorous	EPA 365.1	ALS Environmental	22-293				
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671				
TRC- cl2	Meter	DELCORA- Operations Meter	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

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

Michael J. DiSantis, Dir. of O&M

Date: 7-16-15

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

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



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

July 17, 2015

Mr. Bob Lohr
President
Springhill Farm Wastewater Facility Association
P. O. Box 756
Chadds Ford, PA19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for June 2015. If you have any questions, please do not hesitate to call me at 610.876.5523, extension 264.

Respectfully submitted,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosure

cc: S. Gober
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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
June 2015**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for June 2015.

Wastewater Plant

Total Wastewater Treated: 1,425,900 gallons at 47,530 gallons per day average.

There were no violations to report at this facility during the June 2015 reporting period.

Sludge hauled: 41,400 gallons

Sodium hypochlorite delivered: 195 gallons

Sodium bicarbonate delivered: 2,450 pounds

Aluminum sulfate delivered: 200 gallons

The Microspring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

There was one after-hours call-in for failed equalization pumps. Normal operation was resumed as a result of the work performed.



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

August 17, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for July 2015

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for July 2015.

There were no violations reported at this Facility during the reporting period.

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

Respectfully Submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: S. Gober
R. Lohr, SFWTFA
A. Serock, CFTSA
File

ADMINISTRATION

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 FAX: 610-497-7959

PLANT & MAINTENANCE

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

Foley, Sue

From: depgreenporthelpdesk@state.pa.us
Sent: Monday, August 17, 2015 12:18 PM
To: DiSantis, Michael
Subject: Original eDMR Submission 103645 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 103645 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: 103645
Permit Number: PA0052230
Facility Name: SPRINGHILL FARM 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: SPRINGHILL FARM STP **PERMIT NUMBER:** PA0052230 **REGION:** EP SE Rgnl Off
PERMITTEE: SPRING HILL FARM **OUTFALL:** 001 **COUNTY:** Delaware
 WWTF ASSN **CITY:** CHADDS FORD
 PO BOX 756 **MONITORING** From: 2015-07-01 **NO DISCHARGE**
 CHADDS FORD, PA **PERIOD:** To: 2015-07-31 **FROM SITE:** ()
ADDRESS: 19317

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	****	****		6.5	****	****	mg/L	0	1/day	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	****	****		5.0 Instantaneous Minimum	****	****			1/day	Grab
pH	Sample Measurement	****	****		6.9	****	8.0	S.U.	0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	****	****		6.0 Instantaneous Minimum	****	9.0 Instantaneous Maximum			1/day	Grab
Total Suspended Solids	Sample Measurement	1	****		****	3	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	25 Average Monthly	****	lbs/day	****	30 Average Monthly	****			1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	0.2	****		****	0.5	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	1.7 Average Monthly	****	lbs/day	****	2.0 Average Monthly	****			1/week	24-Hr Composite
Total Phosphorus	Sample Measurement	0.2	****		****	0.5	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00665 Stage Code: 1	Permit Requirement	0.8 Average Monthly	****	lbs/day	****	1.0 Average Monthly	****			1/week	24-Hr Composite
Flow (mgd)	Sample Measurement	0.04475	0.0569		****	****	****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	****	****			Continuous	Recorded
Total Residual Chlorine (TRC)	Sample Measurement	****	****		****	0.03	0.07	mg/L	0	1/day	Grab
Parameter Code: 50060 Stage Code: 1	Permit Requirement	****	****		****	0.06 Average Monthly	0.14 Instantaneous Maximum			1/day	Grab
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: SPRINGHILL FARM STP **PERMIT NUMBER:** PA0052230 **REGION:** EP SE Rgnl Off
PERMITTEE: SPRING HILL FARM **OUTFALL:** 001 **COUNTY:** Delaware
 WWTF ASSN

ADDRESS: PO BOX 756 CHADDS FORD, PA 19317
MONITORING PERIOD: From: 2015-07-01 To: 2015-07-31
CITY: CHADDS FORD
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				
Fecal Coliform	Sample Measurement	*****	*****		*****	8	20	CFU/100 mL	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	*****	*****		*****	200 Average Monthly	1000 Instantaneous Maximum			1/week	Grab
CBOD5	Sample Measurement	1	*****		*****	2	*****		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	21 Average Monthly	*****	lbs/day	*****	25 Average Monthly	*****	mg/L		1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

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

PARAMETER SPECIFIC COMMENTS:



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>							
Address: <u>Springhill Drive</u>							
<u>Glen Mills, PA 19342</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0052230				15	7	01	TO 15 7 31
PARAMETER	ANALYSIS METHOD ³	LAB NAME	LAB ID NUMBER ²				
CBOD5	SM 2540-D	DELCORA - Central Laboratory	23-00671				
TSS	SM 2540-D	DELCORA - Central Laboratory	23-00671				
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-00671				
NH3	EPA 350-1	DELCORA - Central Laboratory	23-00671				
Total Phosphorous	EPA 365:1	ALS Environmental	22-293				
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671				
TRC- cl2	Meter	DELCORA- Operations Meter	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

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

Michael J. DiSantis, Dir. of O&M

Date: 8-17-15

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

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



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

August 17, 2015

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for July 2015. If you have any questions, please do not hesitate to call me at 610.876.5523, extension 264.

Respectfully submitted,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosure

cc: S. Gober
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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
July 2015**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for July 2015.

Wastewater Plant

Average Daily Flow: 44,750 gallons. Peak Daily Flow: 56,900 gallons.

There were no violations during the month.

Sludge hauled: 38,150 gallons

Sodium hypochlorite delivered: 200 gallons

Sodium thiosulfate delivered: 550 pounds

Aluminum sulfate delivered: 175 gallons

The Microspring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

Purchased and set up a spare equalization pump as previous spare unit had been used to replace a failed unit.

Scheduled and coordinated additional sampling for NPDES permit renewal.



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

September 14, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for August 2015

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for August 2015.

There were no violations during the reporting period.

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

Respectfully submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:vm
Enclosure

cc: S. Gober
R. Lohr, SFWTFA
A. Serock, CFTSA
File

ADMINISTRATION

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

CUSTOMER SERVICE/BILLING

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 FAX: 610-497-7959

PLANT & MAINTENANCE

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

Middleton, Vale

From: depgreenporthelpdesk@state.pa.us
Sent: Monday, September 14, 2015 3:44 PM
To: DiSantis, Michael
Subject: Original eDMR Submission 105518 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 105518 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: 105518
Permit Number: PA0052230
Facility Name: SPRINGHILL FARM 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: SPRINGHILL FARM STP **PERMIT NUMBER:** PA0052230 **REGION:** EP SE Rgnl Off
PERMITTEE: SPRING HILL FARM **OUTFALL:** 001 **COUNTY:** Delaware
 WWTF ASSN **CITY:** CHADDS FORD
 PO BOX 756
 CHADDS FORD, PA **MONITORING** From: 2015-08-01 **NO DISCHARGE**
ADDRESS: 19317 **PERIOD:** To: 2015-08-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	****	****		5.6	****	****	mg/L	0	1/day	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	****	****		5.0 Instantaneous Minimum	****	****			1/day	Grab
pH	Sample Measurement	****	****		6.6	****	7.8	S.U.	0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	****	****		6.0 Instantaneous Minimum	****	9.0 Instantaneous Maximum			1/day	Grab
Total Suspended Solids	Sample Measurement	1	****		****	4	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	25 Average Monthly	****	lbs/day	****	30 Average Monthly	****			1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	0.2	****		****	0.5	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	1.7 Average Monthly	****	lbs/day	****	2.0 Average Monthly	****			1/week	24-Hr Composite
Total Phosphorus	Sample Measurement	0.2	****		****	0.6	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00665 Stage Code: 1	Permit Requirement	0.8 Average Monthly	****	lbs/day	****	1.0 Average Monthly	****			1/week	24-Hr Composite
Flow (mgd)	Sample Measurement	0.04307	0.054		****	****	****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	****	****			Continuous	Recorded
Total Residual Chlorine (TRC)	Sample Measurement	****	****		****	0.03	0.08	mg/L	0	1/day	Grab
Parameter Code: 50060 Stage Code: 1	Permit Requirement	****	****		****	0.06 Average Monthly	0.14 Instantaneous Maximum			1/day	Grab
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	

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

PARAMETER SPECIFIC COMMENTS:

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)
Month: August-15

Springhill Farm Wastewater Treatment Facility Association
Springhill Drive
Glenn Mills, PA 19342
NPDES permit PA 0052230
This permit will EXPIRE on September 30, 2015

		Influent															
Date	BOD5 mg/l	TSS mg/l	pH SU	cBOD5 mg/l	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	pH SU	INST.TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1			7.8									7.7	0.03	0.03	7.3	0.04020	
2			7.5									7.5	0.03	0.03	7.3	0.03870	
3			7.4									7.4	0.08	0.08	7.1	0.04290	0.1
4			7.5									7.0	0.02	0.02	6.8	0.04100	
5			7.4									7.0	0.02	0.02	6.5	0.04060	
6			7.5	4	3	1	0.5	0.2	0.7	0.3	27	7.2	0.04	0.04	6.7	0.04440	0.1
7			7.2									7.3	0.01	0.01	6.5	0.04180	
8			7.6									7.4	0.01	0.01	7.0	0.04310	
9			7.2									6.9	0.05	0.05	5.6	0.04200	
10			7.4									7.2	0.02	0.02	6.8	0.04700	0.9
11			7.4									7.4	0.04	0.04	6.5	0.04470	
12			7.6									7.5	0.03	0.03	6.5	0.04260	
13	484	240	7.4	3	4	1	0.5	0.2	0.5	0.2	14	7.2	0.02	0.02	6.6	0.04140	
14			7.9									7.8	0.01	0.01	6.3	0.04550	
15			7.8									6.6	0.01	0.01	6.5	0.04230	
16			7.7									7.0	0.03	0.03	7.3	0.04090	
17			7.8									7.2	0.04	0.04	7.6	0.04110	
18			7.5									7.3	0.02	0.02	7.5	0.03830	
19			7.4									7.5	0.03	0.03	7.0	0.04340	
20			7.5	2	2	1	0.5	0.2	0.5	0.2	5	7.2	0.04	0.04	6.9	0.04560	0.5
21			7.4									7.5	0.02	0.02	6.5	0.04460	
22			7.5									7.5	0.01	0.01	7.4	0.04880	
23			7.5									7.2	0.04	0.04	6.2	0.04470	
24			7.4									7.5	0.00	0.00	6.9	0.04030	
25			7.5									7.3	0.04	0.04	6.8	0.03930	
26			7.3									7.3	0.04	0.04	6.8	0.04060	
27			7.5	3	6	2	0.5	0.2	0.6	0.2	9	7.3	0.04	0.04	7.0	0.04060	
28			7.9									7.6	0.01	0.01	6.9	0.04630	
29			7.7									7.5	0.02	0.02	6.7	0.05400	
30			7.7									7.8	0.00	0.00	6.8	0.05200	
31			7.9									7.3	0.01	0.01	7.1	0.03660	
Min												6.6			5.6		
Max												7.8	0.08			0.05400	
Avg:				3	4	1	0.5	0.2	0.6	0.2	11			0.03		0.04307	

LAB DELCORA
ALS Environmental for Phos.
REMARKS: Fecal coliform is geometric mean

In-house? Yes* pH, D.O., TRC, CBOD, BOD, TSS, NH3 & Fecal
Telephone 610-876-5523



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>									
Address: <u>Springhill Drive</u>									
<u>Glen Mills, PA 19342</u>									
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day					
PA0052230				15	8	01	TO 15	8	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²						
CBOD5	SM 2540-D	DELCORA - Central Laboratory	23-00671						
TSS	SM 2540-D	DELCORA - Central Laboratory	23-00671						
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-00671						
NH3	EPA 350-1	DELCORA - Central Laboratory	23-00671						
Total Phosphorous	EPA 365.1	ALS Environmental	22-293						
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671						
TRC- cl2	Meter	DELCORA- Operations Meter	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

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

Michael J. DiSantis, Dir. of O&M

Date: 9/14/15

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

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



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

September 14, 2015

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for August 2015. If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully submitted,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:vm
enclosure

cc: S. Gober
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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
August 2015**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for August 2015.

Wastewater Plant

Average Daily Flow: 44,750 gallons. Peak Daily Flow: 56,900 gallons.

There were no violations during the month.

Sludge hauled: 23,000 gallons

Sodium hypochlorite delivered: 225 gallons

Sodium thiosulfate delivered: 441 pounds

Aluminum sulfate delivered: 355 gallons

The Microspring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

Purchased parts and repaired broken clarifier skimmers.



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

October 13, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for September 2015

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for September 2015.

There were no violations during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Respectfully submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
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 2:39 PM
To: DiSantis, Michael
Subject: Original eDMR Submission 107509 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 107509 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: 107509
Permit Number: PA0052230
Facility Name: SPRINGHILL FARM 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: SPRINGHILL FARM STP **PERMIT NUMBER:** PA0052230 **REGION:** EP SE Rgnl Off
PERMITTEE: SPRING HILL FARM **OUTFALL:** 001 **COUNTY:** Delaware
 WWTF ASSN **CITY:** CHADDS FORD
 PO BOX 756 **MONITORING** From: ~~2015-09-01~~ **NO DISCHARGE**
 CHADDS FORD, PA **PERIOD:** To: ~~2015-09-30~~ **FROM SITE:** ()
ADDRESS: 19317

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	****	****		6.3	****	****	mg/L	0	1/day	Grab
Parameter Code: 00300	Permit Requirement	****	****		5.0	****	****			1/day	Grab
Stage Code: 1					Instantaneous Minimum	****	****				
pH	Sample Measurement	****	****		6.7	****	7.7	S.U.	0	1/day	Grab
Parameter Code: 00400	Permit Requirement	****	****		6.0	****	9.0			1/day	Grab
Stage Code: 1					Instantaneous Minimum	****	Instantaneous Maximum				
Total Suspended Solids	Sample Measurement	2	****		****	6	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530	Permit Requirement	25	****	lbs/day	****	30	****			1/week	24-Hr Composite
Stage Code: 1		Average Monthly	****			Average Monthly					
Ammonia-Nitrogen	Sample Measurement	0.2	****		****	0.5	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00610	Permit Requirement	1.7	****	lbs/day	****	2.0	****			1/week	24-Hr Composite
Stage Code: 1		Average Monthly	****			Average Monthly					
Total Phosphorus	Sample Measurement	0.1	****		****	0.4	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00665	Permit Requirement	0.8	****	lbs/day	****	1.0	****			1/week	24-Hr Composite
Stage Code: 1		Average Monthly	****			Average Monthly					
Flow (mgd)	Sample Measurement	0.0454	0.0596		****	****	****		0	Continuous	Recorded
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	****	****			Continuous	Recorded
Stage Code: 1											
Total Residual Chlorine (TRC)	Sample Measurement	****	****		****	0.03	0.07	mg/L	0	1/day	Grab
Parameter Code: 50060	Permit Requirement	****	****		****	0.06	0.14			1/day	Grab
Stage Code: 1						Average Monthly	Instantaneous Maximum				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: SPRINGHILL FARM STP **PERMIT NUMBER:** PA0052230 **REGION:** EP SE Rgnl Off
PERMITTEE: SPRING HILL FARM **OUTFALL:** 001 **COUNTY:** Delaware
 WWTF ASSN

ADDRESS: PO BOX 756 CHADDS FORD, PA 19317
 MONITORING PERIOD: From: 2015-09-01 To: 2015-09-30
 CITY: CHADDS FORD 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				
Fecal Coliform	Sample Measurement	*****	*****		*****	33	57	CFU/100 mL	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	*****	*****		*****	200 Average Monthly	1000 Instantaneous Maximum				1/week
CBOD5	Sample Measurement	1	*****		*****	3	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	21 Average Monthly	*****	lbs/day	*****	25 Average Monthly	*****				1/week
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

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

PARAMETER SPECIFIC COMMENTS:

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DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S) **September-15**
 Month:

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on **September 30, 2015**

Influent																Rainfall		
Date	BOD5 mg/l	TSS mg/l	pH SU	cBOD5 mg/l	cBOD5 lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1			7.4										7.2	0.03	0.03	7.0	0.03920	
2			7.5										7.0	0.02	0.02	7.2	0.04070	
3			7.4	2	1	4	2	0.5	0.2	0.3	0.1	8	7.2	0.04	0.04	6.8	0.04630	
4			7.4										7.0	0.04	0.04	7.0	0.04290	
5			7.8										7.6	0.05	0.05	6.9	0.03610	
6			7.9										7.1	0.05	0.05	6.3	0.04230	
7			7.7										7.2	0.06	0.06	6.6	0.04350	
8			7.6										7.2	0.00	0.00	7.0	0.04940	
9			7.5										7.2	0.04	0.04	6.8	0.04030	0.2
10	470	277	7.7	3	1	5	2	0.5	0.2	0.4	0.2	52	7.5	0.04	0.04	7.1	0.05050	0.9
11			7.8										7.6	0.01	0.01	6.9	0.04370	
12			7.7										7.6	0.01	0.01	6.4	0.04380	0.3
13			7.5										7.7	0.02	0.02	6.6	0.05300	
14			7.6										7.3	0.00	0.00	7.0	0.04670	
15			7.5										7.4	0.00	0.00	6.8	0.04100	
16			7.3										7.2	0.00	0.00	7.0	0.04180	
17			7.5	3	1	10	4	0.5	0.2	0.5	0.2	51	7.3	0.01	0.01	6.9	0.05170	
18			6.9										7.1	0.01	0.01	7.4	0.02430	
19			7.2										6.7	0.01	0.01	7.3	0.05960	
20			7.3										6.9	0.03	0.03	7.0	0.04770	
21			7.4										7.2	0.05	0.05	7.3	0.05130	
22			7.5										7.2	0.03	0.03	7.0	0.03740	
23			7.6										7.4	0.00	0.00	7.3	0.05960	
24			7.4	2	1	5	1	0.5	0.1	0.3	0.1	57	7.5	0.05	0.05	7.3	0.03440	
25			7.5										7.5	0.05	0.05	7.0	0.05080	
26			7.4										7.5	0.01	0.01	7.2	0.05200	
27			7.2										7.3	0.04	0.04	6.5	0.04960	
28			7.6										7.3	0.07	0.07	7.2	0.04130	
29			7.5										7.2	0.01	0.01	7.3	0.04730	1.7
30			7.7										7.0	0.00	0.00	6.9	0.05370	
Min													6.7			6.3		
Max												57	7.7	0.07			0.05960	
Avg:				3	1	6	2	0.5	0.2	0.4	0.1	33			0.03		0.04540	

LAB DELCORA In-house? Yes* pH, D.O.,TRC, CBOD, BOD, TSS, NH3 & Fecal
 ALS Environmental for Phos.
 REMARKS: Fecal coliform is geometric mean

Telephone 610-876-5523



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>							
Address: <u>Springhill Drive</u>							
<u>Glen Mills, PA 19342</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0052230				15	9	01	TO 15 9 30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²				
CBOD5	SM 2540-D	DELCORA - Central Laboratory	23-00671				
TSS	SM 2540-D	DELCORA - Central Laboratory	23-00671				
Fecal Coliform	SM 9222 D	DELCORA - Central Laboratory	23-00671				
NH3	EPA 350-1	DELCORA - Central Laboratory	23-00671				
Total Phosphorous	EPA 365.1	ALS Environmental	22-293				
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671				
TRC- cl2	Meter	DELCORA- Operations Meter	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: 610-876-5523Signature of Principal Executive Officer or
Authorized AgentMichael J. DiSantis, Dir. of O&MDate: 10/13/15

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

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



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

October 13, 2015

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for September 2015. If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully submitted,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosure

cc: 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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
September 2015**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for September 2015.

Wastewater Plant

Average Daily Flow: 45,400 gallons. Peak Daily Flow: 59,600 gallons.

There were no violations during the month.

Sludge hauled: 27,600 gallons

Sodium hypochlorite delivered: 212 gallons

Sodium thiosulfate delivered: 331 pounds

Aluminum sulfate delivered: 130 gallons

The Microspring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.



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

November 12, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for October 2015

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for October 2015.

There were no violations during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Respectfully submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:vm
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
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: Thursday, November 12, 2015 3:24 PM
To: DiSantis, Michael
Subject: Original eDMR Submission 109747 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 109747 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: 109747
Permit Number: PA0052230
Facility Name: SPRINGHILL FARM 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: SPRINGHILL FARM STP **PERMIT NUMBER:** PA0052230 **REGION:** EP SE Rgnl Off
PERMITTEE: SPRING HILL FARM **OUTFALL:** 001 **COUNTY:** Delaware
 WWTF ASSN **CITY:** CHADDS FORD
 PO BOX 756 **MONITORING** From: 2015-10-01 **NO DISCHARGE**
 CHADDS FORD, PA **PERIOD:** To: 2015-10-31 **FROM SITE:** ()
ADDRESS: 19317

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	*****	*****		7.2	*****	*****	mg/L	0	1/day	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	*****	*****		5.0 Instantaneous Minimum	*****	*****			1/day	Grab
pH	Sample Measurement	*****	*****		6.7	*****	8.2	S.U.	0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	*****	*****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum			1/day	Grab
Total Suspended Solids	Sample Measurement	4	*****		*****	9	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	25 Average Monthly	*****	lbs/day	*****	30 Average Monthly	*****			1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	0.7	*****		*****	0.2	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	1.7 Average Monthly	*****	lbs/day	*****	2.0 Average Monthly	*****			1/week	24-Hr Composite
Total Phosphorus	Sample Measurement	0.3	*****		*****	0.7	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00665 Stage Code: 1	Permit Requirement	0.8 Average Monthly	*****	lbs/day	*****	1.0 Average Monthly	*****			1/week	24-Hr Composite
Flow (mgd)	Sample Measurement	0.04652	0.0624		*****	*****	*****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Recorded
Total Residual Chlorine (TRC)	Sample Measurement	*****	*****		*****	0.02	0.05	mg/L	0	1/day	Grab
Parameter Code: 50060 Stage Code: 1	Permit Requirement	*****	*****		*****	0.06 Average Monthly	0.14 Instantaneous Maximum			1/day	Grab
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: SPRINGHILL FARM STP **PERMIT NUMBER:** PA0052230 **REGION:** EP SE Rgnl Off
PERMITTEE: SPRING HILL FARM **OUTFALL:** 001 **COUNTY:** Delaware
 WWTF ASSN
 PO BOX 756 **CITY:** CHADDS FORD
 CHADDS FORD, PA **MONITORING** From: 2015-10-01 **NO DISCHARGE**
ADDRESS: 19317 **PERIOD:** To: 2015-10-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Fecal Coliform	Sample Measurement	*****	*****		*****	81	410	CFU/100 mL	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	*****	*****		*****	200 Average Monthly	1000 Instantaneous Maximum				1/week
CBOD5	Sample Measurement	1	*****	lbs/day	*****	2	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	21 Average Monthly	*****		*****	25 Average Monthly	*****				1/week
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

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

PARAMETER SPECIFIC COMMENTS:

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)

Month: **October-15**

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342

NPDES permit PA 0052230
 This permit will EXPIRE on September 30, 2015

		Influent																
Date	BOD ₅ mg/l	TSS mg/l	pH SU	cBOD ₅ mg/l	cBOD ₅ lbs.	TSS mg/l	TSS lbs.	NH ₃ mg/l	NH ₃ lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1			7.1	3	1	7	2	0.5	0.18	0.7	0.3	32	8.2	0.01	0.01	7.3	0.04260	0.6
2			7.5										7.5	0.01	0.01	7.9	0.05840	1.5
3			7.7										7.3	0.01	0.01	8.0	0.04880	0.1
4			7.8										7.1	0.00	0.00	7.9	0.04730	
5			7.5										7.5	0.04	0.04	8.3	0.04940	
6			7.3										7.0	0.02	0.02	7.5	0.03040	
7			7.6										7.2	0.03	0.03	7.2	0.05200	
8	419	198	7.9	2	1	8	3	0.1	0.04	0.7	0.3	68	7.5	0.03	0.03	7.4	0.04400	
9			7.2										7.2	0.01	0.01	7.2	0.04510	0.5
10			7.7										7.2	0.02	0.02	7.2	0.04910	
11			7.7										7.8	0.05	0.05	7.4	0.05130	
12			7.6										7.6	0.02	0.02	7.3	0.03600	
13			7.6										7.3	0.05	0.05	7.8	0.03590	
14			7.7										6.9	0.01	0.01	7.3	0.04310	
15			7.8	2	1	11	5	0.1	0.04	0.6	0.2	36	7.6	0.04	0.04	7.9	0.05030	
16			7.8										7.7	0.03	0.03	8.5	0.05030	
17			7.3										7.4	0.01	0.01	9.4	0.04820	
18			7.7										7.6	0.03	0.03	8.8	0.03980	
19			7.7										7.6	0.01	0.01	9.6	0.04880	
20			7.6										7.8	0.00	0.00	8.9	0.04350	
21			8.0										7.9	0.01	0.01	9.8	0.03790	
22			7.4	2	1	5	2	0.1	0.04	0.7	0.2	109	7.3	0.03	0.03	7.5	0.04080	
23			7.5										7.5	0.04	0.04	8.2	0.05320	
24			7.6										7.1	0.00	0.00	7.5	0.05030	
25			7.4										7.3	0.01	0.01	7.4	0.05300	
26			7.4										7.4	0.01	0.01	7.6	0.03920	
27			7.2										7.1	0.03	0.03	7.8	0.03930	0.1
28			7.1										6.7	0.02	0.02	7.8	0.04420	2.5
29			7.3	3	2	14	7	0.1	0.05	0.6	0.3	410	7.1	0.04	0.04	7.6	0.06240	
30			7.7										7.6	0.01	0.01	8.9	0.04900	
31			7.9										7.7	0.02	0.02	7.6	0.05850	
Min													6.7			7.2		
Max												410	8.2	0.05			0.06240	
Avg:				2	1	9	4	0.2	0.07	0.7	0.3	81			0.02		0.04652	

Telephone 610-876-5523

LAB DELCORA In-house? Yes* pH, D.O., TRC, CBOD, BOD, TSS, NH3 & Fecal

ALS Environmental for Phos.

REMARKS: Fecal coliform is geometric mean



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>										
Address: <u>Springhill Drive</u>										
<u>Glen Mills, PA 19342</u>										
<u> </u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0052230				15	10	01	TO	15	10	31
PARAMETER		ANALYSIS METHOD		LAB NAME		LAB ID NUMBER²				
CBOD5		SM 2540-D		DELCORA - Central Laboratory		23-00671				
TSS		SM 2540-D		DELCORA - Central Laboratory		23-00671				
Fecal Coliform		SM 9222 D		DELCORA - Central Laboratory		23-00671				
NH3		EPA 350-1		DELCORA - Central Laboratory		23-00671				
Total Phosphorous		EPA 365.1		ALS Environmental		22-293				
Dissolved Oxygen		Meter		DELCORA- Operations Meter		23-00671				
TRC- cl2		Meter		DELCORA- Operations Meter		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

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

Michael J. DiSantis, Dir. of O&M

Date: 11/12/15

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

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



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

November 12, 2015

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for October 2015. If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully submitted,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:vm
Enclosure

cc: 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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
October 2015**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for October 2015.

Wastewater Plant

Average Daily Flow: 46,520 gallons. Peak Daily Flow: 62,400 gallons.

There were no violations during the month.

Sludge hauled: 38,000 gallons

Sodium hypochlorite delivered: 155 gallons

Sodium thiosulfate delivered: 800 pounds

Aluminum sulfate delivered: 200 gallons

The Microspring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.



December 3, 2015

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for November 2015

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for November 2015.

There were no violations during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Respectfully submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
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, December 08, 2015 3:43 PM
To: DiSantis, Michael
Subject: Original eDMR Submission 111962 Received Confirmation

eDMR System Message:

This email is sent as confirmation that Submission 111962 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: 111962
Permit Number: PA0052230
Facility Name: SPRINGHILL FARM 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: SPRINGHILL FARM STP PERMIT NUMBER: PA0052230 REGION: EP SE Rgnl Off
 PERMITTEE: SPRING HILL FARM OUTFALL: 001 COUNTY: Delaware
 WWTF ASSN CHADDS FORD CITY: CHADDS FORD
 PO BOX 756 MONITORING From: ~~2015-11-01~~ NO DISCHARGE
 CHADDS FORD, PA PERIOD: To: 2015-11-30 FROM SITE: ()
 ADDRESS: 19317

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	****	****		7.0	****	****	mg/L	0	1/day	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	****	****		Instantaneous Minimum	****	****			1/day	Grab
pH	Sample Measurement	****	****		6.6	****	8.1	S.U.	0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	****	****		Instantaneous Minimum	****	Instantaneous Maximum			1/day	Grab
Total Suspended Solids	Sample Measurement	5	****		****	12	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	25 Average Monthly	****	lbs/day	****	30 Average Monthly	****			1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	0.04	****		****	0.1	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	5.0 Average Monthly	****	lbs/day	****	6.0 Average Monthly	****			1/week	24-Hr Composite
Total Phosphorus	Sample Measurement	0.2	****		****	0.5	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00665 Stage Code: 1	Permit Requirement	1.7 Average Monthly	****	lbs/day	****	2.0 Average Monthly	****			1/week	24-Hr Composite
Flow (mgd)	Sample Measurement	0.04527	0.0579		****	****	****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	****	****			Continuous	Recorded
Total Residual Chlorine (TRC)	Sample Measurement	****	****		****	0.04	0.07	mg/L	0	1/day	Grab
Parameter Code: 50060 Stage Code: 1	Permit Requirement	****	****		****	0.06 Average Monthly	0.14 Instantaneous Maximum			1/day	Grab
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: SPRINGHILL FARM STP PERMIT NUMBER: PA0052230 REGION: EP SE Rgnl Off
 PERMITTEE: SPRING HILL FARM OUTFALL: 001 COUNTY: Delaware
 WWTF ASSN

ADDRESS: PO BOX 756 CHADDS FORD, PA 19317
 MONITORING PERIOD: From: 2015-11-01 To: 2015-11-30
 CITY: CHADDS FORD 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				
Fecal Coliform	Sample Measurement	****	****		****	20	85	CFU/100 mL	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	****	****		****	200 Average Monthly	1000 Instantaneous Maximum			1/week	Grab
CBOD5	Sample Measurement	1	****		****	3	****		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	21 Average Monthly	****	lbs/day	****	25 Average Monthly	****	mg/L		1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. 4904 (relating to unsworn falsification).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		

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

PARAMETER SPECIFIC COMMENTS:

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S) November-15
 Month:

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on September 30, 2015

Influent																Rainfall		
Date	BOD5 mg/l	TSS mg/l	pH SU	cBOD5 mg/l	cBOD5 lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1			7.4										7.6	0.02	0.02	8.9	0.05020	
2			7.6										7.4	0.04	0.04	8.1	0.03790	
3			7.6										7.2	0.01	0.01	8.4	0.03660	
4			7.8										7.6	0.04	0.04	9.1	0.04160	
5			7.4	3	1	11	4	0.1	0.04	0.4	0.2	1	7.0	0.07	0.07	7.5	0.04410	
6			7.7										7.0	0.03	0.03	7.5	0.03940	
7			7.9										7.0	0.05	0.05	8.5	0.04920	
8			8.2										8.1	0.02	0.02	7.0	0.05220	
9			8.0										7.7	0.05	0.05	8.2	0.04650	0.5
10			7.9										7.0	0.05	0.05	7.6	0.03690	0.5
11			7.7										7.3	0.06	0.01	7.0	0.04700	
12	312	214	7.9	2	1	10	4	0.1	0.04	0.7	0.2	29	7.1	0.06	0.06	7.2	0.04400	0.8
13			7.6										7.5	0.05	0.05	7.0	0.04490	
14			7.9										7.7	0.03	0.03	7.6	0.04830	
15			7.8										7.1	0.03	0.03	7.2	0.03930	
16			8.0										6.7	0.05	0.05	7.8	0.05450	
17			7.9										7.0	0.03	0.03	7.5	0.03720	
18			7.4										6.9	0.04	0.04	8.3	0.03930	
19			7.6	3	1	12	5	0.1	0.04	0.6	0.3	70	7.0	0.02	0.02	7.4	0.05270	1.6
20			7.6										7.5	0.03	0.03	7.6	0.04490	
21			7.5										7.3	0.04	0.04	8.2	0.04750	
22			8.0										7.4	0.06	0.06	8.0	0.05790	
23			7.5										6.6	0.06	0.06	8.6	0.04160	
24			7.6										7.0	0.06	0.06	9.2	0.05600	
25			7.5	2	1	15	6	0.1	0.04	0.4	0.2	85	8.0	0.07	0.07	8.6	0.04630	
26			7.8										7.2	0.05	0.05	8.5	0.03390	
27			7.9										8.1	0.03	0.03	8.3	0.04550	
28			8.0										7.8	0.02	0.02	8.2	0.05550	0.3
29			6.9										7.0	0.01	0.01	8.4	0.04610	
30			7.1										6.9	0.02	0.02	8.2	0.04210	0.7
Min													6.6			7.0		
Max												85	8.1	0.07	0.04		0.05790	
Avg:				3	1	12	5	0.1	0.04	0.5	0.2	20					0.04527	

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC

Fecal coliform is geometric mean

Telephone 610-876-5523



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>							
Address: <u>Springhill Drive</u>							
<u>Glen Mills, PA 19342</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0052230				15	11	01	TO 15 11 30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Ammonia Nitrogen	D6919-09	ALS Environmental	22-293				
Total Phosphorous	EPA 365.1	ALS Environmental	22-293				
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671				
TRC	Meter	DELCORA- Operations Meter	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: 610-876-5523Signature of Principal Executive Officer or
Authorized AgentMichael J. DiSantis, Dir. of O&MDate: 12/3/15

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

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



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

December 3, 2015

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for November 2015. If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully submitted,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosure

cc: 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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
November 2015**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for November 2015.

Wastewater Plant

Average Daily Flow: 45,270 gallons. Peak Daily Flow: 57,900 gallons.

There were no violations during the month.

Sludge hauled: 26,000 gallons

Sodium hypochlorite delivered: 173 gallons

Sodium thiosulfate delivered: 440 lbs

Aluminum sulfate delivered: 300 gallons

The Microspring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

Replaced the baffle boards in the chlorine contact tanks.



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

January 11, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for December 2015

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for December 2015.

There were no violations during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Respectfully submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
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, January 11, 2016 5:39 PM
To: DiSantis, Michael
Subject: Original Monitoring Report Submission 6715 Received Confirmation

Submitted By : Michael DiSantis
Submission Id : 6715
Submission Status : Received
Facility Name : SPRINGHILL FARM STP
Permit Number : PA0052230
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:	487351	Facility Name:	SPRINGHILL FARM STP	Location Address:	90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342
Permit Number:	PA0052230	Monitoring Period:	12/01/2015-12/31/2015	Mailing Address:	PO BOX 756, CHADDS FORD PA, 19317

PARAMETERS REPORTED VALUES

Sampling Point Parameter	Limit Type	001			Stage Code		Final Effluent		No Discharge Indicator		Sample Frequency
		Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type		
Dissolved Oxygen	Sample Measurement	***	***	***	6.8	***	***	mg/L	Grab	1/day	
	Permit Measurement	***	***	***	5.0 Inst Min	***	***	***	Grab	1/day	
pH	Sample Measurement	***	***	***	6.6	***	7.9	S.U.	Grab	1/day	
	Permit Measurement	***	***	***	6.0 Inst Min	***	9.0 IMAX	***	Grab	1/day	
Total Suspended Solids	Sample Measurement	7	***	***	***	13	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	25 Avg Mo	***	***	***	30 Avg Mo	***	***	24-Hr Composite	1/week	
Ammonia-Nitrogen	Sample Measurement	.05	***	***	***	.1	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	5.0 Avg Mo	***	***	***	6.0 Avg Mo	***	***	24-Hr Composite	1/week	
Total Phosphorus	Sample Measurement	.3	***	***	***	.6	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	1.7 Avg Mo	***	***	***	2.0 Avg Mo	***	***	24-Hr Composite	1/week	
Flow	Sample Measurement	.051	***	MGD	***	***	***	***	Recorded	Continuous	
	Permit Measurement	Monitor & Report Avg Mo	1156	***	***	***	***	***	Recorded	Continuous	
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.03	.07	mg/L	Grab	1/day	
	Permit Measurement	***	***	***	***	.06 Avg Mo	.14 IMAX	***	Grab	1/day	
Fecal Coliform	Sample Measurement	***	***	***	***	21	42	CFU/100 ml	Grab	1/week	
	Permit Measurement	***	***	***	***	200 Avg Mo	1000 IMAX	***	Grab	1/week	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	2	***	***	***	4	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	21 Avg Mo	***	***	***	25 Avg Mo	***	***	24-Hr Composite	1/week	
Facility Comments											

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett, December 2015.doc	Cover Letter	2016-01-11T17:37:23-05:00	
Cryptographic Hash Value of File (SHA-512)	ADE321666651663A086680E8B81E50893A8A95AEB1D66506D6410BDD00FA968D6B9E626F3865B8006E5198E7928D4EF747BFF6C0D9D70DCBBBC69476B81840BC		
Springhill DMR lab accred. December 2015.doc	Laboratory Accreditation Form	2016-01-11T17:37:45-05:00	
Cryptographic Hash Value of File (SHA-512)	9BD268C50F4347584DD0EB2070C549D2FA523CD9C77AC381E8F4C61B47E5512687225E5CC70E654537B7F4EA073196718B8CAE4809B38E480C2F2C396565836		
Springhill Farms supp. s. form December 2015.xls	Daily Effluent Monitoring Form	2016-01-11T17:38:04-05:00	
Cryptographic Hash Value of File (SHA-512)	A41AE7D1D2D9A917AD466F22288E7E2BEA6C133204D56C8E56CD5B08DB04FC0812D3E4F9B5B3C4EA552070A3A93955BA95DCDB9D5659AC564D367EC0E70E8E75		

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	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	TD403	6108765523

SUBMISSION INFORMATION	
*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 GreenPort User	DISANTISM
Email Address	disantism@delcora.org
Submitted By Full Name	Michael DiSantis
Document Generated	1/11/2016

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S) **December-15**
 Month:

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on September 30, 2015

Influent		Effluent														Rainfall		
Date	BOD5 mg/l	TSS mg/l	pH SU	cBOD5 mg/l	cBOD5 lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1			7.4										7.1	0.07	0.07	8.4	0.04440	0.8
2			7.7										7.4	0.03	0.03	6.8	0.05000	0.3
3			7.4	3	1	10	4	0.1	0.04	0.6	0.2	34	7.3	0.04	0.04	8.4	0.04380	
4			7.2										7.1	0.02	0.02	8.4	0.03890	
5			7.8										7.6	0.04	0.04	8.5	0.04300	
6			7.9										7.7	0.01	0.01	8.7	0.04350	
7			8.0										7.4	0.01	0.01	8.5	0.03690	
8			7.6										6.9	0.06	0.06	8.9	0.04540	
9			6.9										6.6	0.00	0.00	8.6	0.04030	
10	285	212	7.5	5	2	17	7	0.1	0.04	0.4	0.2	23	7.0	0.05	0.05	9.4	0.04860	
11			7.7										7.5	0.03	0.03	9.0	0.04570	
12			7.5										7.6	0.04	0.04	8.9	0.04840	
13			7.5										7.4	0.04	0.04	8.3	0.04960	
14			7.0										7.1	0.00	0.00	8.0	0.04450	0.3
15			6.9										6.7	0.00	0.00	8.0	0.04300	
16			7.6										7.8	0.00	0.00	7.9	0.04820	
17			7.2	3	1	13	6	0.1	0.04	0.6	0.2	4	6.7	0.00	0.00	7.7	0.05120	1.2
18			7.5										7.4	0.01	0.01	7.7	0.03980	
19			7.5										7.4	0.01	0.01	8.0	0.04990	
20			7.0										6.8	0.06	0.06	8.6	0.06620	
21			8.7										7.0	0.07	0.07	8.5	0.04900	
22			7.4										7.4	0.07	0.07	9.0	0.07555	0.1
23			7.1	4	4	15	14	0.1	0.10	0.7	0.7	42	7.1	0.00	0.00	8.4	0.11560	1.3
24			7.3										7.3	0.05	0.05	7.7	0.06290	0.3
25			7.7										7.6	0.01	0.01	7.5	0.03150	0.4
26			7.9										7.8	0.05	0.05	7.7	0.04150	0.2
27			7.4										7.2	0.05	0.05	7.4	0.04810	
28			7.5										7.5	0.04	0.04	6.9	0.04430	0.8
29			7.5										7.9	0.00	0.00	7.4	0.06360	0.3
30			7.4										7.3	0.02	0.02	7.6	0.06220	0.4
31			7.3	3	2	12	7	0.1	0.05	0.5	0.3	28	7.4	0.01	0.01	8.1	0.06530	
Min													6.6			6.8		
Max													7.9				0.11560	
Avg:				4	2	13	7	0.1	0.05	0.6	0.3	21		0.07	0.03		0.05100	

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC Telephone 610-876-5523

Fecal coliform is geometric mean



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>										
Address: <u>Springhill Drive</u>										
<u>Glen Mills, PA 19342</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0052230				15	12	01	TO	15	12	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Ammonia Nitrogen	D6919-09	ALS Environmental	22-293							
Total Phosphorous	EPA 365.1	ALS Environmental	22-293							
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671							
TRC	Meter	DELCORA- Operations Meter	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: 610-876-5523Signature of Principal Executive Officer or
Authorized AgentMichael J. DiSantis, Dir. of Q&MDate: 1/5/16

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

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



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

January 11, 2016

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for December 2015. If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully submitted,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosure

cc: 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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
December 2015**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for December 2015.

Wastewater Plant

Average Daily Flow: 51,000 gallons. Peak Daily Flow: 115,600 gallons.

There were no violations during the month.

Sludge hauled: 32,200 gallons

Sodium hypochlorite delivered: 170 gallons

Aluminum sulfate delivered: 170 gallons

The Microspring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.



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

February 12, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for January 2016

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for January 2016.

There were no violations during the reporting period. However, due to issues with the effluent flow meter, the monthly average flow was used to report the data for January 1st through January 7th. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Respectfully submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
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, February 11, 2016 1:14 PM
To: DiSantis, Michael
Subject: Original Monitoring Report Submission 9926 Received Confirmation

Submitted By : Michael DiSantis
Submission Id : 9926
Submission Status : Received
Facility Name : SPRINGHILL FARM STP
Permit Number : PA0052230
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)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett. January 2016.doc	Cover Letter	2016-02-11T13:09:37-05:00	
Cryptographic Hash Value of File (SHA-512)	16CCDDA1212D901EFAAFBC02EE3B56E535FDB5CD8A691DEA5B1FE09F042255BB8CC290F1E4EB6B9E2F9BF420FCE659675FC56E02D5D769F331E74F1150DEAF9ED		
Springhill DMR lab accred. January 2016.doc	Laboratory Accreditation Form	2016-02-11T13:10:00-05:00	
Cryptographic Hash Value of File (SHA-512)	288FF6032374E4542C59D1944A3B910D9CA8994FE8E23FE5C0286CD87D1A58913AF7FDA4210043662D180E946E6273120B2FC8492504A5F984BDEDE4EF137A0A		
Springhill Farms supp. s. form January 2016.xls	Daily Effluent Monitoring Form	2016-02-11T13:10:21-05:00	
Cryptographic Hash Value of File (SHA-512)	DA7C76AD4459925CA15499D3C36F209C9518A095B60F1572C438E2441E1525ABB0D5D998E7E825B13C5C01134EEE1C7B08B0A6BFFB2A7825E51A82E6388F19BB		

**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	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
Used monthly average effluent flow data January 1 through January 7 due issues with effluent flow meter.	Michael J. DiSantis	T0403	6108765523

SUBMISSION INFORMATION
 *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 GreenPort User	DISANTISM	Submitted By Full Name	Michael DiSantis
Email Address	disantism@delcora.org	Document Generated	2/11/2016

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S) January-16
 Month:

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342

This permit will EXPIRE on December 31, 2020

Influent																Rainfall						
Date	BOD5 mg/l	TSS mg/l	pH SU	cBOD5 mg/l	cBOD5 lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	TN mg/L	Cu mg/L	TDS mg/L	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches	
1			7.6														7.8	0.03	0.03	8.1	0.06870	
2			7.8														7.3	0.06	0.06	8.6	0.06870	
3			7.0														7.1	0.02	0.02	9.1	0.06870	
4			7.0														7.0	0.02	0.02	9.1	0.06870	
5			7.7														7.3	0.04	0.04	9.1	0.06870	
6			7.6														8.1	0.04	0.04	10.2	0.06870	
7			8.0	2	1.1	21	12	0.1	0.06	1.1	0.6	12	28.9				7.5	0.02	0.02	10.7	0.06870	
8			7.7														7.9	0.02	0.02	9.6	0.06650	
9			7.5														7.4	0.01	0.01	9.7	0.08400	1.2
10			7.4														6.7	0.05	0.05	8.4	0.08160	
11			7.3														7.7	0.01	0.01	9.5	0.06760	
12			7.6														7.8	0.02	0.02	9.9	0.05020	
13			7.8														7.2	0.05	0.05	9.3	0.05940	
14	348	192	7.9	3	2.3	16	12	0.1	0.08	0.7	0.5	50	24.6	0.022	504		7.5	0.03	0.03	9.2	0.09130	
15			8.8														6.5	0.07	0.07	8.6	0.07000	0.4
16			7.2														7.2	0.02	0.02	8.6	0.06620	
17			7.4														7.3	0.05	0.05	8.9	0.04800	
18			8.0														7.8	0.04	0.04	7.2	0.04750	
19			7.8														8.1	0.00	0.00	7.5	0.04030	
20			7.2														7.4	0.01	0.01	8.4	0.02900	
21			7.8	3	1.3	18	8	0.1	0.04	1.1	0.5	33	27.8				7.2	0.03	0.03	8.4	0.05330	
22			6.7														6.3	0.06	0.06	8.4	0.05070	Snow
23			7.2														7.0	0.01	0.01	8.3	0.13080	Snow
24			7.5														7.1	0.10	0.10	8.4	0.07470	Snow
25			8.0														7.9	0.01	0.01	10.1	0.04060	
26			7.5														7.0	0.02	0.02	10.0	0.07730	
27			6.6														6.0	0.05	0.05	10.5	0.07650	
28			7.2	2	1.7	21	18	0.4	0.36	0.8	0.7	27	28.0				7.1	0.07	0.07	10.3	0.10400	
29			7.1														7.1	0.06	0.06	10.0	0.09350	
30			7.6														6.7	0.03	0.03	9.8	0.08890	
31			7.3														6.8	0.01	0.01	9.7	0.05790	
Min																	6.0			7.2		
Max																	8.1	0.10			0.13080	
Avg:				3	2	19	13	0.2	0.14	0.9	0.6	27	27.3	0.022	504		8.1	0.03		0.06873		

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC

Fecal coliform is geometric mean

Telephone 610-876-5523



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>										
Address: <u>Springhill Drive</u>										
<u>Glen Mills, PA 19342</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0052230				16	1	01	TO	16	1	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Ammonia Nitrogen	D6919-09	ALS Environmental	22-293							
TDS	S2540C-11	ALS Environmental	22-293							
Total Phosphorous	EPA 365.1	ALS Environmental	22-293							
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671							
TRC & pH	Meter	DELCORA- Operations Meter	23-00671							
TKN	S4500NH3G-11	DELCORA- Operations Meter	23-00671							
Total Copper	EPA 200.7	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
Nitrite + Nitrate	EPA 353.2	ALS Environmental	22-293							

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

Name/Title Principal Executive Officer

Phone: 610-876-5523

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

Michael J. DiSantis, Dir. of O&M

Date: 2/2/16

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

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



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

February 11, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for 1Q 2016

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for the first quarter of 2016.

There were no violations during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Respectfully submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
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, February 11, 2016 1:20 PM
To: DiSantis, Michael
Subject: Original Monitoring Report Submission 9927 Received Confirmation

Submitted By : Michael DiSantis
Submission Id : 9927
Submission Status : Received
Facility Name : SPRINGHILL FARM STP
Permit Number : PA0052230
Report Type : Quarterly
Monitoring Report Period : 01/01/2016-03/31/2016
Monitoring Report Due Date : 04/28/2016

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

HEADER INFORMATION	
Facility ID: 487351	Facility Name: SPRINGHILL FARM STP
Permit Number: PA0052230	Monitoring Period: 01/01/2016-03/31/2016
Location Address: 90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342	Mailing Address: PO BOX 756, CHADDS FORD PA, 19317

PARAMETERS REPORTED VALUES												
Sampling Point	Parameter	Limit Type	001			Stage Code			Final Effluent			N
			Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency	
Copper, Total	Sample Measurement		***	***	***	***	.022	***	***	***	mg/L	1/quarter
	Permit Measurement		***	***	***	***	Monitor & Report Daily Max	***	***	***	mg/L	1/quarter
Total Dissolved Solids	Sample Measurement		***	***	***	***	504	***	***	***	mg/L	1/quarter
	Permit Measurement		***	***	***	***	Monitor & Report Daily Max	***	***	***	mg/L	1/quarter

Facility Comments

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett. 1Q 2016.doc	Cover Letter	2016-02-11T13:18:15-05:00	
Cryptographic Hash Value of File (SHA-512)	567E8C1CB096DAC99F633C172BBA917B0087D36677CA73019C8BDDCA39A28A6177E47EA738D24EB46674E2689684366E5876F8A726899C40339A26987E687FD963		
Springhill DMR lab accred. January 2016.doc	Laboratory Accreditation Form	2016-02-11T13:18:41-05:00	
Cryptographic Hash Value of File (SHA-512)	288FF6032374E4542C55D194A39910D9CA8984BE8B23FE5C0289CC0B7D7A68013AF7DA4210043682D160E946E52737120B2FC3492504A679B4BEDE4EF137ADA		
Springhill Farms supp. s. form January 2016.xls	Daily Effluent Monitoring Form	2016-02-11T13:19:01-05:00	
Cryptographic Hash Value of File (SHA-512)	7FDA48E8E82B9928AF4F3B0EA7BD1C79760B71943F16349F2CEDE603EB09761F8D58C580AE9D5B8FD113138A483C7F0A27311D8DDAC0191B403CAF93138FAD5		

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	Comments

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

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORMATION
 *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 GreenPort User	DISANTISM	Submitted By Full Name	Michael DiSantis
Email Address	disantism@delcoora.org	Document Generated	2/11/2016

Operator Name	Michael J. DiSantis	Operator Certification Number	70403	Operator Contact Number	6108765523
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DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY
P.O. Box 999 • Chester, PA 19016-0999

February 12, 2016

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for January 2016. If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully submitted,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosure

cc: 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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
January 2016**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for January 2016.

Wastewater Plant

Average Daily Flow: 68,730 gallons. Peak Daily Flow: 130,800 gallons.

There were no violations during the month.

Sludge hauled: 36,800 gallons

10 bags of sodium thiosulfate was delivered

Aluminum sulfate delivered: 240 gallons

The Microspring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

On January 24th, a snow plow employed by the HOA plowed snow inside the facility. The plow pushed a snow pile over the main electrical connection to the effluent final pumps and the corresponding control wiring. It was necessary for the DELCORA emergency crew to be called to make needed temporary repairs. The permanent repairs were completed later that week.



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

March 11, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for February 2016

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for February 2016.

There were no violations during the reporting period. On 2/27, it was found that the effluent pumps discharge line was blocked. Subsequent investigation and work determined that there was a collapse in the line which was then repaired. During the period (2/27-3/1) that effluent could not be discharged, 197,000 gallons of influent sewage was hauled to other facilities for treatment. Once repaired, normal operation resumed. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Respectfully submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:vm
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
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: Friday, March 11, 2016 1:25 PM
To: DiSantis, Michael
Subject: Original Monitoring Report Submission 14058 Received Confirmation

Submitted By : Michael DiSantis
Submission Id : 14058
Submission Status : Received
Facility Name : SPRINGHILL FARM STP
Permit Number : PA0052230
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:	487351	Facility Name:	SPRINGHILL FARM STP	Location Address:	90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342
Permit Number:	PA005230	Monitoring Period:	02/01/2015-02/28/2015	Mailing Address:	PO BOX 756, CHADDS FORD PA, 19317

PARAMETERS REPORTED VALUES

Parameter	Limit Type	001			Stage Code	Final Effluent			No Discharge Indicator		Sample Frequency
		Lead 1	Lead 2	Units		Conc 1	Conc 2	Conc 3	Sample Type	N	
Dissolved Oxygen	Sample Measurement	***	***	6.9	***	***	***	mg/L	Grab	1/day	
	Permit Measurement	***	***	Inst Min	***	***	***		Grab	1/day	
pH	Sample Measurement	***	***	6.3	***	***	8.0	\$,U.	Grab	1/day	
	Permit Measurement	***	***	Inst Min	***	***	IMAX		Grab	1/day	
Total Suspended Solids	Sample Measurement	11	***	lbs/day	***	19	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	Avg Mo	***	***	***	30	***	mg/L	24-Hr Composite	1/week	
Total Nitrogen	Sample Measurement	***	***	***	***	25.2	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	***	***	***	***	Monitor & Report Avg Mo	***	mg/L	24-Hr Composite	1/week	
Ammonia-Nitrogen	Sample Measurement	3.2	***	lbs/day	***	3.8	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	Avg Mo	***	***	***	6.0	***	mg/L	24-Hr Composite	1/week	
Total Phosphorus	Sample Measurement	.5	***	lbs/day	***	.8	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	Avg Mo	***	***	***	2.0	***	mg/L	24-Hr Composite	1/week	
Flow	Sample Measurement	.05106	.0893	MGD	***	***	***	***	Recorded	Continuous	
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max	***	***	***	***	***	Recorded	Continuous	
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.02	.05	mg/L	Grab	1/day	
	Permit Measurement	***	***	***	***	.06	.14	mg/L	Grab	1/day	
Fecal Coliform	Sample Measurement	***	***	***	***	9	110	CFU/100 ml	Grab	1/week	
	Permit Measurement	***	***	***	***	200	1000	CFU/100 ml	Grab	1/week	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	4	***	lbs/day	***	7	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	Avg Mo	***	***	***	25	***	mg/L	24-Hr Composite	1/week	
Facility Comments											

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett. February 2016.doc	Cover Letter	2016-03-11T13:18:46-05:00	
Cryptographic Hash Value of File (SHA-512)	D3039A2B2850A6A8440F5D7A8B1CFA4643078C330CED35A5673B94906F3AAE32C2179BF49C0D2BE699B4CD039F6788430D8FDEC990F9CD3F026739A6ACFF38B1		
Springhill DMR lab accred. February 2016.doc	Laboratory Accreditation Form	2016-03-11T13:19:10-05:00	
Cryptographic Hash Value of File (SHA-512)	5B99204BFD5D4D4C8F3F5F28066B78B3FD76BC1C05583F1BD81CDE43FC78965809E32C05DCFD83E14BC3B976A6968E622CD61EAF04C52AAD3A0A830D7C11517		
Springhill Farm Solids Disposal Form Feb 2016.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-03-11T13:19:31-05:00	
Cryptographic Hash Value of File (SHA-512)	4507C933BDE385D8D8719C7761E81D0C0D7BC979AA075E271FBABAEEF73D11D314DFD3D456D65806CE7F31DD07E120614D08F7598AC8FED1567A2EC730CDA8925		
Springhill Farms supp. s. form February 2016.xls	Daily Effluent Monitoring Form	2016-03-11T13:20:06-05:00	
Cryptographic Hash Value of File (SHA-512)	B86FEF9DA072453F7B2021280ABFD524ACB658EC02FDC32286872AB8FD5A329ECD570C5E2A695E57A7739F9ACA48322BCFC8356F68727345B2D45D20D7E8B		

**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
There was no effluent discharge on 2/28 and 2/29 due to a collapse in the effluent pump discharge line. Influent flow was halted to other treatment facilities until the repair was made and normal operation resumed.	Michael J. DiSantis	TD403	6108765523

SUBMISSION INFORMATION	
*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 GreenPort User	DISANTISM
Email Address	disantism@delcora.org
Submitted By Full Name	Michael DiSantis
Document Generated	3/11/2016

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S) **February-16**
 Month:

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on December 31, 2020

Date	Influent													Rainfall Inches					
	BOD5 mg/l	TSS mg/l	cBOD5 mg/l	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	TN mg/L	Cu mg/L	TDS mg/L		pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD
1														7.1	0.01	0.01	8.2	0.04500	0.8
2														8.0	0.02	0.02	8.3	0.05240	
3														6.9	0.00	0.00	8.9	0.06320	0.9
4			5	22	15	6.2	4.1	0.8	0.5	1	23.0			7.3	0.04	0.04	8.2	0.07940	0.8
5														6.8	0.00	0.00	9.2	0.05990	
6														6.5	0.00	0.00	8.5	0.05480	
7														7.6	0.01	0.01	8.2	0.05430	
8														7.5	0.02	0.02	9.3	0.04480	
9														7.5	0.01	0.01	9.3	0.04050	
10														7.4	0.02	0.02	9.3	0.03930	
11	256	226	6	12	5	3.8	1.7	0.6	0.3	17	30.1			7.4	0.04	0.04	9.4	0.05350	
12														7.6	0.00	0.00	10.2	0.04510	
13														7.4	0.04	0.04	10.0	0.05310	
14														7.5	0.02	0.02	8.4	0.04950	
15														7.3	0.02	0.02	8.9	0.04770	1.2
16														7.1	0.02	0.02	9.3	0.05600	1.0
17														7.6	0.05	0.05	9.2	0.05520	
18			7	17	8	2.3	1.1	0.7	0.3	4	24.9			7.7	0.01	0.01	9.6	0.05830	
19														6.7	0.03	0.03	11.1	0.05030	
20														6.3	0.01	0.01	10.0	0.05340	
21														7.0	0.01	0.01	9.0	0.06060	
22														7.2	0.01	0.01	10.2	0.04910	
23														7.1	0.02	0.02	6.8	0.08930	0.6
24														7.1	0.03	0.03	8.2	0.06970	1.4
25			9	23	16	2.7	1.9	1.1	0.8	110	22.6			7.1	0.01	0.01	8.0	0.08470	0.2
26														7.3	0.03	0.03	8.5	0.05930	
27														7.4	0.02	0.02	8.3	0.01240	
28																		0.00000	
29																		0.00000	
Min														6.3			6.8	0.08930	
Max										110	25.2	0.000	0	8.0	0.05			0.05106	
Avg:			7	19	11	3.8	2.2	0.8	0.5	9	30.1					0.02			

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC

Fecal coliform is geometric mean

Telephone 610-876-5523



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>							
Address: <u>Springhill Drive</u>							
<u>Glen Mills, PA 19342</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0052230				16	2	01	TO 16 2 29
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Ammonia Nitrogen	D6919-09	ALS Environmental	22-293				
TDS	S2540C-11	ALS Environmental	22-293				
Total Phosphorous	EPA 365.1	ALS Environmental	22-293				
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671				
TRC & pH	Meter	DELCORA- Operations Meter	23-00671				
TKN	S4500NH3G-11	DELCORA- Operations Meter	23-00671				
Total Copper	EPA 200.7	ALS Environmental	22-293				
Total Nitrogen	Calculation	ALS Environmental	22-293				
Nitrite + Nitrate	EPA 300.0	ALS Environmental	22-293				

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

Name/Title Principal Executive Officer

Phone: 610-876-5523

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

Michael J. DiSantis, Dir. of O&M

Date: 3/3/16

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

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



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

March 11, 2016

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for February 2016. If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully submitted,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:vm
Enclosure

cc: 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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
February 2016**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for February 2016.

Wastewater Plant

Average Daily Flow: 51,060 gallons. Peak Daily Flow: 89,300 gallons.

There were no violations during the month.

Sludge hauled: 37,800 gallons

10 bags of sodium thiosulfate were delivered

Aluminum sulfate delivered: 155 gallons

The Microspring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

Repaired air lance for chlorine contact tank.

On 2/27, it was found that no flow was getting through the effluent pumps discharge line. After determining that there was no issue with the pumps, the effort was placed on trying to clear the line through high pressure cleaning. This effort was also not successful. Due to the absence of accurate drawings, a utility locator was called in to find the line. Once the line was marked, a break in the line was found and repaired. We were also able to televise and clean the majority of the line. Over the four days that this activity took place, 197,000 gallons of plant influent was hauled to other facilities for treatment. Once the line was repaired, normal plant operation resumed.



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

April 7, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for March 2016

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for March 2016.

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

Respectfully submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:vm
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
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: Friday, April 08, 2016 11:14 AM
To: DiSantis, Michael
Subject: Original Monitoring Report Submission 15987 Received Confirmation

Submitted By : Michael DiSantis
Submission Id : 15987
Submission Status : Received
Facility Name : SPRINGHILL FARM STP
Permit Number : PA0052230
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: 487351	Facility Name: SPRINGHILL FARM STP
Permit Number: PA0052230	Monitoring Period: 03/01/2016-03/31/2016
	Location Address: 80 SPRINGHILL DRIVE, CHADDS FORD PA, 19342
	Mailing Address: PO BOX 756, CHADDS FORD PA, 19317

PARAMETERS REPORTED VALUES

Parameter	Limit Type	Stage Code			Final Effluent			No Discharge Indicator		N
		Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Sample Type	Sample Frequency	
Dissolved Oxygen	Sample Measurement	***	***	***	6.8	***	***	Grab	1/day	
	Permit Measurement	***	***	***	5.0 Inst Min	***	***	Grab	1/day	
pH	Sample Measurement	***	***	***	6.0	***	7.7	Grab	1/day	
	Permit Measurement	***	***	***	6.0 Inst Min	***	9.0 IMAX	Grab	1/day	
Total Suspended Solids	Sample Measurement	8	***	***	***	20	***	24-Hr Composite	1/week	
	Permit Measurement	25 Avg Mo	***	***	***	30 Avg Mo	***	24-Hr Composite	1/week	
Total Nitrogen	Sample Measurement	***	***	***	***	25.0	***	24-Hr Composite	1/week	
	Permit Measurement	***	***	***	***	Monitor & Report Avg Mo	***	24-Hr Composite	1/week	
Ammonia-Nitrogen	Sample Measurement	3	***	***	***	6.0	***	24-Hr Composite	1/week	
	Permit Measurement	5.0 Avg Mo	***	***	***	1.0	***	24-Hr Composite	1/week	
Total Phosphorus	Sample Measurement	4	***	***	***	1.1	***	24-Hr Composite	1/week	
	Permit Measurement	1.7 Avg Mo	***	***	***	2.0	***	24-Hr Composite	1/week	
Flow	Sample Measurement	.04839	.0706	MGD	***	***	***	Recorded	Continuous	
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max	***	***	***	***	Recorded	Continuous	
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.03	.07	Grab	1/day	
	Permit Measurement	***	***	***	***	.06 Avg Mo	.14 IMAX	Grab	1/day	
Fecal Coliform	Sample Measurement	***	***	***	***	42	510	Grab	1/week	
	Permit Measurement	***	***	***	***	200 Avg Mo	1000 IMAX	Grab	1/week	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	2	***	***	***	5	***	24-Hr Composite	1/week	
	Permit Measurement	21 Avg Mo	***	***	***	25 Avg Mo	***	24-Hr Composite	1/week	
Facility Comments										

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett. March 2016.doc	Cover Letter	2016-04-08T11:12:34-04:00	
Cryptographic Hash Value of File (SHA-512)	11653066BBEF3B78802D4E843214BE58968324DD866E2ABAB1D8B0BA2B2903FD7357CC27564EF9B54840893AA5C27F74017BA39B7117514DC8499013709698		
Springhill Farm Supp S form March 2016.xls	Daily Effluent Monitoring Form	2016-04-08T11:13:55-04:00	
Cryptographic Hash Value of File (SHA-512)	00AD667151FF5389A26A98C15CEB3A0A5A9A0005A88118F8858E7AA1F087454B695CB64B81BADFFCCBDD576C7FBA66816B30F0B28F9AE944563BB885B570FEC62		
Springhill DMR lab accred. March 2016.doc	Laboratory Accreditation Form	2016-04-08T11:12:58-04:00	
Cryptographic Hash Value of File (SHA-512)	DE6B349D936FFCEE7E456D803D3776A77127FDFE445670E9EDC5D87B1B84B97235FDB9DCF82E901CEDAB6C38F5D37A8C34C8FBA387DEEA0970A1130012DC6705		
Springhill Farm Influent and Process Control Form March 2016.xls	Influent and Process Control Form	2016-04-08T11:13:19-04:00	
Cryptographic Hash Value of File (SHA-512)	64D93C45A380B2E89D17BAE8347033902FEEC9C8D6810B7ADFBAGDE815E425BBDD03D1132AF6F887E296624AA46CF30C97DEC784FD3A76FC1729817C276882C1B		
Springhill Farm Solids Disposal Form Mar 2016.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-04-08T11:13:40-04:00	
Cryptographic Hash Value of File (SHA-512)	80C002A8416C4A5E62406194E38B476DDC3D2F6C68936F8BFCE37E3D901EF2BA23C3CE05A6DA6EE38A12E6529EFE28F132DC9F91D13AFF57046514FA9407F6AC0		

**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									
Submitted By GreenPort User	DISANTISM	Submitted By Full Name	Document Generated						
	disantism@delcora.org	Michael DiSantis	4/8/2016						

*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).

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

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)

Month:

March-16

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on December 31, 2020

Influent																Rainfall				
Date	BOD5 mg/l	TSS mg/l	cBOD5 mg/l	cBOD5 lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	TN mg/L	Cu mg/L	TDS mg/L	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1															6.7	0.00	0.00	9.1	0.02750	0.3
2															6.9	0.02	0.02	9.8	0.04250	
3			8	3	51	17	4.3	1.4	2.3	0.8	510	34.9			7.3	0.01	0.01	12.3	0.03990	
4															7.1	0.02	0.02	13.3	0.04890	
5															6.0	0.06	0.06	9.4	0.05130	
6															7.1	0.02	0.02	9.0	0.05570	
7															7.7	0.02	0.02	8.9	0.05540	
8															7.2	0.02	0.02	8.7	0.04160	
9															6.8	0.02	0.02	9.2	0.03810	
10	230	174	6	3	20	10	0.2	0.1	1.1	0.6	270	24.0			7.2	0.03	0.03	9.6	0.06160	
11															7.2	0.03	0.03	9.0	0.05250	
12															7.1	0.01	0.01	8.2	0.05410	
13															7.3	0.03	0.03	7.4	0.03820	1.1
14															7.3	0.03	0.03	7.4	0.07060	0.3
15															7.3	0.01	0.01	6.8	0.04140	
16															7.5	0.05	0.05	7.8	0.05590	
17			3	1	8	4	0.2	0.1	0.6	0.3	5	20.0			7.2	0.01	0.01	8.6	0.05280	
18															6.7	0.00	0.00	8.4	0.04550	
19															6.6	0.03	0.03	8.4	0.05660	
20															7.3	0.03	0.03	7.8	0.05340	0.3
21															7.5	0.01	0.01	7.5	0.03970	
22															7.4	0.07	0.07	7.5	0.04370	
23															7.1	0.03	0.03	8.1	0.04830	
24			4	2	11	6	0.1	0.1	0.7	0.4	35	26.8			7.0	0.01	0.01	7.8	0.06190	
25															7.2	0.00	0.00	7.5	0.05270	
26															6.7	0.02	0.02	7.5	0.05280	
27															7.0	0.06	0.06	7.6	0.03170	0.5
28															7.3	0.06	0.06	9.9	0.04920	
29															6.9	0.05	0.05	8.2	0.05430	
30															7.2	0.02	0.02	7.7	0.03370	
31			5	2	8	4	0.1	0.04	0.6	0.2	5	19.1			7.2	0.07	0.07	7.7	0.04860	
Min															6.0			6.8		
Max													0.000	0	7.7	0.07	0.03		0.07060	
Avg:			5	2	20	8	1.0	0.3	1.1	0.4	510	25.0			7.7	0.07	0.03		0.04839	

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC

Fecal coliform is geometric mean

Telephone 610-876-5523



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>										
Address: <u>Springhill Drive</u>										
<u>Glen Mills, PA 19342</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0052230				16	3	01	TO	16	3	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Ammonia Nitrogen	D6919-09	ALS Environmental	22-293							
TDS	S2540C-11	ALS Environmental	22-293							
Total Phosphorous	EPA 365.1	ALS Environmental	22-293							
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671							
TRC & pH	Meter	DELCORA- Operations Meter	23-00671							
TKN	S4500NH3G-11	DELCORA- Operations Meter	23-00671							
Total Copper	EPA 200.7	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
Nitrite + Nitrate	EPA 300.0	ALS Environmental	22-293							

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

Name/Title Principal Executive Officer

Phone: 610-876-5523

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

Michael J. DiSantis, Dir. of O&M

Date: 4/5/16

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

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



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

Facility Name: Spring Hill Farm STP Month: March Year: 2016
 Municipality: Chadds Ford Township County: Delaware NPDES Permit No.: PA00522230
 Watershed: 3-G Renewal application due 180 days prior to expiration
 This permit will expire on: December 31, 2020

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

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

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site		Dewatered Sewage Sludge/Biosolids Hauled Off-site		Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	Dry Tons	Tons Dewatered	% Solids	Dry Tons	% Solids	Dry Tons
	58,800	0.000					
TOTAL:							

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

Site Name	DELCORA STP		
Municipality	Chester City		
County	Delaware		
DEP Permit No.	PA0027103		
Type of Material*	liquid		
Dry Tons Applied/Disposed	Incineration		
Type of Disposal/Use*	McGovern		
Hauler Name			
TOTAL:			

* See Instructions for explanation.

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

Prepared By: Michael J. DiSantis License No.: T0403
 Title: Dir. of Operations and Maintenance Date: April 7, 2016



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

3800-FM-BPNPMS0436 3/2012

Facility Name: Springhill Farm STP
 Municipality: Chadds Ford Township County: Delaware
 Watershed: 3-G

Month: March Year: 2016
 NPDES Permit No.: PA0052230
 Renewal application due 180 days prior to expiration.
 This permit will expire on: December 31, 2020

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1							9.2	1,725.0		
2							9.0	4,500.0		
3						1,940.0	8.1	2,250.0		
4							7.9	1,200.0		
5						1,750.0	6.3	1,500.0		
6							4.1	1,050.0		
7						2,220.0	3.7	1,050.0		
8							2.9	1,725.0		
9							3.9	1,725.0		
10						2,440.0	4.2	1,725.0		
11							2.8	2,250.0		
12						2,630.0	2.6	1,875.0		
13							2.3	3,750.0		
14						2,870.0	3.5	1,500.0		
15							3.2	3,375.0		
16							3.3	2,250.0		
17						2,130.0	3.4	1,500.0		
18							3.7	1,500.0		
19						2,240.0	4.2	1,500.0		
20							3.1	1,275.0		
21						2,830.0	3.4	1,275.0		
22							4.4	3,375.0		
23							4.6	1,875.0		
24						2,640.0	3.7	1,125.0		
25							2.0	3,000.0		
26						2,440.0	2.1	4,125.0		
27							1.5	2,850.0		
28						3,060.0	2.8	2,250.0		
29							3.5	4,500.0		
30							4.8	2,250.0		
31						2,670.0	5.5	1,350.0		
Avg						2,451	4	2,168		
Max						3,060	9	4,500		

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: 4/6/2016



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

April 7, 2016

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for March 2016. If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully submitted,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:vm
Enclosure

cc: 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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
March 2016**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for March 2016.

Wastewater Plant

Average Daily Flow: 48,390 gallons. Peak Daily Flow: 70,600 gallons.

There were no violations during the month.

Sludge hauled: 58,800 gallons

Sodium thiosulfate were delivered: 10 bags

Aluminum sulfate delivered: 155 gallons

Sodium hypochlorite delivered: 212 gallons

The Microspring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

On March 14, the #1 clarifier discharge line was blocked. The Sewer Maintenance crew was dispatched to jet the line and remove the obstruction. The line from the #2 clarifier and the combined discharge line were also cleaned.

Installed a new effluent pump.



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

May 9, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for April 2016

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for April 2016. There were no violations during the month.

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

Respectfully submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
File

ADMINISTRATION

610-876-5523
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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, May 10, 2016 5:06 PM
To: DiSantis, Michael
Subject: Original Monitoring Report Submission 18656 Received Confirmation

Submitted By : Michael DiSantis
Submission Id : 18656
Submission Status : Received
Facility Name : SPRINGHILL FARM STP
Permit Number : PA0052230
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:	487351	Facility Name:	SPRINGHILL FARM STP
Permit Number:	PA0052230	Monitoring Period:	04/01/2016-04/30/2016
Location Address:	90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342		
Mailing Address:	PO BOX 756, CHADDS FORD PA, 19317		

Sampling Point Parameter	Limit Type	001			Stage Code			Final Effluent			No Discharge Indicator		N
		Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency			
Dissolved Oxygen	Sample Measurement	***	***	***	6.8	***	***	mg/L	***	***	1/day	1/day	
	Permit Measurement	***	***	***	Inst Min	***	***		***	***	1/day	1/day	
pH	Sample Measurement	***	***	***	6.4	***	***	S.U.	8.0	***	1/day	1/day	
	Permit Measurement	***	***	***	Inst Min	***	***		9.0 IMAX	***	1/day	1/day	
Total Suspended Solids	Sample Measurement	3	***	***	***	***	***	lbs/day	6	***	1week	1week	
	Permit Measurement	25 Avg Mo	***	***	***	30 Avg Mo	***		19.7 Avg Mo	***	1week	1week	
Total Nitrogen	Sample Measurement	***	***	***	***	***	***	mg/L	***	***	1week	1week	
	Permit Measurement	***	***	***	***	***	***		Monitor & Report Avg Mo	***	1week	1week	
Ammonia-Nitrogen	Sample Measurement	.04	***	***	***	***	***	mg/L	.1	***	1week	1week	
	Permit Measurement	5.0 Avg Mo	***	***	***	6.0 Avg Mo	***		6.0 Avg Mo	***	1week	1week	
Total Phosphorus	Sample Measurement	2	***	***	***	***	***	mg/L	.5	***	1week	1week	
	Permit Measurement	1.7 Avg Mo	***	***	***	2.0 Avg Mo	***		2.0 Avg Mo	***	1week	1week	
Flow	Sample Measurement	.04776	***	***	***	***	***	MGD	***	***	Continuous	Continuous	
	Permit Measurement	Monitor & Report Avg Mo	***	***	***	***	***		Monitor & Report Daily Max	***	Continuous	Continuous	
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	***	***	mg/L	.03	***	1/day	1/day	
	Permit Measurement	***	***	***	***	***	***		.06 Avg Mo	***	1/day	1/day	
Fecal Coliform	Sample Measurement	***	***	***	***	***	***	CFU/100 ml	66	***	1week	1week	
	Permit Measurement	***	***	***	***	***	***		200 Avg Mo	***	1week	1week	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	1	***	***	***	***	***	mg/L	2	***	1week	1week	
	Permit Measurement	21 Avg Mo	***	***	***	25 Avg Mo	***		25 Avg Mo	***	1week	1week	
Facility Comments													

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett. April 2016.doc	Cover Letter	2016-05-10T17:04:19-04:00	
Cryptographic Hash Value of File (SHA-512)	AGD745D72EDB67C8CD09EAF0932656D3C40CD16EB69D530C38F1FFA63909A7C225146A44A5B35AE4003409A4CF9560C24A5E85B079E188FB22708779FCE18C6		
Springhill DMR lab accred. April 2016.doc	Laboratory Accreditation Form	2016-05-10T17:04:41-04:00	
Cryptographic Hash Value of File (SHA-512)	09CB335E5E96710EFDFA5E337DF614B876619643A390CE1ACEF4D3A9022F4EF9400F8D654DA52C7B13EF4669C3B3943E23765ED33409		
Springhill Farm Solids Disposal Form April 2016.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-05-10T17:05:37-04:00	
Cryptographic Hash Value of File (SHA-512)	5EC38EB6EBA44F709B9202130F8EE209B415DC2745466DE41668EECCDD40A0293A12E071EC1B56D731B40D38415D2D71E0F3CEC68B85EC82EBF6703ECB51BFDEA		
Springhill Farm Influent and Process Control Form April 2016.xls	Influent and Process Control Form	2016-05-10T17:05:16-04:00	
Cryptographic Hash Value of File (SHA-512)	292IDA38823BD6D2BA776C6CE1C33055E2B3613FAA8D7CC2AE4C450FABA7F8478CE3AEF4FB6C3DD150B958624936996FC68BD209A39450798FE26F8BDFE944		
Springhill Farm Supp S form April 2016.xls	Daily Effluent Monitoring Form	2016-05-10T17:05:58-04:00	
Cryptographic Hash Value of File (SHA-512)	E83D06F7AA07FA354329FF04E6C1120DDAB3F8166A4E2B2F9912CADF236E3AFB359A117E42803C9A4C74EF25104E659C030E866B4EB1F72764343C38E98E5ED		

**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									
Submitted By GreenPort User	DISANTISM	Submitted By Full Name	Document Generated						
	disantism@delcora.org	Michael DiSantis	5/10/2016						

*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).

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)

Month: April-16

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on December 31, 2020

Influent																Rainfall				
Date	BOD5 mg/l	TSS mg/l	cBOD5 mg/l	cBOD5 lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	TN mg/L	Cu mg/L	TDS mg/L	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1															6.5	0.07	0.07	7.4	0.04520	0.9
2															6.7	0.00	0.00	8.9	0.04530	0.2
3															7.3	0.06	0.06	7.0	0.06660	
4															6.9	0.01	0.01	7.0	0.03880	
5															7.5	0.02	0.02	8.0	0.03730	
6															7.3	0.01	0.01	7.9	0.03160	
7			2	1	5	2	0.1	0.05	0.4	0.2	52	28.3			6.9	0.03	0.03	8.5	0.05800	0.5
8															6.9	0.04	0.04	8.7	0.04270	
9															8.0	0.03	0.03	8.1	0.05850	0.6
10															6.9	0.03	0.03	8.5	0.05280	0.9
11															7.2	0.04	0.04	8.4	0.04550	0.3
12															6.9	0.06	0.06	8.5	0.04140	
13															7.2	0.01	0.01	8.4	0.04610	
14	239	222	2	1	5	2	0.1	0.04	0.5	0.2	43	18.0	0.014	423	7.3	0.01	0.01	8.1	0.05350	
15															7.0	0.00	0.00	8.1	0.04890	
16															7.4	0.05	0.05	8.1	0.05900	
17															7.0	0.01	0.01	7.8	0.05280	
18															7.4	0.02	0.02	7.7	0.05420	
19															7.1	0.04	0.04	7.5	0.03120	
20															7.3	0.01	0.01	7.6	0.04430	
21			2	1	9	3	0.1	0.04	0.5	0.2	27	18.6			7.2	0.02	0.02	7.1	0.04440	
22															6.4	0.02	0.02	7.1	0.04880	
23															7.3	0.01	0.01	6.8	0.06460	
24															7.8	0.03	0.03	7.6	0.04600	
25															7.2	0.03	0.03	7.4	0.04400	0.2
26															7.5	0.01	0.01	7.4	0.03520	
27															7.6	0.02	0.02	7.2	0.04620	0.1
28			2	1	6	3	0.1	0.04	0.5	0.2	320	13.7			7.5	0.01	0.01	7.5	0.05390	
29															7.1	0.01	0.01	8.0	0.04250	0.3
30															6.9	0.04	0.04	8.0	0.05360	
Min															6.4			6.8		
Max											320	19.7	0.014	423	8.0	0.07	0.03		0.06660	
Avg:			2	1	6	3	0.1	0.04	0.5	0.2	66	19.7							0.04776	

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC

Telephone 610-876-5523

Fecal coliform is geometric mean



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>										
Address: <u>Springhill Drive</u>										
<u>Glen Mills, PA 19342</u>										
PERMIT NUMBER										
MONITORING PERIOD Year/Month/Day										
PA0052230				16	4	01	TO	16	4	30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Ammonia Nitrogen	D6919-09	ALS Environmental	22-293							
TDS	S2540C-11	ALS Environmental	22-293							
Total Phosphorous	EPA 365.1	ALS Environmental	22-293							
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671							
TRC & pH	Meter	DELCORA- Operations Meter	23-00671							
TKN	S4500NH3G-11	DELCORA- Operations Meter	23-00671							
Total Copper	EPA 200.7	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
Nitrite + Nitrate	EPA 300.0	ALS Environmental	22-293							

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

Name/Title Principal Executive Officer

Phone: 610-876-5523

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

Michael J. DiSantis, Dir. of O&M

Date: 5/5/16

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

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



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Springhill Farm STP Month: April Year: 2016
 Municipality: Chadds Ford Township NPDES Permit No.: PA0052230
 Watershed: 3-G County: Delaware
 Renewal application due 180 days prior to expiration.
 This permit will expire on: December 31, 2020

Day	Influent				Process Control			
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1						1,730.0	3.7	4,125.0
2							4.2	4,125.0
3							5.0	600.0
4						2,580.0	4.1	1,200.0
5							5.2	2,250.0
6							5.9	1,350.0
7							5.6	1,125.0
8							4.7	4,500.0
9						2,590.0	5.9	2,250.0
10							5.1	6,000.0
11						1,335.0	5.05	2,625.0
12						2,090.0	4.5	1,200.0
13							5.15	1,200.0
14							5.1	1,650.0
15							3.85	1,650.0
16						2,470.0	6.0	1,500.0
17							3.75	1,500.0
18						2,800.0	3.9	1,875.0
19							3.4	4,500.0
20							5.5	4,500.0
21						2,280.0	5.3	1,500.0
22							5.3	1,800.0
23						2,740.0	3.35	1,500.0
24							3.35	5,250.0
25						2,720.0	3.85	5,250.0
26							4.85	4,500.0
27							4.1	4,125.0
28							4.9	1,875.0
29							4.9	1,725.0
30						2,290.0	5.5	1,725.0
31								
Avg						2,330	5	2,633
Max						2,800	6	6,000

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: 5/5/2016



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

May 9, 2016

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for April 2016. There were no violations during the month.

If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully submitted,

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosure

cc: 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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
April 2016**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for April 2016.

Wastewater Plant

Average Daily Flow: 47,769 gallons. Peak Daily Flow: 66,600 gallons.

There were no violations during the month.

Sludge hauled: 32,200 gallons

Sodium thiosulfate were delivered: 10 bags

Aluminum sulfate delivered: 115 gallons

Sodium hypochlorite delivered: 174 gallons

The skimmer piping on the #1 clarifier was repaired on April 11th. The repair was necessary due to the age of the pipes.

The Microspring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.



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

June 16, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: **Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for May 2016**

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for May 2016. We regret to report that there were two violations during the month, both for exceeding the instantaneous maximum TRC limit of 0.14 mg/L with results of 0.36 mg/L and 0.16 mg/L on 5/16 and 5/25, respectively.

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

Respectfully submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
File

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PLANT & MAINTENANCE

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

Foley, Sue

From: depgreenporthelpdesk@state.pa.us
Sent: Thursday, June 16, 2016 3:53 PM
To: DiSantis, Michael
Subject: Original Monitoring Report Submission 21217 Received Confirmation

Submitted By : Michael DiSantis
Submission Id : 21217
Submission Status : Received
Facility Name : SPRINGHILL FARM STP
Permit Number : PA0052230
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:	487351	Facility Name:	SPRINGHILL FARM STP	Location Address:	90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342
Permit Number:	PA0052230	Monitoring Period:	05/01/2016-05/31/2016	Mailing Address:	PO BOX 756, CHADDS FORD PA, 19317

PARAMETERS REPORTED VALUES

Parameter	Limit Type	1001			Stage Code	Final Effluent			No Discharge Indicator	N
		Load 1	Load 2	Units		Conc 1	Conc 2	Conc 3		
Dissolved Oxygen	Sample Measurement									
	Permit Measurement					6.2			Grab	1/day
pH	Sample Measurement					5.0			Grab	1/day
	Permit Measurement					Inst Min				
Total Suspended Solids	Sample Measurement					6.5		7.9	Grab	1/day
	Permit Measurement					Inst Min		9.0	Grab	1/day
Total Nitrogen	Sample Measurement					11			24-Hr Composite	1/week
	Permit Measurement					Avg Mo			24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement					30			24-Hr Composite	1/week
	Permit Measurement					Avg Mo			24-Hr Composite	1/week
Total Phosphorus	Sample Measurement					20.8			Recorded	Continuous
	Permit Measurement					Monitor & Report			Recorded	Continuous
Flow	Sample Measurement					.1				
	Permit Measurement					Avg Mo				
Total Residual Chlorine (TRC)	Sample Measurement					2.0			Grab	1/day
	Permit Measurement					Avg Mo			Grab	1/day
Fecal Coliform	Sample Measurement					.5			Grab	1/week
	Permit Measurement					1.0			Grab	1/week
Carbaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement					.04		.36	Grab	1/day
	Permit Measurement					.06		.14	Grab	1/day
Facility Comments	Sample Measurement					47		100	CFU/100 ml	1/week
	Permit Measurement					200		1000	CFU/100 ml	1/week
Facility Comments	Sample Measurement					2		25	mg/L	1/week
	Permit Measurement					Avg Mo		Avg Mo	24-Hr Composite	1/week

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett. May 2016.doc	Cover Letter	2016-06-16T15:48:42-04:00	
Cryptographic Hash Value of File (SHA-512)	EFOF6176AD2A858E35AC9C0A31D1527F5F6FE72F8AEAE0B949D13597B36EBA0D2116539C1DE97D1DB743C6FDC338E8A489F2DA1524ADD84B1580B197AF7586		
Springhill DMR lab accred. May 2016.doc	Laboratory Accreditation Form	2016-06-16T15:49:02-04:00	
Cryptographic Hash Value of File (SHA-512)	A99E5217ED03383628590E93D4CD5C01AB53FD0E5B3ADB02F9D5611D9D718846968EBE490F266B371259FC07DF956DFBDD5F0E7B9D0FBB473C5D513AB124AE35		
Springhill Farm Supp S form May 2016.xls	Daily Effluent Monitoring Form	2016-06-16T15:50:01-04:00	
Cryptographic Hash Value of File (SHA-512)	C6A56EC20EE503A584F29787A78F685224EB23770EC5505864C33CFD2A0C0FD5386211641C0CEDB5B88EF704DB1C627EE127917D25DB586A4ED9451CA27D8F		
Springhill Farm Solids Disposal Form May 2016.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-06-16T15:49:43-04:00	
Cryptographic Hash Value of File (SHA-512)	C39F2820CAD44CBABEDB1B6CF74425D5C95D63D9CAA76353CE38936C1392997A80CCD21F3F8895F99900DEC0D8845A42D5730C9881392245D570F280F585F9753		
Springhill Farm Influent and Process Control Form May 2016.xls	Influent and Process Control Form	2016-06-16T15:49:24-04:00	
Cryptographic Hash Value of File (SHA-512)	5DB78F1352878CEB2AE3EABF2E4991B974EDB4510A8079CE66B688483413F9A49D2CFE72EC3B23CE6B4545BD4E3671A31EF889F7AE428D002CC683255F234163		

**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
31546	05/01/2016	05/31/2016	Total Residual Chlorine (TRC)	Instantaneous Maximum	.36	.14		001	Insufficient/overdose chemical feed	Increased chemical feed	There were two IMAX TRC results during the month - 0.36 mg/L on 5/16 and 0.16 mg/L on 5/25.

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	TO403	6108765523

SUBMISSION INFORMATION			
Submitted By GreenPort User	DISANTISM	Submitted By Full Name	Submitted Date
Email Address	disantism@delcora.org	Michael DiSantis	6/16/2016
Document Generated			

*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).

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)

Month: May-16

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342

NPDES permit PA 0052230
 This permit will EXPIRE on December 31, 2020

Influent															Rainfall					
Date	BOD5 mg/l	TSS mg/l	cBOD5 mg/l	cBOD5 lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	TN mg/L	Cu mg/L	TDS mg/L	pH SU	INST_TRC mg/l	AVG_TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1															7.7	0.06	0.06	7.8	0.04970	0.5
2															7.3	0.01	0.01	7.5	0.05770	0.6
3															7.5	0.05	0.05	7.0	0.04380	0.2
4															7.3	0.06	0.06	7.0	0.04560	
5			2	1	8	2	0.1	0.03	0.4	0.1	27	16.7			7.3	0.04	0.04	7.6	0.03650	0.5
6															6.5	0.02	0.02	7.8	0.05760	1.3
7															7.9	0.02	0.02	7.8	0.07110	0.2
8															6.8	0.07	0.07	7.7	0.05850	
9															7.3	0.04	0.04	7.7	0.05530	
10															7.7	0.02	0.02	7.7	0.04760	
11															7.1	0.03	0.03	7.1	0.04180	
12	475	230	2	1	9	4	0.1	0.05	0.4	0.2	77	20.2			7.3	0.03	0.03	7.1	0.05790	
13															6.7	0.01	0.01	6.7	0.04150	0.2
14															7.1	0.03	0.03	6.9	0.05110	
15															7.1	0.05	0.05	7.1	0.04650	
16															7.5	0.36	0.12	7.1	0.05900	
17															7.4	0.12	0.08	7.2	0.04110	0.3
18															7.4	0.04	0.04	7.3	0.04230	
19			2	1	12	5	0.1	0.04	0.8	0.3	100	23.4			6.9	0.00	0.00	7.6	0.04510	
20															7.7	0.04	0.04	6.5	0.03970	
21															7.6	0.01	0.01	6.9	0.08040	1.2
22															7.3	0.04	0.04	6.9	0.05600	0.1
23															7.4	0.01	0.01	6.7	0.04700	
24															7.3	0.06	0.06	7.7	0.04350	
25															7.4	0.16	0.08	6.7	0.04700	
26			2	1	13	6	0.1	0.05	0.6	0.3	24	22.9			7.3	0.12	0.06	6.6	0.05750	
27															7.3	0.03	0.03	6.5	0.05320	
28															7.2	0.05	0.05	6.2	0.05110	
29															7.4	0.01	0.01	6.2	0.05300	1.3
30															7.3	0.01	0.01	6.6	0.05710	
31															7.2	0.03	0.03	6.6	0.03630	
Min															6.5			6.2		
Max			2	1	11	4	0.1	0.04	0.5	0.2	100	20.8	0.000	0	7.9	0.36	0.04		0.08040	
Avg:											47								0.05069	

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC

Fecal coliform is geometric mean

Telephone 610-876-5523



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>										
Address: <u>Springhill Drive</u>										
<u>Glen Mills, PA 19342</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0052230				16	5	01	TO	16	5	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Ammonia Nitrogen	D6919-09	ALS Environmental	22-293							
TDS	S2540C-11	ALS Environmental	22-293							
Total Phosphorous	EPA 365.1	ALS Environmental	22-293							
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671							
TRC & pH	Meter	DELCORA- Operations Meter	23-00671							
TKN	S4500NH3G-11	DELCORA- Operations Meter	23-00671							
Total Copper	EPA 200.7	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
Nitrite + Nitrate	EPA 300.0	ALS Environmental	22-293							

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

Name/Title Principal Executive Officer

Phone: 610-876-5523

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

Michael J. DiSantis, Dir. of O&M

Date: 6/3/16

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

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



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Springhill Farm STP
 Municipality: Chadds Ford Township County: Delaware
 Watershed: 3-G

Month: May Year: 2016

NPDES Permit No.: PA0052230

Renewal application due 180 days prior to expiration.

This permit will expire on: December 31, 2020

Day	Influent				Process Control			
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1							4.15	2,250.0
2						2,830.0	4.55	1,500.0
3							2.95	4,500.0
4							4.75	2,625.0
5							5.05	2,250.0
6						2,570.0	5.6	1,660.0
7							4.9	1,660.0
8							4.5	2,250.0
9						2,320.0	3.2	2,250.0
10							5.05	1,500.0
11							4.0	1,500.0
12							3.9	1,500.0
13							3.1	2,625.0
14						1,800.0	3.3	2,625.0
15							3.3	2,625.0
16						2,530.0	6.8	1,500.0
17							3.9	2,250.0
18							4.8	1,875.0
19						2,790.0	4.6	1,500.0
20							4.8	4,125.0
21						2,910.0	4.4	3,000.0
22							3.0	6,000.0
23						2,540.0	2.8	3,000.0
24							4.55	4,155.0
25							4.0	1,875.0
26						2,250.0	4.25	1,500.0
27							2.0	1,875.0
28						1,930.0	2.2	1,875.0
29							3.85	1,530.0
30						2,980.0	1.5	1,500.0
31							2.9	6,000.0
Avg						2,495	4	2,480
Max						2,980	7	6,000

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: 6/5/2016



June 16, 2016

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for May 2016. We regret to report that there were two violations during the month, both for exceeding the instantaneous maximum TRC limit of 0.14 mg/L with results of 0.36 mg/L and 0.16 mg/L on 5/16 and 5/25, respectively.

If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully submitted,

Electronically submitted

Michael J. DiSantis
Director of Operations & Maintenance

MJD:smf
Enclosure

cc: 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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
May 2016**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for May 2016.

Wastewater Plant

Average Daily Flow: 50,690 gallons. Peak Daily Flow: 80,400 gallons.

There were two violations during the month, both for exceeding the instantaneous maximum TRC limit of 0.14 mg/L with results of 0.36 mg/L and 0.16 mg/L on 5/16 and 5/25, respectively.

Sludge hauled: 27,280 gallons

Sodium thiosulfate were delivered: 6 bags

Aluminum sulfate delivered: 118 gallons

Sodium hypochlorite delivered: 255 gallons

The Microspring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

A new chlorine pump was purchased and installed. The old pump failed.

A float in the equalization tank failed causing an after-hours high level alarm. A crew was dispatched and the control float was replaced.



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

July 5, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: **Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for June 2016**

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for June 2016. There were no violations during the month.

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

Respectfully submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:mc
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
File

Cummings, Meghan

From: depgreenporthelpdesk@state.pa.us
Sent: Monday, July 18, 2016 12:54 PM
To: DiSantis, Michael
Subject: Original Monitoring Report Submission 23345 Received Confirmation

Submitted By : Michael DiSantis
Submission Id : 23345
Submission Status : Received
Facility Name : SPRINGHILL FARM STP
Permit Number : PA0052230
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		Location Address: 90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342
Facility ID: 487361	Facility Name: SPRINGHILL FARM STP	Mailing Address: PO BOX 756, CHADDS FORD PA, 19317
Permit Number: PA0052230	Monitoring Period: 06/01/2016-06/30/2016	

Sampling Point Parameter	Limit Type	001			Final Effluent			No Discharge Indicator		Sample Frequency
		Load 1	Load 2	Units	Stage Code	Conc 1	Conc 2	Conc 3	Sample Type	
Dissolved Oxygen	Sample Measurement	***	***	***	***	6.2	***	***	Grab	1/day
	Permit Measurement	***	***	***	***	5.0 Inst Min	***	***	Grab	1/day
pH	Sample Measurement	***	***	***	***	6.9	***	7.9	Grab	1/day
	Permit Measurement	***	***	***	***	6.0 Inst Min	***	9.0 IMAX	Grab	1/day
Total Suspended Solids	Sample Measurement	3	***	***	lbs/day	***	8	***	24-Hr Composite	1/week
	Permit Measurement	25 Avg Mo	***	***	***	***	30 Avg Mo	***	24-Hr Composite	1/week
Total Nitrogen	Sample Measurement	***	***	***	***	***	12.0	***	24-Hr Composite	1/week
	Permit Measurement	***	***	***	***	***	Monitor & Report Avg Mo	***	24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	.07	***	***	lbs/day	***	.2	***	24-Hr Composite	1/week
	Permit Measurement	1.7 Avg Mo	***	***	***	***	2.0 Avg Mo	***	24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	.2	***	***	lbs/day	***	.5	***	24-Hr Composite	1/week
	Permit Measurement	.8 Avg Mo	***	***	***	***	1.0 Avg Mo	***	24-Hr Composite	1/week
Flow	Sample Measurement	.0677	***	***	MGD	***	***	***	Recorded	Continuous
	Permit Measurement	Monitor & Report Avg Mo	***	***	***	***	***	***	Recorded	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	***	.08	.08	Grab	1/day
	Permit Measurement	***	***	***	***	***	.06 Avg Mo	.14 IMAX	Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	***	24	280	Grab	1/week
	Permit Measurement	***	***	***	***	***	200 Avg Mo	1000 IMAX	Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	1	***	***	lbs/day	***	2	***	24-Hr Composite	1/week
	Permit Measurement	21 Avg Mo	***	***	***	***	25 Avg Mo	***	24-Hr Composite	1/week
Facility Comments										

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett. June 2016.doc	Cover Letter	2016-07-18T12:51:10-04:00	
Cryptographic Hash Value of File (SHA-512)	B40B8E082F03853408BF864BA163565A9E2A7B0C3774437E856810D8020EBDF44C2D0E71D20156450841A9C45C3E7E10A26A809E16336ECC85DA16632470A82		
Springhill Farm Supp S form June 2016.xls	Daily Effluent Monitoring Form	2016-07-18T12:52:22-04:00	
Cryptographic Hash Value of File (SHA-512)	67C5FC5270F167F8017D65F9EE2D9C7A477050088D52803230686ECA763F89F20664999B84AF653754762DC18A5DCDF0D224ABC8A67606EFB33A094BAF881F2D6		
Springhill DMR lab accred. June 2016.doc	Laboratory Accreditation Form	2016-07-18T12:51:41-04:00	
Cryptographic Hash Value of File (SHA-512)	58605AD0A068376D882F24E4ED3A4632C62BCCFF602C7A5E7BA148C5789FC9091DA2D23BBEEEE909194E82E66FAC2D471F9E479C7B04D74E099B005187A6D46E4		
Springhill Farm Influent and Process Control Form June 2016.xls	Influent and Process Control Form	2016-07-18T12:52:07-04:00	
Cryptographic Hash Value of File (SHA-512)	9BF42F3429D47FE77432293F52214E04D98C8A5DAFFB8FAE452C6690F924FDA2D7E9E55E9E280E2698D26D9A821418CD74D95B08D1A8C320FFC5201B7FC02		
Springhill Farm Solids Disposal Form May 2016.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-07-18T12:52:58-04:00	
Cryptographic Hash Value of File (SHA-512)	E5530F2FE6005CC419D8167BF649F0986113E039A71AC55188DFE4DE55589FD78640B7A86152B42A16F28E239BF06BA94669099E78EE2D55F65C149B7759A0DE7B		

**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			TD403			6108765523					
SUBMISSION INFORMATION												
*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	GreenPort User			DISANTISM			Submitted By Full Name					
Email Address	disantism@delcora.org						Michael DiSantis					
							Document Generated					
							7/18/2016					

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)

June-16

Month:

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on December 31, 2020

Date	Influent										pH	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches		
	BOD5 mg/l	TSS mg/l	cBOD5 mg/l	cBOD5 lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.							Fecal 100 ml	TN mg/L
1												7.5	0.04	0.04	6.5	0.04540		
2												7.4	0.02	0.02	6.8	0.05470	0.1	
3			2	1	19	8	0.1	0.05	0.3	0.1	24	8.8	0.03	0.03	6.2	0.04830	0.3	
4													0.02	0.02	6.4	0.05560		
5													0.00	0.00	6.5	0.06480	0.4	
6													0.04	0.04	6.2	0.03940		
7													0.03	0.03	6.3	0.05150	0.1	
8													0.02	0.02	6.4	0.04230	0.1	
9	446	152	2	1	6	3	0.4	0.19	0.9	0.4	280	10.9	0.02	0.02	7.5	0.05920		
10													0.02	0.02	7.2	0.04040		
11													0.07	0.07	7.3	0.04980		
12													0.03	0.03	7.1	0.04640		
13													0.01	0.01	7.4	0.05010		
14													0.05	0.05	7.4	0.03900		
15													0.06	0.06	7.4	0.03970		
16			2	1	5	2	0.1	0.04	0.6	0.3	27	10.4	0.03	0.03	7.7	0.05230	0.4	
17													0.05	0.05	6.7	0.04740		
18													0.03	0.03	7.1	0.05300		
19													0.04	0.04	7.2	0.04740		
20													0.05	0.05	6.8	0.03820		
21													0.02	0.02	7.0	0.04150		
22													0.01	0.01	6.4	0.03820		
23			2	1	5	2	0.1	0.04	0.4	0.1	6	10.8	0.08	0.08	7.4	0.04520	0.5	
24													0.04	0.04	7.0	0.04950		
25													0.01	0.01	6.9	0.04740		
26													0.05	0.05	6.7	0.04810		
27													0.07	0.07	6.9	0.04170	0.4	
28													0.01	0.01	6.4	0.04040		
29													0.01	0.01	6.9	0.04360		
30			2	1	5	2	0.1	0.04	0.6	0.2	7	18.9	0.02	0.02	7.5	0.04270		
Min																		
Max											280		0.000	0	6.2	0.06480		
Avg:			2	1	8	3	0.2	0.07	0.5	0.2	24	12.0	0.08	0.03		0.04677		

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC

Fecal coliform is geometric mean

Telephone 610-876-5523



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>							
Address: <u>Springhill Drive</u>							
<u>Glen Mills, PA 19342</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0052230				16	6	01	TO 16 6 30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Ammonia Nitrogen	D6919-09	ALS Environmental	22-293				
TDS	S2540C-11	ALS Environmental	22-293				
Total Phosphorous	EPA 365.1	ALS Environmental	22-293				
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671				
TRC & pH	Meter	DELCORA- Operations Meter	23-00671				
TKN	S4500NH3G-11	DELCORA- Operations Meter	23-00671				
Total Copper	EPA 200.7	ALS Environmental	22-293				
Total Nitrogen	Calculation	ALS Environmental	22-293				
Nitrite + Nitrate	EPA 300.0	ALS Environmental	22-293				

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

Name/Title Principal Executive Officer

Phone: 610-876-5523Signature of Principal Executive Officer or
Authorized AgentMichael J. DiSantis, Dir. of O&MDate: 7/5/16

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

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



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Springhill Farm STP County: Delaware
 Municipality: Chadds Ford Township
 Watershed: 3-G

Month: June NPDES Permit No.: PA0052230
 Year: 2016
 Renewal application due 180 days prior to expiration.
 This permit will expire on: December 31, 2020

Day	Influent				Process Control			
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1							3.4	6,000.0
2						2,990.0	2.25	2,250.0
3							2.8	6,000.0
4						2,900.0	1.7	4,500.0
5							2.3	5,250.0
6						1,980.0	1.3	5,250.0
7							2.0	1,725.0
8							1.1	1,725.0
9						2,840.0	4.2	1,650.0
10							3.2	4,500.0
11						2,680.0	2.3	4,500.0
12							1.4	4,500.0
13						2,670.0	3.1	2,250.0
14							3.5	6,000.0
15							4.6	5,250.0
16							3.7	5,250.0
17							3.4	1,725.0
18						1,630.0	5.0	1,725.0
19							4.35	600.0
20						1,910.0	2.8	600.0
21							2.2	1,500.0
22							3.3	1,500.0
23						2,680.0	3.0	1,500.0
24							3.3	4,500.0
25							2.0	
26							3.4	2,250.0
27						2,740.0	3.2	1,500.0
28							3.9	4,500.0
29							3.3	4,500.0
30						2,210.0	4.3	1,200.0
31								
Avg						2,475	3	3,248
Max						2,990	5	6,000

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

Prepared By: Michael J. DiSantis License No.: T0403
 Title: Dir. of Operations and Maintenance Date: 7/5/2016



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

July 18, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for 2Q 2016

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for the second quarter of 2016.

There were no violations during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Respectfully submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:mc
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
File

ADMINISTRATION

610-876-5523

FAX: 610-876-9700

CUSTOMER SERVICE/BILLING

610-876-5526

FAX: 610-876-4160

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 18, 2016 12:42 PM
To: DiSantis, Michael
Subject: Original Monitoring Report Submission 23341 Received Confirmation

Submitted By : Michael DiSantis
Submission Id : 23341
Submission Status : Received
Facility Name : SPRINGHILL FARM STP
Permit Number : PA0052230
Report Type : Quarterly
Monitoring Report Period : 04/01/2016-06/30/2016
Monitoring Report Due Date : 07/28/2016

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

HEADER INFORMATION

Facility ID:	487351	Facility Name:	SPRINGHILL FARM STP	Location Address:	90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342
Permit Number:	PA0052230	Monitoring Period:	04/01/2016-06/30/2016	Mailing Address:	PO BOX 766, CHADDS FORD PA, 19317

PARAMETERS REPORTED VALUES

Sampling Point Parameter	Limit Type	001			Stage Code Units	Conc 1	Conc 2	Conc 3	Final Effluent Units	No Discharge Indicator		Sample Frequency
		Load 1	Load 2	Load 3						Sample Type	N	
Copper, Total	Sample Measurement	***	***	***	***	.014	***	***	mg/L	24-Hr Composite	1/quarter	
	Permit Measurement	***	***	***	***	Monitor & Report Daily Max	***	***		24-Hr Composite	1/quarter	
Total Dissolved Solids	Sample Measurement	***	***	***	***	423	***	***	mg/L	24-Hr Composite	1/quarter	
	Permit Measurement	***	***	***	***	Monitor & Report Daily Max	***	***		24-Hr Composite	1/quarter	
Facility Comments												

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett. 2Q 2016.doc	Cover Letter	2016-07-18T12:39:58-04:00	
Cryptographic Hash Value of File (SHA-512)	BAA6516E56E1A85E0424113D14D112135B5C8A31DDAD79CAB0DF8887FC60F9B1768D2874186B866FB2EDF51E42C1C2341EADBCF2664DACF274961EC1E17B0F40		
Springhill Farm Supp S form April 2016.xls	Daily Effluent Monitoring Form	2016-07-18T12:40:30-04:00	
Cryptographic Hash Value of File (SHA-512)	8D7EF1B83D028284363FAACD19C42994A4668E81D1DCE53A42C36629E874E5B59A7DF8DAAA843E6D989CCB56565FE419FDE4C18E6439DFE3CC85D4CE3DA44A		
Springhill DMR lab accord. April 2016.doc	Laboratory Accreditation Form	2016-07-18T12:40:58-04:00	
Cryptographic Hash Value of File (SHA-512)	09DB585E6F98710EFDFA5E337DF81EDDA3358A5CB80C314B076818643A390CE1ACFE4D53A9022FAE9400FD654DA52C7813EF4660CDB3843B23765ED33409		

**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 Michael J. DiSantis Operator Certification Number TD403 Operator Contact Number 6108765623											
SUBMISSION INFORMATION												
*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 GreenPort User	DISANTISM			Submitted By Full Name				Michael DiSantis				
Email Address	disantism@delcora.org			Document Generated				7/18/2016				



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

July 5, 2016

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for June 2016. There were no violations during the month.

If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully submitted,

Electronically submitted

Michael J. DiSantis
Director of Operations & Maintenance

MJD:mc
Enclosure

cc: File

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
June 2016**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for June 2016.

Wastewater Plant

Average Daily Flow: 46,770 gallons. Peak Daily Flow: 64,800 gallons.

Sludge hauled: 34,300 gallons

Sodium thiosulfate were delivered: 10 bags

Aluminum sulfate delivered: 362 gallons

Sodium hypochlorite delivered: 410 gallons

The Microspring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

Due to an excessive amount of grease buildup in the influent wet well, it was necessary to have the DELCORA's sewer maintenance crew clean the wet well.

The influent wet well control floats malfunctioned. Repairs were made and the system is working properly.



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

August 15, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for July 2016

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for July 2016. There were no violations during the month.

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

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:bab
enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
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

From: depgreenporthehelpdesk@state.pa.us
Sent: Thursday, August 11, 2016 4:48 PM
To: DiSantis, Michael
Subject: Original Monitoring Report Submission 25608 Received Confirmation

Submitted By : Michael DiSantis
Submission Id : 25608
Submission Status : Received
Facility Name : SPRINGHILL FARM STP
Permit Number : PA0052230
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	
Facility ID: 487351	Facility Name: SPRINGHILL FARM STP
Permit Number: PA0052230	Monitoring Period: 07/01/2016-07/31/2016
	Location Address: 90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342
	Mailing Address: PO BOX 756, CHADDS FORD PA, 19317

PARAMETERS REPORTED VALUES		007			Final Effluent			No Discharge Indicator		
Parameter	Limit Type	Load 1	Load 2	Stage Code	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement				6.2			mg/L	Grab	1/day
	Permit Measurement				5.0 Inst Min				Grab	1/day
pH	Sample Measurement				6.8		8.0	S.U.	Grab	1/day
	Permit Measurement				6.0 Inst Min		9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	3		lbs/day		7		mg/L	24-Hr Composite	1/week
	Permit Measurement	25 Avg Mo				30 Avg Mo			24-Hr Composite	1/week
Total Nitrogen	Sample Measurement					13.9		mg/L	24-Hr Composite	1/week
	Permit Measurement					Monitor & Report Avg Mo			24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	.05		lbs/day		1		mg/L	24-Hr Composite	1/week
	Permit Measurement	1.7 Avg Mo				2.0 Avg Mo			24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	.2		lbs/day		.5		mg/L	24-Hr Composite	1/week
	Permit Measurement	.8 Avg Mo				1.0 Avg Mo			24-Hr Composite	1/week
Flow	Sample Measurement	.04894	.06468	MGD					Recorded	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max						Recorded	Continuous
Total Residual Chlorine (TRC)	Sample Measurement					.03	.09	mg/L	Grab	1/day
	Permit Measurement					.06 Avg Mo	.14 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement					9	85	CFU/100 ml	Grab	1/week
	Permit Measurement					200 Avg Mo	1000 IMAX		Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	1		lbs/day		3		mg/L	24-Hr Composite	1/week
	Permit Measurement	21 Avg Mo				25 Avg Mo			24-Hr Composite	1/week
Facility Comments										

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett. July 2016.doc	Cover Letter	2016-08-11T16:43:08-04:00	
Cryptographic Hash Value of File (SHA-512)	F5EE945EF A30825E0C0A1C9C772F46C528FD88A5DE7E790D8F623F2686168672904ED2676267EFBDEBF3540BCE69C3A8E318AF92385A4F16207F147D9F2368D		
Springhill Farm Supp S form July 2016.xls	Daily Effluent Monitoring Form	2016-08-11T16:47:45-04:00	
Cryptographic Hash Value of File (SHA-512)	C05AC7241D315174A35BF3CE555C71AA3E4B771D0322EA35A61C62059456766841AA736B67656F51DB2E68C3AAF30349BAD3CE7F8C3F4F8CE337E2706274D97D		
Springhill DMR lab accred. July 2016.doc	Laboratory Accreditation Form	2016-08-11T16:43:36-04:00	
Cryptographic Hash Value of File (SHA-512)	54B136A6533F4CA1734557A4D9B75A7175D51868448AAE6542949678883A9095DE4A76761981EC4BF22A1768327FD7AF78822E0D1403E08D81D8EFD8EA267A1A		
Springhill Farm Influent and Process Control Form July 2016.xls	Influent and Process Control Form	2016-08-11T16:43:59-04:00	
Cryptographic Hash Value of File (SHA-512)	40DC1E2A6E417A792E02A9C453A121E535800DFCA76A9D18E6AE73C3CE3B2DC2D9DC66B9B50F61B468689BEEEDA10ED50F5B464E31516F4B65F2CD6C7BB3E022		
Springhill Farm Solids Disposal Form July 2016.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-08-11T16:47:24-04:00	
Cryptographic Hash Value of File (SHA-512)	E6A72CD7481FA390F234638836FASA141AF0E39AC998B8EDFDC88FFE3F81745D1B0584311741F44A7C3EC8BF10438FE5CABD48C509D451F17A2425408F3386		

**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

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

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

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORMATION			
<p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P. S. section 4904 (relating to unsworn falsification to authorities).</p>			
Submitted By GreenPort User	DISANTISM	Submitted By Full Name	Michael DiSantis
Email Address	disantism@delcoira.org	Document Generated	8/11/2016

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)

Month: July-16

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on December 31, 2020

Influent																Rainfall				
Date	BODs mg/l	TSS mg/l	cBODs mg/l	cBODs lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	TN mg/L	Cu mg/L	TDS mg/L	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1															7.7	0.03	0.03	7.3	0.04680	
2															6.8	0.09	0.09	8.0	0.05100	0.1
3															7.0	0.04	0.04	8.2	0.03730	0.3
4															7.1	0.06	0.06	7.7	0.04070	
5															7.1	0.00	0.00	6.8	0.03990	0.4
6															7.1	0.03	0.03	7.3	0.05290	
7			4	2	6	3	0.1	0.04	0.5	0.2	5	27.2	0.022	493	7.2	0.05	0.05	7.1	0.05020	0.1
8															7.5	0.02	0.02	7.6	0.05030	0.1
9															7.2	0.05	0.05	7.2	0.04800	
10															8.0	0.05	0.05	6.7	0.04800	
11															7.3	0.03	0.03	7.5	0.05540	
12															7.2	0.04	0.04	6.8	0.04380	
13															7.2	0.02	0.02	6.7	0.04420	
14	425	88	3	1	13	5	0.1	0.04	0.4	0.1	6	13.7			7.3	0.03	0.03	6.9	0.04270	
15															7.8	0.02	0.02	7.1	0.04520	
16															7.7	0.01	0.01	7.4	0.04550	0.4
17															7.8	0.01	0.01	7.6	0.04380	
18															7.1	0.04	0.04	6.2	0.04690	
19															7.2	0.02	0.02	6.6	0.05510	
20															7.0	0.03	0.03	6.9	0.06468	
21			2	1	5	2	0.2	0.07	0.7	0.3	3	9.1			6.9	0.01	0.01	6.7	0.05585	
22															7.6	0.01	0.01	6.3	0.04940	
23															7.3	0.06	0.06	6.9	0.04500	0.5
24															7.1	0.02	0.02	6.8	0.04800	
25															7.3	0.06	0.06	6.3	0.05210	
26															7.4	0.02	0.02	6.6	0.04250	
27															7.5	0.04	0.04	7.0	0.05320	0.4
28			2	1	5	2	0.1	0.05	0.5	0.3	85	5.4			7.2	0.01	0.01	6.4	0.05990	
29															7.6	0.02	0.02	6.5	0.04060	
30															7.3	0.04	0.04	6.4	0.06000	
31															7.5	0.02	0.02	6.5	0.05810	
Min															6.8			6.2		
Max											85		0.022	493	8.0	0.09			0.06468	
Avg:			3	1	7	3	0.1	0.05	0.5	0.2	9	13.9					0.03		0.04894	

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC

Fecal coliform is geometric mean

Telephone 610-876-5523



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>										
Address: <u>Springhill Drive</u>										
<u>Glen Mills, PA 19342</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0052230				16	7	01	TO	16	7	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Colifom	S9222D-97	ALS Environmental	22-293							
Ammonia Nitrogen	D6919-09	ALS Environmental	22-293							
TDS	S2540C-11	ALS Environmental	22-293							
Total Phosphorous	EPA 365.1	ALS Environmental	22-293							
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671							
TRC & pH	Meter	DELCORA- Operations Meter	23-00671							
TKN	S4500NH3G-11	DELCORA- Operations Meter	23-00671							
Total Copper	EPA 200.7	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
Nitrite + Nitrate	EPA 300.0	ALS Environmental	22-293							

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

Name/Title Principal Executive Officer

Phone: 610-876-5523

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

Michael J. DiSantis, Dir. of O&M

Date: 8/3/16

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

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

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL



Facility Name: Springhill Farm STP **Month:** July **Year:** 2016
Municipality: Chadds Ford Township **NPDES Permit No.:** PA0052230
Watershed: 3-G **County:** Delaware
 Renewal application due **180 days** prior to expiration. **December 31, 2020**
 This permit will expire on:

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1							3.9	1,200.0		
2						1,770.0	4.5	1,500.0		
3							4.6	900.0		
4						1,870.0	1.6	0.0		
5							3.85	0.0		
6						2,380.0	4.65	1,200.0		
7							3.65	1,500.0		
8						2,400.0	3.75	1,500.0		
9							3.7	1,500.0		
10						2,670.0	3.7	1,350.0		
11							4.0	1,200.0		
12							4.2	3,000.0		
13						2,660.0	3.8	3,000.0		
14							3.8	3,000.0		
15						2,240.0	3.6	2,250.0		
16							3.8	2,250.0		
17						2,060.0	3.55	2,250.0		
18							3.5	2,250.0		
19						2,390.0	3.5	2,250.0		
20							4.0	1,500.0		
21							3.2	1,500.0		
22						1,630.0	3.55	1,875.0		
23							2.2	2,250.0		
24						2,800.0	2.7	975.0		
25							2.2	1,200.0		
26							3.1	5,250.0		
27							2.7	3,375.0		
28						2,590.0	3.1	2,250.0		
29							2.9	5,250.0		
30						2,310.0	3.7	1,500.0		
31							1.75	2,250.0		
Avg						2,290	3	1,977		
Max						2,800	5	5,250		

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

Prepared By: Michael J. DiSantis **License No.:** T0403
Title: Dir. of Operations and Maintenance **Date:** 8/3/2016



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

August 15, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for 3Q 2016

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for the third quarter of 2016.

There were no violations during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:bab
enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
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

From: depgreenporthelpdesk@state.pa.us
Sent: Thursday, August 11, 2016 4:53 PM
To: DiSantis, Michael
Subject: Original Monitoring Report Submission 25609 Received Confirmation

Submitted By : Michael DiSantis
Submission Id : 25609
Submission Status : Received
Facility Name : SPRINGHILL FARM STP
Permit Number : PA0052230
Report Type : Quarterly
Monitoring Report Period : 07/01/2016-09/30/2016
Monitoring Report Due Date : 10/28/2016

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

HEADER INFORMATION	
Facility ID: 487351	Facility Name: SPRINGHILL FARM STP
Permit Number: PA0052230	Monitoring Period: 10/01/2016-09/30/2016
	Location Address: 190 SPRINGHILL DRIVE, CHADDS FORD PA, 19342
	Mailing Address: PO BOX 756, CHADDS FORD PA, 19317

PARAMETERS REPORTED VALUES										
Sampling Point	Parameter	Limit Type	001			Final Effluent			No. Discharge Indicator	N:
			Load 1	Load 2	Stages Cycle	Conc 1	Conc 2	Conc 3		
Copper, Total	Sample Measurement		***	***	***	***	.022	***	24-Hr Composite	1/quarter
	Permit Measurement		***	***	***	***	Monitor & Report Daily Max	***	24-Hr Composite	1/quarter
Total Dissolved Solids	Sample Measurement		***	***	***	***	493	***	24-Hr Composite	1/quarter
	Permit Measurement		***	***	***	***	Monitor & Report Daily Max	***	24-Hr Composite	1/quarter
Facility Comments										

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett. 3Q 2016.doc	Cover Letter	2016-08-11T16:52:09-04:00	
Cryptographic Hash Value of File (SHA-512) Springhill Farm Supp S form July 2016.xls	Daily Effluent Monitoring Form	2016-08-11T16:52:31-04:00	001E60CD35675F6CFE11B941DC960059CBDC3B822070991C7F661CE5C3M74668DD6401D8E5C2FAD8FF7A98B90DB422A7338B574BEA584AA466E8761D86CC9A37905
Cryptographic Hash Value of File (SHA-512) Springhill DMR lab accred. July 2016.doc	COSAC7241D315174A35BF30CE555C71AA3E4B771D03022EA35A61C82059A68786841AA736B67858F51DB2E66C3AAF30349BAD3CE7F8C3F4F8CE337E2706274D87D Laboratory Accreditation Form	2016-08-11T16:52:56-04:00	
Cryptographic Hash Value of File (SHA-512)	Laboratory Accreditation Form	2016-08-11T16:52:56-04:00	54B136A85353F4CA173457A4D9B75A7175D51863446AAEB542948B7B86949059E4A76761981ECA9F22A1768327FD7AF7BB22ECD1433ED6DB1DBEFD8EA267A1A

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	Comments

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

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORMATION

*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 GreenPort User	DISANTISM	Submitted By Full Name	Michael DiSantis
Email Address	disantism@delcora.org	Document Generated	8/1/2016



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

August 15, 2016

Robert J. Lohr, II
President
Springhill Farm Wastewater
Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for July 2016. There were no violations during the month.

If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:bab
enclosure

cc: 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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
July 2016**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for July 2016.

Wastewater Plant

Average Daily Flow: 48,940 gallons. Peak Daily Flow: 64,680 gallons.

Sludge hauled: 30,400 gallons

Sodium thiosulfate were delivered: 6 bags

Sodium Bicarbonate were delivered: 49 bags

Sodium hypochlorite were delivered: 190 gallons

The Microspring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

A new chemical feed pump was purchased and installed due to a breakdown of the dechlorination pump.



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

September 19, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for August 2016

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for August 2016. There were no violations during the month.

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

Respectfully Submitted,

e-signature used

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
File

ADMINISTRATION

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

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

September 19, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for August 2016

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for August 2016. There were no violations during the month.

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

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
File

ADMINISTRATION

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

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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 11:46 AM
To: DiSantis, Michael
Subject: Original Monitoring Report Submission 28391 Received Confirmation

Submitted By : Michael DiSantis
Submission Id : 28391
Submission Status : Received
Facility Name : SPRINGHILL FARM STP
Permit Number : PA0052230
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:	487351	Facility Name:	SPRINGHILL FARM STP
Permit Number:	PA0052230	Monitoring Period:	08/01/2016-08/31/2016
		Location Address:	90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342
		Mailing Address:	PO BOX 756, CHADDS FORD PA, 19317

PARAMETERS REPORTED VALUES															
Parameter	Limit Type	Load 1	Load 2	Stage Code	Conc 1			Conc 2			Final Effluent		No Discharge Indicator	Sample Type	Sample Frequency
					Units	Inst Min	Inst Max	Avg Mo	Report	Conc 3	Units	Sample Type			
Dissolved Oxygen	Sample Measurement	***	***	***	6.2	5.0	Inst Min	***	***	***	***	mg/L	Grab	1/day	
pH	Permit Measurement	***	***	***	6.8	6.0	Inst Min	***	***	7.9	9.0	S.U.	Grab	1/day	
	Sample Measurement	***	***	***	6.0	6.0	Inst Min	***	***	IMAX	IMAX		Grab	1/day	
Total Suspended Solids	Sample Measurement	2	***	***	lbs/day	***	***	6	***	***	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	25	***	***	Avg Mo	***	***	30	Avg Mo	***	***	mg/L	24-Hr Composite	1/week	
Total Nitrogen	Sample Measurement	***	***	***	***	***	***	9.0	***	***	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	***	***	***	***	***	***	Monitor & Report	Avg Mo	***	***	mg/L	24-Hr Composite	1/week	
Ammonia-Nitrogen	Sample Measurement	1.7	***	***	lbs/day	***	***	.1	***	***	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	.04	***	***	Avg Mo	***	***	2.0	Avg Mo	***	***	mg/L	24-Hr Composite	1/week	
Total Phosphorus	Sample Measurement	.2	***	***	lbs/day	***	***	.6	***	***	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	.8	***	***	Avg Mo	***	***	1.0	Avg Mo	***	***	mg/L	24-Hr Composite	1/week	
Flow	Sample Measurement	.0464	***	***	MGD	***	***	***	***	***	***	***	Recorded	Continuous	
	Permit Measurement	***	***	***	Monitor & Report	***	***	***	***	***	***	***	Recorded	Continuous	
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	***	***	.03	***	***	***	mg/L	Grab	1/day	
	Permit Measurement	***	***	***	***	***	***	.06	Avg Mo	***	***	mg/L	Grab	1/day	
Fecal Coliform	Sample Measurement	***	***	***	***	***	***	11	***	***	***	CFU/100 ml	Grab	1/week	
	Permit Measurement	***	***	***	***	***	***	200	Avg Mo	***	***	CFU/100 ml	Grab	1/week	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	1	***	***	lbs/day	***	***	2	***	***	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	21	***	***	Avg Mo	***	***	25	Avg Mo	***	***	mg/L	24-Hr Composite	1/week	
Facility Comments															

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett August 2016.doc	Cover Letter	2016-09-19T11:39:12-04:00	
Cryptographic Hash Value of File (SHA-512)	0EA3764BES195E1D37646BF602CD32D46141B67FE620E80D78A1FCC4064DD09E3A135E04C174182F3A0B46245664D865FOE46EB93AB99E23A6387DCB41E05E4F0		
Springhill Farm Supp S form Aug 2016.xls	Daily Effluent Monitoring Form	2016-09-19T11:40:43-04:00	
Cryptographic Hash Value of File (SHA-512)	2FC90E1919ED248B0FF77ECADACC025367C05EB0FEE0F1D55AD298244BAE12F9112988B683CB5FCEB383581A47DCF012B75AB3FFD900F3DB1A6E21D173266E4EF		
Springhill DMR lab accred August 2016.doc	Laboratory Accreditation Form	2016-09-19T11:39:37-04:00	
Cryptographic Hash Value of File (SHA-512)	AF63D16FDC34A5ABD11FBC8AB1C12D7B321205AFB57E2CABF1A1C9276F80E7EB2E08E4B627A3F687876DFCD4C59428683231B676C37D976D5575E6D1ECE4AE20		
Springhill Farm Influent and Process Control Form Aug 2016.xls	Influent and Process Control Form	2016-09-19T11:39:59-04:00	
Cryptographic Hash Value of File (SHA-512)	518A571A65902F68D6F7DD21FCC18803BD13E6E156709F459E92E7FD8B374369F7454486A24839B9E47BD09056E49A0F02DC27620C76F33899E0FDAC310157D1		
Springhill Farm Solids Disposal Form Aug 2016.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-09-19T11:45:37-04:00	
Cryptographic Hash Value of File (SHA-512)	7DCCABF411AB1634B49B7540ADF918D63299E011FC80737AFF63854D5246D9B7E0D002F9812CE41CD8A86BA7BDAEBBE105073E8AD24902D8F0544786727C7DE5		

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

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

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

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

COMMENTS DETAILS				
Comment	Operator Name	Operator Certification Number	Operator Contact Number	

SUBMISSION INFORMATION				
*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 GreenPort User	DISANTISM		Submitted By Full Name	Michael DiSantis
Email Address	disantism@delcora.org		Document Generated	9/19/2016

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S) August-16
 Month:

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on December 31, 2020

Influent		Effluent													Rainfall					
Date	BOD5 mg/l	TSS mg/l	cBOD5 mg/l	cBOD5 lbs.	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	TN mg/L	Cu mg/L	TDS mg/L	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches	
1															7.5	0.00	0.00	6.5	0.04000	
2															7.6	0.03	0.03	6.5	0.04990	
3															7.5	0.02	0.02	6.6	0.03350	
4			2	1	3	0.1	0.04	1.4	0.5	6	7.2			7.4	0.03	0.03	7.6	0.04260		
5														7.4	0.02	0.02	7.4	0.04120		
6														7.5	0.02	0.02	7.1	0.04850		
7														6.8	0.02	0.02	7.7	0.04610		
8														7.7	0.00	0.00	6.7	0.04750		
9														7.4	0.03	0.03	7.1	0.04740		
10														7.6	0.00	0.00	7.3	0.04530		
11	178	119	2	1	5	0.2	0.06	0.3	0.1	8	9.6			7.4	0.03	0.03	7.0	0.05100		
12														7.3	0.04	0.04	6.7	0.05100		
13														7.1	0.00	0.00	6.5	0.05630		
14														7.5	0.04	0.04	6.8	0.04930		
15														7.0	0.00	0.00	7.0	0.03630		
16														7.4	0.00	0.00	6.7	0.04270	0.1	
17														7.9	0.03	0.03	6.6	0.04780	0.4	
18			2	1	6	0.1	0.04	0.5	0.2	14	10.6			7.8	0.03	0.03	6.8	0.04750		
19														7.4	0.01	0.01	6.6	0.03570		
20														7.7	0.01	0.01	6.5	0.05520	0.6	
21														6.9	0.05	0.05	6.5	0.05390		
22														7.5	0.01	0.01	6.2	0.04380		
23														7.7	0.01	0.01	6.3	0.04450		
24														7.7	0.04	0.04	6.7	0.04930		
25			2	1	5	0.1	0.04	0.2	0.1	22	8.5			7.8	0.06	0.06	6.7	0.04750		
26														7.6	0.08	0.08	6.9	0.04990		
27														7.5	0.06	0.06	6.9	0.05140		
28														7.5	0.03	0.03	6.6	0.05900		
29														7.2	0.05	0.05	7.7	0.03330		
30														7.8	0.03	0.03	7.1	0.04310		
31														7.9	0.04	0.04	6.5	0.04790	0.2	
Min														6.8			6.2			
Max										22	9.0	0.000	0	7.9	0.08			0.05900		
Avg:			2	1	6	2	0.1	0.6	0.2	11	9.0					0.03		0.04640		

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC

Fecal coliform is geometric mean

Telephone 610-876-5523



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>										
Address: <u>Springhill Drive</u>										
<u>Glen Mills, PA 19342</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0052230				16	8	01	TO	16	8	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Ammonia Nitrogen	D6919-09	ALS Environmental	22-293							
TDS	S2540C-11	ALS Environmental	22-293							
Total Phosphorous	EPA 365.1	ALS Environmental	22-293							
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671							
TRC & pH	Meter	DELCORA- Operations Meter	23-00671							
TKN	S4500NH3G-11	DELCORA- Operations Meter	23-00671							
Total Copper	EPA 200.7	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
Nitrite + Nitrate	EPA 300.0	ALS Environmental	22-293							

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

Name/Title Principal Executive Officer

Phone: 610-876-5523

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

Michael J. DiSantis, Dir. of O&M

Date: 9/7/16

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

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



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Springhill Farm STP
 Municipality: Chadds Ford Township
 Watershed: 3-G

Month: August
 NPDES Permit No.: PA0052230
 Renewal application due 180 days prior to expiration.
 This permit will expire on: December 31, 2020

Year: 2016

County: Delaware

Day	Influent			Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1						2,860.0	3.55	1,500.0
2							4.0	4,500.0
3							3.85	2,250.0
4						2,260.0	5.5	2,250.0
5							5.05	2,250.0
6							4.35	2,250.0
7							4.65	1,500.0
8						2,090.0	4.25	1,500.0
9							5.0	1,200.0
10							4.6	1,200.0
11						2,270.0	4.35	2,250.0
12							3.55	2,250.0
13						3,030.0	4.2	2,250.0
14							3.2	6,000.0
15						2,370.0	4.15	3,000.0
16							4.2	2,250.0
17							4.25	1,500.0
18						2,680.0	3.95	1,200.0
19							3.95	4,500.0
20							3.85	3,375.0
21							3.7	3,375.0
22						1,900.0	3.0	1,500.0
23							3.65	1,500.0
24							3.95	2,250.0
25						1,850.0	4.45	2,250.0
26							3.95	1,050.0
27							4.4	1,500.0
28							3.55	2,250.0
29						2,300.0	3.75	1,500.0
30							3.85	3,000.0
31							4.2	1,500.0
Avg						2,361	4	2,279
Max						3,030	6	6,000

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: 9/7/2016



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

September 19, 2016

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for August 2016. There were no violations during the month.

If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: 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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
August 2016**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for August 2016.

Wastewater Plant

Average Daily Flow: 46,400 gallons. Peak Daily Flow: 59,000 gallons.

Sludge hauled: 27,800 gallons

Sodium thiosulfate were delivered: 6 bags

Sodium hypochlorite were delivered: 162 gallons

Aluminum Sulfate were delivered: 270 gallons

The Micro spring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

On August 9th the comminutor was not working properly. It was removed and sent for an evaluation to Deckman Electric Inc. The following are a list of needed parts for the repairs. A new drum, rotating and stationary cutters, bearings, grease seals, spacers, shaft, front end bell for the motor and bearings for the motor. The repaired unit is expected back by October.

A waste line coming from the #1 clarifier train had a significant blockage. The DELCORA maintenance crew disassembled the piping and was successful clearing the blockage.



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

October 13, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for September 2016

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for September 2016. There were no violations during the month.

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

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
File

ADMINISTRATION

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

CUSTOMER SERVICE/BILLING

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

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

HEADER INFORMATION	
Facility ID: 487351	Facility Name: SPRINGHILL FARM STP
Permit Number: PA0052230	Monitoring Period: 09/01/2016-09/30/2016
	Location Address: 90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342
	Mailing Address: PO BOX 756, CHADDS FORD PA, 19317

PARAMETERS REPORTED VALUES

Parameter	Limit Type	001		Stage Code	Final Effluent			No Discharge Indicator		Sample Frequency
		Load 1	Load 2		Units	Conc 1	Conc 2	Conc 3	Units	
Dissolved Oxygen	Sample Measurement	***	***	***	6.3	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***	***	5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	6.9	***	8.1	S.U.	Grab	1/day
	Permit Measurement	***	***	***	6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	2	***	lbs/day	***	6	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	25 Avg Mo	***	***	***	30 Avg Mo	***		24-Hr Composite	1/week
Total Nitrogen	Sample Measurement	***	***	***	***	11.6	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	***	***	***	***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	.04	***	lbs/day	***	1	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	1.7 Avg Mo	***	***	***	2.0 Avg Mo	***		24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	.2	***	lbs/day	***	.4	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	.8 Avg Mo	***	***	***	1.0 Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	.04803	0635	MGD	***	***	***	***	Recorded	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max	***	***	***	***		Recorded	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.03	.08	mg/L	Grab	1/day
	Permit Measurement	***	***	***	***	.06 Avg Mo	.14 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	62	460	CFU/100 ml	Grab	1/week
	Permit Measurement	***	***	***	***	200 Avg Mo	1000 IMAX		Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	1	***	lbs/day	***	3	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	21 Avg Mo	***	***	***	.25 Avg Mo	***		24-Hr Composite	1/week
Facility Comments										

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett. September 2016.doc	Cover Letter	2016-10-13T16:58:00-04:00	
Cryptographic Hash Value of File (SHA-512)	FCD31A03948C8DC30CEDBE10DCD893A3A661F4599BDB55776ED87009A3242F9A00D5113A7C98B010366872DAD18CE0758FA631423A99C6DA94BA44CAF02BC4B3A		
Springhill DMR lab accred. September 2016.doc	Laboratory Accreditation Form	2016-10-13T16:58:17-04:00	
Cryptographic Hash Value of File (SHA-512)	4349881BBA47847AA79AED080C12671A3DF651944692AFD8DC3E57FBE6484ABAEDDED26AFFE2F59F1DB42EBA1EA8355925E8C6A795292AF33C67B8E31C2A7D7A		
Springhill Farm Influent and Process Control Form Sept 2016.xls	Influent and Process Control Form	2016-10-13T16:58:37-04:00	
Cryptographic Hash Value of File (SHA-512)	39939EEFD79F4D5A95034F5984F56D65A402EB5B0E759257328203770A8EF4422C0548311441EFE4DAA769E5764470B5C1537818CE689E9835945000FF68AB3		
Springhill Farm Solids Disposal Form Sept 2016.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-10-13T16:58:55-04:00	
Cryptographic Hash Value of File (SHA-512)	A62123A795E6920E9876C3ACFF78A3D56DC4586840C2E90EBCA42E7958DA3852734465781AF52DF533866FDC5E5AE4870BF42BAEA7088C4DE066A10F7A0EE		
Springhill Farm Supp S form Sept 2016.xls	Daily Effluent Monitoring Form	2016-10-13T16:59:15-04:00	
Cryptographic Hash Value of File (SHA-512)	0FFD5F2695A0B9A97FE74081C70E3D915CEBF2662CBBE67F714899EBC1F90520E25D91FDC61BA5E0945A849C8C7975A862DD35AAB9DA07738E09DA777E36D25		

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	Comments

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

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

SUBMISSION INFORMATION		
*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 GreenPort User	DISANTISM	Submitted By Full Name
Email Address	disantism@delcoira.org	Document Generated
		Michael DiSantis
		10/13/2016

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)
 Month: **September-16**

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342 This permit will EXPIRE on December 31, 2020
 NPDES permit PA 0052230

Date	Influent										Effluent										Rainfall Inches
	BOD5 mg/l	TSS mg/l	cBOD5 mg/l	cBOD5 lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	TN mg/L	Cu mg/L	TDS mg/L	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD		
1			3		5	2	0.1	0.04	0.3	0.1	31	11.5			7.6	0.02	0.02	6.6	0.04390		
2															7.7	0.04	0.04	6.3	0.04480		
3															8.1	0.01	0.01	6.8	0.04840		
4															7.5	0.02	0.03	6.8	0.04080		
5															7.6	0.03	0.03	6.8	0.04910		
6															7.5	0.04	0.04	7.0	0.04380		
7															7.6	0.03	0.03	7.2	0.04520		
8			2	1	6	3	0.1	0.04	0.2	0.1	43	14.5			7.6	0.04	0.04	7.3	0.05110		
9															7.8	0.08	0.08	6.9	0.04390		
10															7.5	0.01	0.01	6.5	0.06280		
11															7.2	0.03	0.03	6.6	0.06350		
12															6.9	0.03	0.03	6.6	0.03700		
13															7.4	0.03	0.03	6.8	0.05010		
14															7.5	0.02	0.02	6.5	0.04410		
15	449	275	2	1	5	2	0.1	0.04	0.6	0.2	28	11.5			7.7	0.04	0.04	6.8	0.05250		
16															7.8	0.01	0.01	7.2	0.02920		
17															7.9	0.04	0.04	7.8	0.05430		
18															7.1	0.03	0.03	7.0	0.05940		
19															7.8	0.04	0.04	7.4	0.05290		
20															7.9	0.04	0.04	6.9	0.04430		
21															7.7	0.03	0.03	6.8	0.04650		
22			2	1	5	2	0.1	0.04	0.5	0.2	54	10.0			7.5	0.04	0.04	6.7	0.04670		
23															7.8	0.06	0.06	6.8	0.04910		
24															7.6	0.02	0.02	6.9	0.05150		
25															7.9	0.01	0.01	6.6	0.05250		
26															7.7	0.04	0.04	6.8	0.04820		
27															7.4	0.00	0.00	7.1	0.04270		
28															7.4	0.02	0.02	7.0	0.03620		
29			2	1	7	4	0.1	0.05	0.2	0.1	460	10.7			7.4	0.01	0.01	7.1	0.06140		
30															7.8	0.01	0.01	7.1	0.05510		
Min															6.9			6.3			
Max											460	11.6	0.000	0	8.1	0.08	0.03		0.06350		
Avg.			3	1	6	2	0.1	0.04	0.4	0.2	62	11.6							0.04803		

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC

Fecal coliform is geometric mean

Telephone 610-876-5523



SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>										
Address: <u>Springhill Drive</u>										
<u>Glen Mills, PA 19342</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0052230				16	9	01	TO	16	9	30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Ammonia Nitrogen	D6919-09	ALS Environmental	22-293							
TDS	S2540C-11	ALS Environmental	22-293							
Total Phosphorous	EPA 365.1	ALS Environmental	22-293							
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671							
TRC & pH	Meter	DELCORA- Operations Meter	23-00671							
TKN	S4500NH3G-11	DELCORA- Operations Meter	23-00671							
Total Copper	EPA 200.7	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
Nitrite + Nitrate	EPA 300.0	ALS Environmental	22-293							

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

Name/Title Principal Executive Officer

Phone: 610-876-5523

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

Michael J. DiSantis, Dir. of O&M

Date: 10/4/16

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

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



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Springhill Farm STP Month: September Year: 2016
 Municipality: Chadds Ford Township NPDES Permit No.: PA0052230
 Watershed: 3-G County: Delaware
 Renewal application due 180 days prior to expiration.
 This permit will expire on: December 31, 2020

Day	Influent			Process Control		
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1				2,860.0	3.65	1,500.0
2					4.1	6,000.0
3				1,800.0	3.9	2,250.0
4					3.0	1,200.0
5				2,310.0	3.6	1,500.0
6					3.9	1,500.0
7					3.3	2,250.0
8				2,110.0	3.7	2,250.0
9					2.7	1,500.0
10				2,410.0	3.1	1,500.0
11					1.8	1,500.0
12				2,350.0	3.5	1,500.0
13					3.9	1,875.0
14					4.0	1,500.0
15				2,780.0	4.1	1,200.0
16					4.4	2,250.0
17					4.8	2,250.0
18				2,100.0	4.5	1,500.0
19				2,270.0	4.0	1,500.0
20					4.15	1,500.0
21					3.5	1,500.0
22				1,790.0	3.85	2,250.0
23					3.75	1,200.0
24				2,770.0	4.5	1,200.0
25					3.75	3,000.0
26				2,380.0	4.4	1,500.0
27					4.0	1,500.0
28					4.25	1,500.0
29				2,110.0	4.5	1,500.0
30					3.8	1,200.0
31						
Avg				2,311	4	1,813
Max				2,860	5	6,000

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

Prepared By: Michael J. DiSantis License No. # T0403
 Title: Dir. of Operations and Maintenance Date: 10/4/2016



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

October 13, 2016

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for September 2016. There were no violations during the month.

If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: 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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
September 2016**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for September 2016.

Wastewater Plant

Average Daily Flow: 48,030 gallons. Peak Daily Flow: 63,500 gallons.

Sludge hauled: 42,100 gallons

Sodium thiosulfate were delivered: 6 bags

Sodium hypochlorite were delivered: 282 gallons

Aluminum Sulfate were delivered: 235 gallons

The Micro spring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

Deckman Electric Inc. completed the needed repairs to the comminutor. The repaired unit was installed and is working properly.



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

November 10, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: **Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for October 2016**

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for October 2016. There were no violations during the month.

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

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:bab
enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
File

ADMINISTRATION

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

CUSTOMER SERVICE/BILLING

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 FAX: 610-497-7959

PLANT & MAINTENANCE

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

Bonnett, Barbara

From: depgreenporthelpdesk@state.pa.us
Sent: Thursday, November 10, 2016 4:44 PM
To: DiSantis, Michael
Subject: Original Monitoring Report Submission 33186 Received Confirmation

Submitted By : Michael DiSantis
Submission Id : 33186
Submission Status : Received
Facility Name : SPRINGHILL FARM STP
Permit Number : PA0052230
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: 487351	Facility Name: SPRINGHILL FARM STP
Permit Number: PA0052230	Monitoring Period: 10/01/2016-10/31/2016
Location Address: 90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342	Mailing Address: PO BOX 756, CHADDS FORD PA, 19317

Parameter	Limit Type	001			Stage Code	Final Effluent			No Discharge Indicator	N	
		Load 1	Load 2	Units		Conc 1	Conc 2	Conc 3			Units
Dissolved Oxygen	Sample Measurement	***	***	***	***	6.7	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***	***	***	5.0 Inst Min	***	***	***	Grab	1/day
pH	Sample Measurement	***	***	***	***	6.2	***	***	S.U.	Grab	1/day
	Permit Measurement	***	***	***	***	6.0 Inst Min	***	***	IMAX	Grab	1/day
Total Suspended Solids	Sample Measurement	9	***	***	***	***	25	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	25 Avg Mo	***	***	***	***	30 Avg Mo	***	***	24-Hr Composite	1/week
Total Nitrogen	Sample Measurement	***	***	***	***	***	25.7	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	***	***	***	***	***	Monitor & Report Avg Mo	***	***	24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	.04	***	***	***	***	.1	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	1.7 Avg Mo	***	***	***	***	2.0 Avg Mo	***	***	24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	.4	***	***	***	***	1.0	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	.8 Avg Mo	***	***	***	***	1.0 Avg Mo	***	***	24-Hr Composite	1/week
Flow	Sample Measurement	.049	***	***	***	***	***	***	***	Recorded	Continuous
	Permit Measurement	Monitor & Report Daily Max	***	***	***	***	***	***	***	Recorded	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	***	.02	***	mg/L	Grab	1/day
	Permit Measurement	***	***	***	***	***	.06 Avg Mo	***	IMAX	Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	***	23	***	CFU/100 ml	Grab	1/week
	Permit Measurement	***	***	***	***	***	200 Avg Mo	***	IMAX	Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	1	***	***	***	***	4	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	21 Avg Mo	***	***	***	***	25 Avg Mo	***	***	24-Hr Composite	1/week
Facility Comments											

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

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett. Oct 2016.doc	Cover Letter	2016-11-10T16:42:07-05:00	
Cryptographic Hash Value of File (SHA-512)	64396B4A0CD70B22002D36C1BBB19A3925BAE9CA7D15F3BAE30F6A2F7807AFCB759F3B4BD5C01225F022AAB6811309DEC93A29E3DDCE47C31FB196900A1E75B5		
Springhill DMR lab accred. Oct 2016.doc	Laboratory Accreditation Form	2016-11-10T16:42:28-05:00	
Cryptographic Hash Value of File (SHA-512)	8CA0C63FD7EB131F5CF8E3D1A0550DBE033683631BA78B8E5EB664262B46A3C734B5E055EE1F98DB813767DAB8425A976A9E1F31F34618D8544D2025BD8606D25		
Springhill Farm Influent and Process Control Form Oct 2016.xls	Influent and Process Control Form	2016-11-10T16:42:50-05:00	
Cryptographic Hash Value of File (SHA-512)	7EDA748DCFE1FF9AEB126EF57878817E7C9D28106549BBD1A99CE1E0AEB39D32A0F366748F2F871D1A9AFFF364E967138282FC9170DDBA7E24B16236C8CD82FA00		
Springhill Farm Solids Disposal Form Oct 2016.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-11-10T16:43:14-05:00	
Cryptographic Hash Value of File (SHA-512)	455D923F8EDF1978A484E0CD2A56C9B18AAE596274767629D1D253663934EF18811A9415984AF3960B0351DD413276AFC16B9141576F929CFE39C30B5786F6		
Springhill Farm Supp S form Oct 2016.xls	Daily Effluent Monitoring Form	2016-11-10T16:43:33-05:00	
Cryptographic Hash Value of File (SHA-512)	AEA56CD59CCAB7B1F0D21248E120D0C8FB5AA48A6087C2370409FED343BE78F911786DC7CC63E55DA92E52D06AC4D1AF569EF00F3EA9543920E0E9A8D4008AF		

**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	
Submitted By GreenPort User	Submitted By Full Name
Email Address	Document Generated
disantism@delcora.org	Michael DiSantis
	11/10/2016

*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).

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)
 Month: **October-16**

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on December 31, 2020

Influent		Effluent																		
Date	BOD5 mg/l	TSS mg/l	cBOD5 mg/l	cBOD5 lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	TN mg/L	Cu mg/L	TDS mg/L	pH SU	INST-TRC mg/l	AVG-TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1															7.8	0.08	0.08	7.0	0.05200	0.1
2															7.2	0.02	0.02	7.3	0.05050	
3															7.7	0.01	0.01	7.2	0.04880	
4															8.0	0.04	0.04	7.0	0.03940	
5															7.6	0.05	0.05	6.7	0.04620	
6			3	1	13	5	0.1	0.04	0.5	0.2	44	17.3			7.9	0.01	0.01	7.0	0.04760	
7															7.8	0.05	0.05	7.2	0.04940	
8															7.7	0.01	0.01	6.8	0.05080	0.3
9															7.2	0.00	0.00	7.6	0.04660	0.5
10															6.6	0.04	0.04	7.2	0.04630	
11															6.5	0.02	0.02	8.4	0.03990	
12															6.5	0.00	0.00	8.9	0.04230	
13	360	100	5	2	35	13	0.1	0.05	1.4	0.5	30	28.3	0.036	589	6.2	0.02	0.02	8.3	0.04350	
14															8.0	0.01	0.01	8.7	0.05180	
15															7.8	0.03	0.03	8.8	0.06230	
16															6.6	0.00	0.00	7.4	0.06150	
17															6.8	0.00	0.00	7.3	0.04660	
18															6.6	0.00	0.00	7.4	0.06150	
19															7.2	0.02	0.02	7.2	0.04640	
20			4	1	21	7	0.1	0.03	0.9	0.3	28	22.4			7.0	0.05	0.05	7.1	0.04130	
21															8.0	0.04	0.04	7.4	0.04670	0.3
22															6.8	0.04	0.04	6.8	0.05510	
23															7.7	0.00	0.00	8.0	0.03650	
24															6.5	0.00	0.00	8.6	0.04750	
25															7.2	0.01	0.01	7.9	0.04000	
26															7.0	0.06	0.06	8.0	0.05360	
27			3	1	32	11	0.1	0.04	1.3	0.4	7	34.8			7.8	0.00	0.00	8.0	0.04180	0.4
28															6.5	0.05	0.05	8.0	0.04180	
29															7.8	0.02	0.02	8.1	0.06770	
30															6.9	0.01	0.01	7.5	0.06280	0.3
31															6.7	0.05	0.05	8.1	0.05090	
Min															6.2			6.7		
Max											44	25.7	0.038	589	8.0	0.08			0.06770	
Avg:			4	1	25	9	0.1	0.04	1.0	0.4	23	25.7				0.02			0.04900	

Telephone 610-876-5523

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC

Fecal coliform is geometric mean



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>										
Address: <u>Springhill Drive</u>										
<u>Glen Mills, PA 19342</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0052230				16	10	01	TO	16	10	31
PARAMETER ²	ANALYSIS METHOD	LAB NAME				LAB ID NUMBER ²				
cBOD5	S5210B-11	ALS Environmental				22-293				
TSS	S2540D-11	ALS Environmental				22-293				
Fecal Coliform	S9222D-97	ALS Environmental				22-293				
Ammonia Nitrogen	D6919-09	ALS Environmental				22-293				
TDS	S2540C-11	ALS Environmental				22-293				
Total Phosphorous	EPA 365.1	ALS Environmental				22-293				
Dissolved Oxygen	Meter	DELCORA- Operations Meter				23-00671				
TRC & pH	Meter	DELCORA- Operations Meter				23-00671				
TKN	S4500NH3G-11	DELCORA- Operations Meter				23-00671				
Total Copper	EPA 200.7	ALS Environmental				22-293				
Total Nitrogen	Calculation	ALS Environmental				22-293				
Nitrite & Nitrate	EPA 300.0	ALS Environmental				22-293				

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

Name/Title Principal Executive Officer

Phone: 610-876-5523

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

Michael J. DiSantis, Dir. of O&M

Date: 11/4/16

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

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



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Springhill Farm STP Month: October Year: 2016
 Municipality: Chadds Ford Township County: Delaware NPDES Permit No.: PA0052230
 Watershed: 3-G Renewal application due 180 days prior to expiration.
 This permit will expire on: December 31, 2020

Day	Influent				Process Control			
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1						2,560.0	3.9	1,200.0
2							3.5	2,250.0
3						2,390.0	2.9	1,500.0
4							4.1	1,200.0
5						3,130.0	3.9	1,200.0
6							3.5	1,500.0
7						2,710.0	3.1	5,625.0
8							3.35	2,250.0
9						2,240.0	4.55	4,500.0
10							5.4	4,500.0
11							5.8	2,100.0
12							5.1	2,100.0
13						1,560.0	5.1	1,500.0
14							3.9	600.0
15						2,130.0	3.4	600.0
16							2.5	1,500.0
17						2,080.0	3.8	750.0
18							3.15	975.0
19							3.35	1,050.0
20						2,720.0	3.35	1,500.0
21							3.15	1,500.0
22						2,170.0	3.75	2,250.0
23							3.35	0.0
24						2,370.0	4.4	750.0
25							4.2	1,350.0
26							3.4	1,725.0
27						2,220.0	4.0	1,500.0
28							4.5	1,500.0
29							4.8	1,500.0
30						2,340.0	2.6	2,250.0
31							2.9	1,800.0
Avg						2,355	4	1,759
Max						3,130	6	5,625

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

Prepared By: Michael J. DiSantis License No.: T0403
 Title: Dir. of Operations and Maintenance Date: 11/4/2016



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

November 10, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for 4Q 2016

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for the fourth quarter of 2016.

There were no violations during the reporting period. Please contact me at 610-876-5523, ext. 264, if you need any additional information.

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:bab
enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
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

From: depgreenporthelpdesk@state.pa.us
Sent: Thursday, November 10, 2016 4:48 PM
To: DiSantis, Michael
Subject: Original Monitoring Report Submission 33187 Received Confirmation

Submitted By : Michael DiSantis
Submission Id : 33187
Submission Status : Received
Facility Name : SPRINGHILL FARM STP
Permit Number : PA0052230
Report Type : Quarterly
Monitoring Report Period : 10/01/2016-12/31/2016
Monitoring Report Due Date : 01/28/2017

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

HEADER INFORMATION	
Facility ID: 487351	Facility Name: SPRINGHILL FARM STP
Permit Number: PA0052230	Monitoring Period: 10/01/2016-12/31/2016
	Location Address: 90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342
	Mailing Address: PO BOX 766, CHADDS FORD PA, 19317

PARAMETERS REPORTED VALUES											
Sampling Point	Parameter	Limit Type	801			Stage Code		Final Effluent		No Discharge Indicator	Sample Frequency
			Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Sample Type		
Copper, Total	Sample Measurement		***	***	***	***	***	***	***	24-Hr Composite	1/quarter
	Permit Measurement		***	***	***	***	***	***	***	24-Hr Composite	1/quarter
Total Dissolved Solids	Sample Measurement		***	***	***	***	***	***	***	24-Hr Composite	1/quarter
	Permit Measurement		***	***	***	***	***	***	***	24-Hr Composite	1/quarter
Facility Comments											

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett. 4Q 2016.doc	Cover Letter	2016-11-10T16:46:51-05:00	
Cryptographic Hash Value of File (SHA-512)	9FB8D8160CD1E8BDB30DA5E0B94F1287F4C5E548E98EE593092FBB1B2BACC42E352293BDF12E34774F2B503A9912CC9426E9D6354EAB9364614A6D5005FF3990		
Springhill DMR lab accred. Oct 2016.doc	Laboratory Accreditation Form	2016-11-10T16:47:13-05:00	
Cryptographic Hash Value of File (SHA-512)	6CA0C63FD7EB131F5CF8E3D1A0540DBE033883631BA78BE5EB664262D46A3C734B9E055EE1F9EBDB813767DAB9425A976A9E1F31F34618D8544D2025BD808D25		
Springhill Farm Supp S form Oct 2016.xls	Daily Effluent Monitoring Form	2016-11-10T16:47:33-05:00	
Cryptographic Hash Value of File (SHA-512)	FDF693E5B3E7620D0920E22FB9597A892F595F2D41E17454C25D03DD4E91D6527A9E1F6B63CBF36B8499225497C9148F91E5F3474316596ADD37FF2A39EEBEC		

**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 Michael J. DiSantis											
	Operator Certification Number T0403											
	Operator Contact Number 6108765523											
SUBMISSION INFORMATION												
*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 GreenPort User	DISANTISM											
Email Address	disantism@delcora.org											
	Submitted By Full Name Michael DiSantis											
	Document Generated 11/10/2016											



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

December 15, 2016

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for November 2016

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for November 2016. There were no violations during the month.

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

Respectfully Submitted,

e-signature used per MJD

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
File

ADMINISTRATION

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

CUSTOMER SERVICE/BILLING

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 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, December 15, 2016 2:58 PM
To: DiSantis, Michael; DiSantis, Michael
Subject: Your eDMR Report Has Been Received For Permit No. PA0052230

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

Facility Name: SPRINGHILL FARM STP
Permit Number: PA0052230
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: 36369
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: SPRING HILL FARM WWTF ASSN
ADDRESS: PO BOX 756, CHADDS FORD PA, 19317
FACILITY: SPRINGHILL FARM STP
LOCATION: 90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342
STAGE: Final Effluent

PA0062230
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: Monthly
DMR Effective From: 11/01/2016
DMR Effective To: 11/30/2016
Permit Expires: 12/31/2020
Permit Application Due: 12/28/2016
No Discharge? No

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

PARAMETERS REPORTED VALUES

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		SAMPLE TYPE	SAMPLE FREQUENCY
	VALUE	UNITS	VALUE	UNITS		
Dissolved Oxygen	Sample Measurement	***	7.2	mg/L	Grab	1/day
	Permit Measurement	***	5.0 Inlet Min	***	Grab	1/day
	Sample Measurement	***	6.4	S.U.	Grab	1/day
pH	Sample Measurement	***	8.0 Inlet Min	***	Grab	1/day
	Permit Measurement	***	8.5 IMAX	***	Grab	1/day
	Sample Measurement	***	9.0 Inlet Min	***	Grab	1/day
Total Suspended Solids	Sample Measurement	7	17	mg/L	24-Hr Composite	1/week
	Permit Measurement	25 Avg Mo	30 Avg Mo	***	24-Hr Composite	1/week
	Sample Measurement	***	22.7 Monitor & Report Avg Mo	mg/L	24-Hr Composite	1/week
Total Nitrogen	Sample Measurement	***	***	***	24-Hr Composite	1/week
	Permit Measurement	***	***	***	24-Hr Composite	1/week
	Sample Measurement	0.04 Avg Mo	0.1 Avg Mo	mg/L	24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	1.7	2.0	mg/L	24-Hr Composite	1/week
	Permit Measurement	0.4773 Avg Mo	0.4 Avg Mo	***	24-Hr Composite	1/week
	Sample Measurement	2	***	***	24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	0.619 Monitor & Report Daily Max	***	***	Recorded	Continuous
	Permit Measurement	***	***	***	Recorded	Continuous
	Sample Measurement	***	0.04	mg/L	Grab	1/day
Total Residual Chlorine (TRC)	Sample Measurement	***	0.08 Avg Mo	***	Grab	1/day
	Permit Measurement	***	1.1 IMAX	***	Grab	1/day
	Sample Measurement	***	59	CFU/100 ml	Grab	1/week
Fecal Coliform	Sample Measurement	***	200 Avg Mo	1000 IMAX	Grab	1/week
	Permit Measurement	***	3	***	24-Hr Composite	1/week
	Sample Measurement	21 Avg Mo	25 Avg Mo	***	24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	1	***	***	***	***
Facility Comments	Sample Measurement	***	***	***	***	***



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
Springhill Farm Influent and Process Control Form Nov 2016.xls	Influent and Process Control Form	2016-12-15T14:56:37-05:00	
Springhill Farm Solids Disposal Form Nov 2016.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-12-15T14:56:57-05:00	
Springhill DEP Gov Lett. Nov 2016.doc	Cover Letter	2016-12-15T14:55:53-05:00	
Springhill DMR lab record. Nov 2016.doc	Laboratory Accreditation Form	2016-12-15T14:55:14-05:00	
Springhill Farm Supp S form Nov 2016.xls	Daily Effluent Monitoring Form	2016-12-15T14:57:16-05:00	

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 Discarded	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	TD403	6108765223

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 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	Michael DiSantis	AREA CODE	NUMBER	AREA CODE	NUMBER	YEAR	MO	DAY

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)
 Month: **November-16**

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on December 31, 2020

Influent		Effluent														Rainfall					
Date	BOD5 mg/l	TSS mg/l	cBOD5 mg/l	cBOD5 lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	TN mg/L	Cu mg/L	TDS mg/L	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches	
1															7.2	0.00	0.00	9.0	0.05280		
2															7.3	0.05	0.05	8.8	0.05150		
3			5	2	12	5	0.1	0.04	0.6	0.2	48	26.0			7.1	0.05	0.05	8.6	0.04740	0.1	
4															7.5	0.07	0.07	9.4	0.04520		
5															7.1	0.05	0.05	9.1	0.05860		
6															7.3	0.00	0.00	9.8	0.02800		
7															7.0	0.03	0.03	10.0	0.04680		
8															7.7	0.03	0.03	9.4	0.04650		
9															6.9	0.03	0.03	10.3	0.06100	0.2	
10	190	132	2	1	5	2	0.1	0.04	0.5	0.2	280	27.8			7.4	0.02	0.02	10.2	0.05170	0.5	
11															7.6	0.04	0.04	10.0	0.04730		
12															8.4	0.00	0.00	8.2	0.04030		
13															7.2	0.05	0.05	8.0	0.05170		
14															6.7	0.05	0.05	10.1	0.05940		
15															7.1	0.01	0.01	9.6	0.04000		
16															7.2	0.01	0.01	7.2	0.04060		
17			2	1	28	11	0.1	0.04	0.3	0.1	570	21.3			7.0	0.04	0.04	10.4	0.04810		
18															7.4	0.01	0.01	10.0	0.04370		
19															7.6	0.06	0.06	8.5	0.06190	0.3	
20															7.7	0.03	0.03	8.2	0.05080		
21															7.3	0.05	0.05	7.4	0.03900		
22															7.1	0.01	0.01	10.3	0.03840		
23			4	2	23	10	0.1	0.04	0.2	0.1	380	15.5			6.7	0.08	0.08	11.1	0.05220		
24															6.7	0.07	0.07	10.4	0.03820		
25															7.3	0.03	0.03	9.6	0.04570		
26															7.5	0.04	0.04	8.8	0.05050		
27															8.5	0.02	0.02	8.9	0.03990		
28															7.0	0.04	0.04	9.1	0.04610		
29															6.7	0.10	0.10	8.7	0.06090	1.6	
30											5				6.4	0.06	0.06	8.3	0.04780	1.0	
											3										
Min															6.4						
Max			3	1	17	7	0.1	0.04	0.4	0.2	570	22.7	0.000	0	8.5	0.10	0.04		0.06190		
Avg:											59								0.04773		

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC
 There were two fecal coliform samples taken on 11/30
 Fecal coliform is geometric mean
 Telephone 610-876-5523



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>							
Address: <u>Springhill Drive</u>							
<u>Glen Mills, PA 19342</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0052230				16	11	01	TO 16 11 30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Ammonia Nitrogen	D6919-09	ALS Environmental	22-293				
TDS	S2540C-11	ALS Environmental	22-293				
Total Phosphorous	EPA 365.1	ALS Environmental	22-293				
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671				
TRC & pH	Meter	DELCORA- Operations Meter	23-00671				
TKN	S4500NH3G-11	DELCORA- Operations Meter	23-00671				
Total Copper	EPA 200.7	ALS Environmental	22-293				
Total Nitrogen	Calculation	ALS Environmental	22-293				
Nitrite + Nitrate	EPA 300.0	ALS Environmental	22-293				

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

Name/Title Principal Executive Officer	Phone: <u>610-876-5523</u>	Signature of Principal Executive Officer or Authorized Agent
<u>Michael J. DiSantis, Dir. of O&M</u>	Date: <u>12/5/16</u>	

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

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



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

3800-FM-BPNPMSM0436 3/2012

Facility Name: Springhill Farm STP
 Municipality: Chadds Ford Township
 Watershed: 3-G

County: Delaware
 Month: November
 NPDES Permit No.: PA0052230
 Renewal application due 180 days prior to expiration.
 This permit will expire on: December 31, 2020

Year: 2016

Day	Influent				Process Control			
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1							5.4	1,875.0
2							5.6	1,875.0
3						2,700.0	4.8	1,500.0
4							5.0	1,875.0
5							5.3	1,875.0
6						2,430.0	4.8	2,625.0
7							5.8	1,875.0
8							6.4	1,725.0
9							5.4	1,725.0
10						3,000.0	6.8	1,200.0
11							5.4	3,375.0
12							4.7	2,250.0
13							5.15	1,800.0
14						2,700.0	5.75	1,500.0
15							4.3	2,250.0
16							4.6	2,250.0
17						3,300.0	5.85	3,750.0
18							5.9	4,125.0
19							4.75	2,250.0
20							4.3	6,000.0
21							4.1	2,250.0
22							7.2	4,500.0
23						2,500.0	7.7	2,250.0
24							6.5	2,625.0
25							5.8	1,500.0
26						2,680.0	5.1	1,500.0
27							5.0	4,500.0
28						2,560.0	6.0	2,250.0
29							4.5	2,250.0
30							5.2	2,250.0
31								
Avg						2,734	5	2,453
Max						3,300	8	6,000

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: 12/5/2016



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

December 15, 2016

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for November 2016. There were no violations during the month.

If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: 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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
November 2016**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for November 2016.

Wastewater Plant

Average Daily Flow: 47,730 gallons. Peak Daily Flow: 61,900 gallons.

Sludge hauled: 32,200 gallons

Sodium hypochlorite were delivered: 230 gallons

Aluminum Sulfate were delivered: 200 gallons

The Micro spring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

The cutting mechanism on the comminutor jammed. The unit was disassembled to remove the debris. The unit was placed back into operation.

The chlorine contact tank baffle boards were contaminated with fecal coliform bacteria causing impermissible analytical results. Several attempts to clean the boards failed. It was necessary to replace the entire baffle.

The sludge return line on Train #1 was blocked primarily with leaves. Delcora's maintenance personnel removed the blockage. The return is now working properly.



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

January 17, 2017

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for December 2016

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for December 2016. There were no violations during the month.

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

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
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, January 17, 2017 1:28 PM
To: DiSantis, Michael; DiSantis, Michael
Subject: Your eDMR Report Has Been Received For Permit.No. PA0052230

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

Facility Name: SPRINGHILL FARM STP
Permit Number: PA0052230
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: 39562
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: **SPRING HILL FARM WWTF ASSN**
 ADDRESS: **PO BOX 756, CHADDS FORD PA, 19317**
 FACILITY: **SPRINGHILL FARM STP**
 LOCATION: **90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342**
 STAGE: **Final Effluent**

PA0052230
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**
 DMR Effective From: **12/01/2016**
 DMR Effective To: **12/31/2016**
 Permit Expires: **12/31/2020**
 Permit Application Due: **07/04/2020**
 No Discharge? **No**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM	2016	12	TO	2016	12 31

PARAMETERS REPORTED VALUES

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			SAMPLE TYPE	SAMPLE FREQUENCY
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE		
Dissolved Oxygen	Sample Measurement	***	***	8.1	ng/L	***	Grab	1/day
	Permit Measurement	***	***	5.0 Inst Min	***	***	Grab	1/day
pH	Sample Measurement	***	***	6.5	S.U.	7.8	Grab	1/day
	Permit Measurement	***	***	6.0 Inst Min	***	5.0 IMAX	Grab	1/day
Total Suspended Solids	Sample Measurement	5	lbs/day	***	ng/L	***	24-Hr Composite	1/week
	Permit Measurement	.25 Avg Mo	***	***	***	30 Avg Mo	24-Hr Composite	1/week
Total Nitrogen	Sample Measurement	***	***	***	ng/L	***	24-Hr Composite	1/week
	Permit Measurement	***	***	***	***	26.9 Monitor & Report Avg Mo	24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	.07	lbs/day	***	ng/L	***	24-Hr Composite	1/week
	Permit Measurement	5.0 Avg Mo	***	***	***	6.0 Avg Mo	24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	.3	lbs/day	***	ng/L	***	24-Hr Composite	1/week
	Permit Measurement	1.7 Avg Mo	***	***	***	2.0 Avg Mo	24-Hr Composite	1/week
Flow	Sample Measurement	.04949	MGD	***	***	***	Recorded	Continuous
	Permit Measurement	Monitor & Report Daily Max	***	***	***	***	Recorded	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	ng/L	.08	Grab	1/day
	Permit Measurement	***	***	***	***	.06 Avg Mo	Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	CFU/100 ml	14 IMAX	Grab	1/week
	Permit Measurement	***	***	***	***	176	Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	1	lbs/day	***	ng/L	1000 IMAX	Grab	1/week
	Permit Measurement	21 Avg Mo	***	***	***	4	24-Hr Composite	1/week
Facility Comments						25 Avg Mo	24-Hr Composite	1/week



**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
Springhill DMR lab record Dec 2016.doc	Laboratory Accreditation Form	2017-01-17T13:25:59-05:00	
Springhill Farm Influent and Process Control Form Dec 2016.xls	Influent and Process Control Form	2017-01-17T13:26:19-05:00	
Springhill Farm Solids Disposal Form Dec 2016.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-01-17T13:26:40-05:00	
Springhill Farm Supp S form Dec 2016.xls	Daily Effluent Monitoring Form	2017-01-17T13:27:07-05:00	
Springhill DEP Cov Lett. Dec 2016.doc	Cover Letter	2017-01-17T13:25:34-05:00	

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

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

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	SUBMITTED BY FULL NAME			TELEPHONE		DATE	
	DISANTISM	Michael DiSantis	AREA CODE	NUMBER	AREA CODE	NUMBER	DAY
				2017		1	17
						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).

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)
 Month: December-16

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on December 31, 2020

Influent		Effluent																		
Date	BOD5 mg/l	TSS mg/l	cBOD5 mg/l	cBOD5 lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	TN mg/L	Cu mg/L	TDS mg/L	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD	Rainfall Inches
1			3	1	10	4	0.1	0.04	0.6	0.2	56	25.4			7.3	0.06	0.05	8.5	0.04570	
2															7.3	0.05	0.05	8.4	0.03130	
3															7.3	0.03	0.03	8.6	0.04990	
4															7.6	0.03	0.03	9.3	0.05210	0.3
5															7.1	0.03	0.03	9.4	0.03050	
6															7.7	0.01	0.01	10.2	0.03460	0.8
7															6.6	0.07	0.07	10.2	0.04210	
8			4	2	19	8	0.1	0.04	0.8	0.3	430	25.5			7.0	0.04	0.04	10.9	0.04950	
9															7.7	0.05	0.05	11.2	0.04100	
10															7.6	0.03	0.03	10.5	0.04660	
11															7.8	0.00	0.00	9.0	0.09150	0.6
12															7.1	0.04	0.04	11.1	0.07020	
13															6.8	0.06	0.06	11.0	0.09420	
14															6.5	0.08	0.08	11.6	0.04930	
15			4	2	16	7	0.4	0.16	0.7	0.3	99	28.8			7.6	0.01	0.01	10.8	0.05020	
16															7.6	0.02	0.02	10.5	0.04430	
17															7.5	0.01	0.01	9.4	0.06510	0.5
18															7.5	0.00	0.00	8.8	0.05480	
19															7.0	0.02	0.02	8.3	0.02760	
20															7.6	0.01	0.01	8.8	0.03390	
21															6.9	0.00	0.00	10.5	0.03940	
22	352	196	2	1	5	2	0.1	0.04	0.8	0.4	230	27.0			6.7	0.03	0.03	9.7	0.05340	
23															7.2	0.02	0.02	10.1	0.05500	0.4
24															7.4	0.05	0.05	8.3	0.05190	
25															7.5	0.07	0.07	8.8	0.02270	
26															7.1	0.07	0.07	10.5	0.04740	
27															6.5	0.04	0.04	9.2	0.04210	
28															7.0	0.07	0.07	8.1	0.07590	0.1
29			5	2	9	4	0.1	0.04	0.5	0.2	312	27.8			7.0	0.06	0.06	9.5	0.04800	
30															7.8	0.00	0.00	9.3	0.03710	
31															7.4	0.02	0.02	10.5	0.05660	
Min															6.5			8.1		
Max											430		0.000	0	7.8	0.08	0.03		0.09420	
Avg:											176	26.9							0.04948	

Telephone 610-876-5523

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC
 There were two fecal coliform samples taken on 11/30
 Fecal coliform is geometric mean



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>										
Address: <u>Springhill Drive</u>										
<u>Glen Mills, PA 19342</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0052230				16	12	01	TO	16	12	31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²							
cBOD5	S5210B-11	ALS Environmental	22-293							
TSS	S2540D-11	ALS Environmental	22-293							
Fecal Coliform	S9222D-97	ALS Environmental	22-293							
Ammonia Nitrogen	D6919-09	ALS Environmental	22-293							
TDS	S2540C-11	ALS Environmental	22-293							
Total Phosphorous	EPA 365.1	ALS Environmental	22-293							
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671							
TRC & pH	Meter	DELCORA- Operations Meter	23-00671							
TKN	S4500NH3G-11	DELCORA- Operations Meter	23-00671							
Total Copper	EPA 200.7	ALS Environmental	22-293							
Total Nitrogen	Calculation	ALS Environmental	22-293							
Nitrite + Nitrate	EPA 300.0	ALS Environmental	22-293							

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

Name/Title Principal Executive Officer	Phone: <u>610-876-5523</u>	Signature of Principal Executive Officer or Authorized Agent
<u>Michael J. DiSantis, Dir. of O&M</u>	Date: <u>1/4/17</u>	_____

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

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



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Springhill Farm STP Month: December Year: 2016
 Municipality: Chadds Ford Township County: Delaware
 Watershed: 3-G NPDES Permit No.: PA0052230
 Renewal application due 180 days prior to expiration.
 This permit will expire on: December 31, 2020

Day	Influent				Process Control			
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1						3,220.0	4.5	2,250.0
2							5.7	6,000.0
3						2,420.0	6.1	4,500.0
4							7.2	3,750.0
5						2,340.0	5.9	1,875.0
6							7.2	3,000.0
7						2,390.0	7.7	1,350.0
8							7.3	1,875.0
9							6.1	3,000.0
10						2,150.0	5.3	2,250.0
11							5.1	1,500.0
12							5.3	1,500.0
13							7.3	2,100.0
14							5.9	1,500.0
15						2,570.0	4.9	7,500.0
16							5.9	3,750.0
17						2,530.0	3.5	3,000.0
18							2.7	2,250.0
19							3.85	1,500.0
20							5.8	6,750.0
21							6.2	4,500.0
22						2,380.0	4.2	7,875.0
23							3.8	1,500.0
24						2,460.0	1.9	1,500.0
25							3.8	2,250.0
26						2,350.0	8.2	2,250.0
27							4.3	1,875.0
28							5.7	1,875.0
29						2,690.0	3.3	1,875.0
30							4.0	4,500.0
31							6.55	4,500.0
Avg						2,500	5	3,087
Max						3,220	8	7,875

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

Prepared By: Michael J. DiSantis License No.: T0403
 Title: Dir. of Operations and Maintenance Date: 1/4/2017



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

January 17, 2017

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for December 2016. There were no violations during the month.

If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: 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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
December 2016**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for December 2016.

Wastewater Plant

Average Daily Flow: 49,480 gallons. Peak Daily Flow: 94,200 gallons.

Sodium thiosulfate were delivered: 8 bags

Aluminum Sulfate were delivered: 185 gallons

The Micro spring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

The sludge return line on Train #1 was blocked primarily with rags and leaves. Delcora's maintenance personnel removed the blockage. The return is working properly.

The sludge return line airlift on Train #1, clarifier "B" was corroded beyond repair. A new airlift was fabricated and installed.



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

NAME: SPRING HILL FARM WWTF ASSN
ADDRESS: PO BOX 756, CHADDS FORD PA, 19317
FACILITY: SPRINGHILL FARM STP
LOCATION: 90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342
STAGE: Final Effluent

PA00162330
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: Monthly
DMR Effective From: 01/01/2017
DMR Effective To: 01/31/2017
Permit Expires: 12/31/2020
Permit Application Due: 07/04/2020
No Discharge? No

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

FROM

PARAMETERS REPORTED VALUES

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			SAMPLE TYPE	SAMPLE FREQUENCY
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE		
Dissolved Oxygen	Sample Measurement	***	***	8.7	***	mg/L	Grab	1/day
	Permit Measurement	***	***	5.0	Inst Min	***	Grab	1/day
pH	Sample Measurement	***	***	6.5	***	S.U.	Grab	1/day
	Permit Measurement	***	***	6.0	Inst Min	***	Grab	1/day
Total Suspended Solids	Sample Measurement	7	***	18	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	25	***	30	Avg Mo	***	24-Hr Composite	1/week
Total Nitrogen	Sample Measurement	***	***	***	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	***	***	1.4	Monitor & Report Avg Mo	***	24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	5	***	***	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	5.0	***	6.0	Avg Mo	***	24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	.2	***	***	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	1.7	***	2.0	Avg Mo	***	24-Hr Composite	1/week
Flow	Sample Measurement	.0418	MGD	***	***	***	Recorded	Continuous
	Permit Measurement	Monitor & Report Daily Max	***	***	***	***	Recorded	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	.03	***	mg/L	Grab	1/day
	Permit Measurement	***	***	.06	Inst Max	***	Grab	1/day
Fecal Coliform	Sample Measurement	***	***	11	***	CFU/100 ml	Grab	1/week
	Permit Measurement	***	***	200	Avg Mo	***	Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	1	***	3	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	21	***	25	Avg Mo	***	24-Hr Composite	1/week
Facility Comments								



ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett. Jan 2017.doc	Cover Letter	2017-02-10T10:22:51-05:00	
Springhill Farm Spp S form Jan 2017.xls	Daily Effluent Monitoring Form	2017-02-10T10:24:16-05:00	
Springhill DMR lab accret. Jan 2017.doc	Laboratory Accreditation Form	2017-02-10T10:25:30-05:00	
Springhill Farm Influent and Process Control Form Jan 2017.xls	Influent and Process Control Form	2017-02-14T07:38:08-05:00	
Springhill Farm Solids Disposal Form Jan 2017.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-02-10T10:26:45-05:00	

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 Discoversd	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. Disante	T9403	610878523

SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER	TELEPHONE			DATE	
	AREA CODE	NUMBER	NUMBER	YEAR	MO
DISANTISM	Michael Disantis	AREA CODE	NUMBER	2017	2
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO
				DAY	14

*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).

Cummings, Meghan

From: depgreenporthelpdesk@state.pa.us
Sent: Tuesday, February 14, 2017 7:41 AM
To: DiSantis, Michael; Gober, Stan; dlinahan@comcast.net; DiSantis, Michael
Subject: Your eDMR Report Has Been Received For Permit No. PA0052230

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

Facility Name: SPRINGHILL FARM STP
Permit Number: PA0052230
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: 43484
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.

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)
 Month: **January-17**

Springhill Farm Wastewater Treatment Facility Association
 NPDES permit PA 0052230
 Springhill Drive
 Glenn Mills, PA 19342

This permit will EXPIRE on December 31, 2020

Date	Influent										Effluent										Rainfall Inches
	BODs mg/l	TSS mg/l	cBOD5 mg/l	cBOD5 lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	TN mg/L	Cu mg/L	TDS mg/L	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD		
1															7.0	0.08	0.08	10.5	0.04280		
2															7.1	0.11	0.11	11.1	0.04440		
3															7.0	0.05	0.05	10.1	0.04360		
4															7.5	0.04	0.04	9.9	0.01850	0.3	
5			4	1	19	7	0.1	0.04	0.6	0.2	105	23.5			7.2	0.08	0.08	9.9	0.04150		
6															7.5	0.02	0.02	10.2	0.02010	0.8	
7															7.3	0.01	0.01	9.2	0.06030		
8															7.5	0.00	0.00	9.0	0.04770		
9															6.8	0.01	0.01	9.4	0.03980		
10															7.3	0.07	0.07	10.2	0.04250		
11															6.7	0.08	0.08	9.5	0.04660	0.6	
12	492	232	3	1	9	4	0.1	0.05	0.6	0.2	55	28.7	0.017	675	6.7	0.08	0.08	9.3	0.04940		
13															7.4	0.05	0.05	9.3	0.03990		
14															7.4	0.06	0.06	11.4	0.04920		
15															7.5	0.01	0.01	11.0	0.04710		
16															7.1	0.01	0.01	11.1	0.03660		
17															7.5	0.03	0.03	10.1	0.04840	0.5	
18															7.5	0.01	0.01	10.3	0.03680		
19			2	1	27	10	3.2	1.22	0.9	0.3	3	31.8			7.0	0.01	0.01	9.6	0.04550		
20															7.9	0.02	0.02	10.2	0.03810		
21															7.8	0.12	0.12	10.6	0.03900		
22															6.5	0.07	0.07	8.7	0.05830	0.4	
23															7.0	0.00	0.00	9.2	0.05450		
24															7.5	0.02	0.02	10.2	0.04100		
25															7.5	0.03	0.03	10.0	0.03070		
26			4	1	17	6	2.3	0.75	0.5	0.2	1	16.9			7.7	0.01	0.01	10.2	0.03980		
27															7.1	0.01	0.01	9.3	0.03660		
28															6.8	0.02	0.02	10.0	0.04010	0.1	
29															6.8	0.01	0.01	9.9	0.06040		
30															6.8	0.01	0.01	9.6	0.02720		
31															7.9	0.03	0.03	8.8	0.02980		
Min															6.5			8.7			
Max											105	25.2	0.017	675	7.9	0.12	0.03		0.06040		
Avg:			3	1	18	7	1.4	0.51	0.7	0.2	11								0.04181		

Telephone 610-876-5523

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC
 There were two fecal coliform samples taken on 1/1/30
 Fecal coliform is geometric mean



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>							
Address: <u>Springhill Drive</u>							
<u>Glen Mills, PA 19342</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0052230				17	1	01	TO 17 1 31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Ammonia Nitrogen	D6919-09	ALS Environmental	22-293				
TDS	S2540C-11	ALS Environmental	22-293				
Total Phosphorous	EPA 365.1	ALS Environmental	22-293				
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671				
TRC & pH	Meter	DELCORA- Operations Meter	23-00671				
TKN	S4500NH3G-11	DELCORA- Operations Meter	23-00671				
Total Copper	EPA 200.7	ALS Environmental	22-293				
Total Nitrogen	Calculation	ALS Environmental	22-293				
Nitrite + Nitrate	EPA 300.0	ALS Environmental	22-293				

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

Name/Title Principal Executive Officer

Phone: 610-876-5523Signature of Principal Executive Officer or
Authorized AgentMichael J. DiSantis, Dir. of O&MDate: 2/6/17

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

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



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

Facility Name: Spring Hill Farm STP Month: January Year: 2017
 Municipality: Chadds Ford Township County: Delaware
 Watershed: 3-G NPDES Permit No.: PA0052230
 Renewal application due 180 days prior to expiration
 This permit will expire on: December 31, 2020

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

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

Date	Liquid Sewage Sludge/Biosolids		Dewatered Sewage Sludge/Biosolids		Sewage Sludge/Biosolids	
	Gallons	Hauled Off-site % Solids	Dry Tons	Tons Dewatered	Hauled Off-site % Solids	Dewatered and Incinerated On-site % Solids
1/4/17	22,800		0.000			
1/17/17	3,600		0.000			
1/25/17	26,800		0.000			
1/31/17	23,000		0.000			
TOTAL:						

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

Site Name	DELCO STP	Goose Creek WWTP
Municipality	Chester City	Borough of West Chester
County	Delaware	Chester
DEP Permit No.	PA0027103	PA0027031
Type of Material*	liquid	
Dry Tons Applied/Disposed	Incineration	Haul Liquid
Type of Disposal/Use*	McGovern	McGovern
Hauler Name		
TOTAL:		

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

Prepared By: Michael J. DiSantis License No.: T0403
 Title: Dir. of Operations and Maintenance Date: February 3, 2017



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Month: January Year: 2017
 NPDES Permit No.: PA0052230
 Renewal application due 180 days prior to expiration.
 This permit will expire on: December 31, 2020

Facility Name: Springhill Farm STP
 Municipality: Chadds Ford Township County: Delaware
 Watershed: 3-G

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.0428						6.8	1,875.0		
2	0.0444					2,520.0	6.1	1,875.0		
3	0.0436						5.4	4,500.0		
4	0.0185						3.4	1,500.0		
5	0.0415					1,580.0	2.95	0.0		
6	0.0201						4.9	1,402.0		
7	0.0603					2,110.0	4.9	1,402.0		
8	0.0477						5.65	1,500.0		
9	0.0398					2,320.0	3.5	1,500.0		
10	0.0425						6.6	1,500.0		
11	0.0466						5.2	1,500.0		
12	0.0494	492.0	203	232.0	96	2,470.0	4.6	1,500.0		
13	0.0399						4.8	4,500.0		
14	0.0492					2,110.0	7.6	4,500.0		
15	0.0471						5.1	1,500.0		
16	0.0366					2,120.0	6.6	450.0		
17	0.0484						5.45	0.0		
18	0.0368					2,340.0	5.85	750.0		
19	0.0455					2,370.0	4.75	1,500.0		
20	0.0381						6.0	4,500.0		
21	0.039					2,260.0	5.2	1,125.0		
22	0.0583						4.1	1,500.0		
23	0.0545					2,310.0	3.4	1,500.0		
24	0.041						6.5	1,275.0		
25	0.0307					2,610.0	4.8	0.0		
26	0.0398						3.55	3,375.0		
27	0.0366					2,150.0	5.5	1,500.0		
28	0.0401						7.1	1,500.0		
29	0.0604						5.9	1,125.0		
30	0.0272						4.2	1,500.0		
31	0.0298									
Avg	0.042	492	203	232	96	2,252	5	1,747		
Max	0.06	492	203	232	96	2,610	8	4,500		

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

Prepared By: Michael J. DiSantis License No.: T0403
 Title: Dir. of Operations and Maintenance Date: 2/6/2017



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

February 22, 2017

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for 1Q 2017

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for the first quarter of 2017.

There were no violations during the reporting period. Please contact me at 610-876-5523, ext. 264 if you need any additional information.

Respectfully submitted,

Electronically submitted & signed

Michael J. DiSantis
Director of Operations and Maintenance

MJD:smf
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
File

ADMINISTRATION

610-876-5523

FAX: 610-876-5523

CUSTOMER SERVICE/BILLING

610-876-5526

FAX: 610-876-4460

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, February 22, 2017 3:01 PM
To: DiSantis, Michael; Gober, Stan; dlinahan@comcast.net; DiSantis, Michael
Subject: Your eDMR Report Has Been Received For Permit No. PA0052230

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

Facility Name: SPRINGHILL FARM STP
Permit Number: PA0052230
Report Frequency: Quarterly
Report Type: DMR
Reporting Period: 01/01/2017-03/31/2017
Report Due Date: 04/28/2017

Submitted By: Michael DiSantis
Submission Id: 45099
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: SPRING HILL FARM WWTF ASSN
ADDRESS: PO BOX 756, CHADDS FORD PA, 19317
FACILITY: SPRINGHILL FARM STP
LOCATION: 90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342
STAGE: Final Effluent

PA0052230
PERMIT NUMBER

001
OUTFALL NUMBER

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

Recycling Frequency: Quarterly
DMR Effective From: 01/01/2017
DMR Effective To: 03/31/2017
Permit Expires: 12/31/2020
Permit Application Due: 07/04/2020
No Discharge? No

PARAMETERS REPORTED VALUES

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		SAMPLE TYPE	SAMPLE FREQUENCY
	VALUE	UNITS	VALUE	UNITS		
Copper, Total	***	***	0.17	mg/L	24-Hr Composite	1/quarter
	***	***	Monitor & Report Daily Max	mg/L	24-Hr Composite	1/quarter
Total Dissolved Solids	***	***	675	mg/L	24-Hr Composite	1/quarter
	***	***	Monitor & Report Daily Max	mg/L	24-Hr Composite	1/quarter
Facility Comments						



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

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DEP Cov Lett 10 2017.doc	Cover Letter	2017-02-22T13:16:10-05:00	
Springhill Farm Slupe Storm Jan 2017.xls	Daily Effluent Monitoring Form	2017-02-22T13:17:25-05:00	
Springhill DMR lab record Jan 2017.doc	Laboratory Accreditation Form	2017-02-22T13:18:17-05:00	

Permit 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

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	DEF Notified	Comments

Other Permit Violations	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

Comments Details	Operator Name	Operator Certification Number	Operator Contact Number
	Michael J. DiSantis	T0403	610.878.6523

Submission Information	Submitted By	Greenport User	Area Code	Number	Year	Area Code	Number	Day
	Michael DiSantis			2017				22
	SUBMITTED BY FULL NAME							DAY



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

February 6, 2017

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for January 2017. There were no violations during the month.

If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:
Enclosure

cc: File

ADMINISTRATION

610-876-5523

FAX: 610-876-2708

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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
January 2017**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for January 2017.

Wastewater Plant

Average Daily Flow: 41,810 gallons. Peak Daily Flow: 60,400 gallons.

Sludge Hauled: 76,200 gallons

Sodium hypochlorite were delivered: 160 gallons

Sodium thiosulfate were delivered: 10 bags

The Micro spring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

The month of January was spent working on the #2 aeration train flow hydraulics and clarifiers. All six aerations tanks were taken out of service for inspection and cleaning. Large amount of rags and grit were removed from the tanks. The clarifiers were also taken out of service to remove a heavy solids build up and to inspect the airlift returns. We found the "B" side clarifier weirs to be significantly lower than its counterpart causing the flow to short-circuit to one side. We do not have an explanation as to how or why this occurred due to the weirs and discharge piping are anchored and welded with no means of adjustment. New weir plates were fabricated and installed. Adjustments are still being fine tuned before the weirs will be made permanent.

New fittings and pipe were installed on an aeration tank air diffuser on the #1 train. This was necessary because of corrosion.



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

March 10, 2017

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for February 2017

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for February 2017. There were no violations during the month.

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

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:map
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
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: depgreenporthehelpdesk@state.pa.us
Sent: Friday, March 10, 2017 11:59 AM
To: DiSantis, Michael; Gober, Stan; dlinahan@comcast.net; DiSantis, Michael
Subject: Your eDMR Report Has Been Received For Permit No. PA0052230

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

Facility Name: SPRINGHILL FARM STP
Permit Number: PA0052230
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: 47485
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: SPRING HILL FARM WWTF ASSN
 ADDRESS: PO BOX 756, CHADDS FORD PA, 19317
 FACILITY: SPRINGHILL FARM STP
 LOCATION: 90 SPRINGHILL DRIVE, CHADDS FORD PA, 19342
 STAGE: Final Effluent

PA0052230
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: Monthly
 DMR Effective From: 02/01/2017
 DMR Effective To: 02/28/2017
 Permit Expires: 12/31/2020
 Permit Application Due: 07/04/2020
 No Discharge? No

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

PARAMETERS REPORTED VALUES

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			SAMPLE TYPE	SAMPLE FREQUENCY
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE		
Dissolved Oxygen	Sample Measurement	***	***	8.6	mg/L	***	Grab	1/day
	Permit Measurement	***	***	5.0 Inst. Min		***	Grab	1/day
pH	Sample Measurement	***	***	6.2	S.U.	7.8	Grab	1/day
	Permit Measurement	***	***	6.0 Inst. Min		9.0 IMAx	Grab	1/day
Total Suspended Solids	Sample Measurement	10	lbs/day	***	mg/L	***	24-Hr Composite	1/week
	Permit Measurement	25 Avg Mo	***	30 Avg Mo		***	24-Hr Composite	1/week
Total Nitrogen	Sample Measurement	***	***	***	mg/L	32.3	24-Hr Composite	1/week
	Permit Measurement	***	***	*** Monitor & Report Avg Mo		***	24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	.4	lbs/day	***	mg/L	.9	24-Hr Composite	1/week
	Permit Measurement	5.0 Avg Mo	***	*** Avg Mo		***	24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	.4	lbs/day	***	mg/L	1.0	24-Hr Composite	1/week
	Permit Measurement	1.7 Avg Mo	***	*** Avg Mo		2.0	24-Hr Composite	1/week
Flow	Sample Measurement	.13880	MGD	***	***	***	Recorded	Continuous
	Permit Measurement	Monitor & Report Daily Max	***	***		***	Recorded	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	mg/L	.03	Grab	1/day
	Permit Measurement	***	***	*** .14 IMAx		***	Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	CFU/100 ml	43	Grab	1/week
	Permit Measurement	***	***	*** 200 Avg Mo		1000 IMAx	Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBO5)	Sample Measurement	3	lbs/day	***	mg/L	6	24-Hr Composite	1/week
	Permit Measurement	21 Avg Mo	***	*** 25 Avg Mo		***	24-Hr Composite	1/week
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
Springhill Farm Supp S form Feb 2017.xls	Daily Effluent Monitoring Form	2017-03-10T11:56:38-05:00	
Springhill Farm Influent and Process Control Form Feb 2017.xls	Influent and Process Control Form	2017-03-10T10:01:01-05:00	
Springhill Farm Solids Disposal Form Feb 2017.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-03-10T10:02:19-05:00	
Springhill DMR lab accord. Feb 2017.doc	Laboratory Accreditation Form	2017-03-10T10:05:32-05:00	
Springhill DEP Cov Lett Feb.doc	Cover Letter	2017-03-10T09:58:59-05:00	

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	6108765223

SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER	TELEPHONE		DATE	
	AREA CODE	NUMBER	YEAR	MO
DISANTISM	Michael DiSantis	2017	3	10
	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).



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>										
Address: <u>Springhill Drive</u>										
<u>Glen Mills, PA 19342</u>										
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day						
PA0052230				17	2	01	TO	17	2	28
PARAMETER		ANALYSIS METHOD		LAB NAME		LAB ID NUMBER²				
cBOD5		S5210B-11		ALS Environmental		22-293				
TSS		S2540D-11		ALS Environmental		22-293				
Fecal Coliform		S9222D-97		ALS Environmental		22-293				
Ammonia Nitrogen		D6919-09		ALS Environmental		22-293				
TDS		S2540C-11		ALS Environmental		22-293				
Total Phosphorous		EPA 365.1		ALS Environmental		22-293				
Dissolved Oxygen		Meter		DELCORA- Operations Meter		23-00671				
TRC & pH		Meter		DELCORA- Operations Meter		23-00671				
TKN		S4500NH3G-11		DELCORA- Operations Meter		23-00671				
Total Copper		EPA 200.7		ALS Environmental		22-293				
Total Nitrogen		Calculation		ALS Environmental		22-293				
Nitrite + Nitrate		EPA 300.0		ALS Environmental		22-293				

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

Name/Title Principal Executive Officer

Phone: 610-876-5523

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

Michael J. DiSantis, Dir. of O&M

Date: 3/9/17

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

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



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Springhill Farm STP
 Municipality: Chadds Ford Township
 Watershed: 3-G

Month: February Year: 2017
 NPDES Permit No.: PA0052230
 Renewal application due 180 days prior to expiration.
 This permit will expire on: December 31, 2020

County: Delaware

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.0334						6.35	2,250.0		
2	0.0441					2,550.0	5.9	3,000.0		
3	0.0415						5.9	4,500.0		
4	0.0478					2,440.0	5.9	3,000.0		
5	0.0574						6.4	4,500.0		
6	0.0428					2,470.0	4.5	1,875.0		
7	0.0425						6.05	1,875.0		
8	0.0427						5.1	1,500.0		
9	0.0551					3,390.0	3.75	2,250.0		
10	0.0334						4.9	6,000.0		
11	0.0529					2,380.0	5.0	3,000.0		
12	0.0549						6.35	3,750.0		
13	0.0383					2,660.0	7.0	3,000.0		
14	0.055					2,660.0	7.5	4,125.0		
15	0.0329						6.0	2,250.0		
16	0.0469	261.0	102	116.0	45	3,110.0	8.5	1,875.0		
17	0.0101						6.8	9,000.0		
18	0.0134					2,220.0	5.65	6,750.0		
19	0.0568						4.65	4,500.0		
20	0.0469					3,200.0	3.75	4,500.0		
21	0.044						5.2	6,000.0		
22	0.0354						6.2	9,000.0		
23	0.05					3,070.0	6.2	4,500.0		
24	0.0357						6.9	12,000.0		
25	0.044					1,970.0	6.3	6,000.0		
26	0.0446						4.55	1,875.0		
27	0.0468					1,850.0	5.9	2,250.0		
28	0.0413						4.9	1,350.0		
29										
30										
31										
Avg	0.043	261	102	116	45	2,613	6	4,160		
Max	0.057	261	102	116	45	3,390	9	12,000		

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: 3/8/2017



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

March 10, 2017

Robert J. Lohr, II
President
Springhill Farm Wastewater Treatment Facility Association
P. O. Box 756
Chadds Ford, PA 19317

RE: Monthly Reports

Dear Mr. Lohr:

Enclosed please find the monthly operating reports for the Springhill Farm Wastewater Treatment Plant for February 2017. There were no violations during the month.

If you have any questions, please do not hesitate to call me at 610-876-5523, extension 264.

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:map
Enclosure

cc: 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

**Springhill Farm Wastewater Treatment Facility
Operations & Maintenance Report
February 2017**

Enclosed is the operation and maintenance status of the Springhill Farm Wastewater Treatment Facility for February 2017.

Wastewater Plant

Average Daily Flow: 46,820 gallons. Peak Daily Flow: 133,800 gallons.

Sludge Hauled: 4,700 gallons

Sodium hypochlorite were delivered: 207 gallons

Aluminum sulfate were delivered: 200 gallons

The Micro spring grease inhibitor bio addition continued throughout the reporting period and continues to control the grease in the wet well as well as reducing the filaments and foaming in the plant process.

Final adjustments were made to the weir on the #2 clarifier. The new weir plates were installed and made permanent.

A new waste valve was installed on the #2 aeration train. The old valve mechanism was broken and not repairable.



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

April 17, 2017

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for March 2017

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for March 2017. There were no violations during the month.

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

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:map
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
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 13, 2017 3:07 PM
To: DiSantis, Michael; Gober, Stan; dlinahan@comcast.net; DiSantis, Michael
Subject: Your eDMR Report Has Been Received For Permit No. PA0052230

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

Facility Name: SPRINGHILL FARM STP
Permit Number: PA0052230
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: 50677
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)**

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Springhill DMR lab accord, March 2017.doc	Laboratory Accreditation Form	2017-04-13T12:09:29-04:00	
Springhill DEP Cover Ltr March 2017.doc	Cover Letter	2017-04-13T12:01:12-04:00	
Springhill Farm Supp S form March 2017.xls	Daily Effluent Monitoring Form	2017-04-13T12:04:15-04:00	
Springhill Farm Influent and Process Control Form Feb 2017.xls	Influent and Process Control Form	2017-04-13T12:05:28-04:00	
Springhill Farm Solids Disposal Form March 2017.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-04-13T12:06:39-04:00	
SAMPLE TEMPERATURE MALFUNCTION MEMO - 03-10-2017.doc_Part12 - Nitrite/Nitrate.pdf	Other	2017-04-13T12:13:50-04:00	ALS laboratory letter explaining a sample hold temperature exceedance for a nitrate/nitrite sample,
SAMPLE TEMPERATURE MALFUNCTION MEMO - 03-10-2017.doc_Part12 - Ammonia.pdf	Other	2017-04-13T12:12:07-04:00	ALS laboratory letter explaining an exceedance in a sample hold temperature for an ammonia sample.

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. DiSanitis	T0403	6108765523

SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER	TELEPHONE		DATE	
	AREA CODE	NUMBER	YEAR	MO
DISANTISM	Michael DiSanitis	2017	4	13
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR
		AREA CODE	NUMBER	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).

DISCHARGE MONITORING REPORT - SUPPLEMENTAL FORM (S)

March-17

Month:

Springhill Farm Wastewater Treatment Facility Association
 Springhill Drive
 Glenn Mills, PA 19342
 NPDES permit PA 0052230
 This permit will EXPIRE on December 31, 2020

Date	Influent													Effluent													Rainfall Inches
	BOD5 mg/l	TSS mg/l	cBOD5 mg/l	cBOD5 lbs.	TSS mg/l	TSS lbs.	NH3 mg/l	NH3 lbs.	Phos. mg/l	Phos. lbs.	Fecal 100 ml	TN mg/L	Cu mg/L	TDS mg/L	pH SU	INST TRC mg/l	AVG TRC mg/l	D.O. mg/l	Eff. Flow MGD								
1																		8.6	0.03230	0.3							
2			6	2	25	10	0.2	0.07	0.7	0.3	340	15.6			0.01	0.01	8.3	0.04740	0.0								
3															0.02	0.02	8.6	0.03560	0.0								
4															0.04	0.04	10.1	0.05770	0.0								
5															0.06	0.06	10.5	0.04330	0.0								
6															0.02	0.02	9.1	0.03520	0.0								
7															0.06	0.06	9.3	0.04310	0.0								
8															0.10	0.10	10.0	0.03890	0.0								
9			7	3	19	7	0.1	0.04	0.7	0.3	96	21.8			0.03	0.03	9.2	0.04530	0.2								
10															0.01	0.01	8.5	0.04000	0.2								
11															0.00	0.00	8.9	0.04190	0.0								
12															0.00	0.00	9.2	0.06040	0.0								
13															0.01	0.01	9.2	0.03840	0.0								
14															0.12	0.12	8.0	0.03650	0.0								
15															0.01	0.01	9.0	0.03370	0.0								
16			2	1	31	12	0.9	0.37	1.3	0.5	1000	38.8			0.02	0.02	8.4	0.04790	0.0								
17															0.13	0.13	10.2	0.05030	0.0								
18															0.00	0.00	11.6	0.10640	0.0								
19															0.04	0.04	10.9	0.08890	0.0								
20															0.04	0.04	9.6	0.09550	0.0								
21															0.05	0.05	9.4	0.07770	0.0								
22															0.01	0.01	10.0	0.04540	0.0								
23	505	380	5	1	26	8	0.1	0.03	0.8	0.2	36	27.1			0.01	0.01	10.3	0.03770	0.0								
24											114				0.03	0.03	10.3	0.05180	0.0								
25															0.02	0.02	10.6	0.04610	0.0								
26															0.04	0.04	10.6	0.05660	0.3								
27															0.01	0.01	9.8	0.05890	1.3								
28											32				0.11	0.11	9.7	0.03730	0.0								
29											3				0.03	0.03	9.8	0.04220	0.0								
30			2	1	5	2	1.0	0.39	0.8	0.3	76	21.7			0.07	0.07	8.6	0.04730	0.8								
31															0.05	0.05	10.1	0.06900	1.8								
Min															0.08	0.04	8.0										
Max											1000																
Avg:			4	2	21	8	0.5	0.18	0.9	0.3	46	25.0	#DIV/0!	#DIV/0!	0.13	0.04		0.10640	0.05125								

LAB ALS Environmental In-house? Yes* pH, D.O., & TRC
 There were two fecal coliform samples taken on 11/30
 Fecal coliform is geometric mean

Telephone 610-876-5523



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

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>Springhill Farm Wastewater Treatment Facility Association</u>							
Address: <u>Springhill Drive</u>							
<u>Glen Mills, PA 19342</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
PA0052230				17	3	01	TO 17 3 31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER ²				
cBOD5	S5210B-11	ALS Environmental	22-293				
TSS	S2540D-11	ALS Environmental	22-293				
Fecal Coliform	S9222D-97	ALS Environmental	22-293				
Ammonia Nitrogen	D6919-09	ALS Environmental	22-293				
TDS	S2540C-11	ALS Environmental	22-293				
Total Phosphorous	EPA 365.1	ALS Environmental	22-293				
Dissolved Oxygen	Meter	DELCORA- Operations Meter	23-00671				
TRC & pH	Meter	DELCORA- Operations Meter	23-00671				
TKN	S4500NH3G-11	DELCORA- Operations Meter	23-00671				
Total Copper	EPA 200.7	ALS Environmental	22-293				
Total Nitrogen	Calculation	ALS Environmental	22-293				
Nitrite + Nitrate	EPA 300.0	ALS Environmental	22-293				

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

Name/Title Principal Executive Officer

Phone: 610-876-5523

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

Michael J. DiSantis, Dir. of O&M

Date: 4/4/2017

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

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



SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Springhill Farm STP
Municipality: Chadds Ford Township
Watershed: 3-G

Month: March
NPDES Permit No.: PA0052230
Year: 2017
Renewal application due 180 **days** **prior to expiration.**
This permit will expire on: December 31, 2020

County: Delaware

Day	Influent				Process Control			
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)
1	0.0323						4.4	2,250.0
2	0.0474					2,360.0	4.6	2,250.0
3	0.0356						5.2	2,625.0
4	0.0577					2,040.0	7.1	1,725.0
5	0.0433						4.65	1,500.0
6	0.0352					2,360.0	6.8	1,500.0
7	0.0431						6.7	1,875.0
8	0.0389						6.0	1,725.0
9	0.0453					2,540.0	5.0	1,500.0
10	0.04						4.7	3,375.0
11	0.0419					1,900.0	5.8	3,375.0
12	0.0604						5.65	1,125.0
13	0.0384					2,250.0	6.1	2,250.0
14	0.0365						4.6	1,875.0
15	0.0337						5.2	1,875.0
16	0.0479					2,390.0	4.3	1,500.0
17	0.0503						7.2	2,250.0
18	0.1064					2,250.0	5.45	1,500.0
19	0.0889						4.75	1,500.0
20	0.0955					2,270.0	6.05	1,500.0
21	0.0777						7.05	1,500.0
22	0.0454						6.9	1,500.0
23	0.0377						7.2	1,500.0
24	0.0518		159	380.0	119	2,480.0	5.9	2,250.0
25	0.0461	505.0				2,730.0	5.1	2,250.0
26	0.0566						4.75	6,000.0
27	0.0589					2,980.0	5.6	1,500.0
28	0.0373						4.6	3,375.0
29	0.0422						4.0	3,000.0
30	0.0473					3,070.0	4.0	1,500.0
31	0.069						3.75	4,500.0
Avg	0.051	505	159	380	119	2,432	5	2,192
Max	0.106	505	159	380	119	3,070	7	6,000

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: 4/4/2017



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

May 15, 2017

SUBMITTED ONLINE VIA PADEP eDMR SYSTEM

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

RE: Discharge Monitoring Reports, Supplemental S Forms and Laboratory Accreditation Form for Springhill Farms Wastewater Treatment Facility Permit # PA 0052230, for April 2017

Dear Mr. Collins:

Please find enclosed the Springhill Farms Wastewater Treatment Facility Monthly Operating Reports for April 2017. There were no violations during the month.

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

Respectfully Submitted,

Michael J. DiSantis
Director of Operations and Maintenance

MJD:mc
Enclosure

cc: R. Lohr, SFWTFA
A. Serock, CFTSA
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