

**Application of Pennsylvania-American Water Company for the Acquisition
of the Wastewater Collection, Conveyance and Treatment System
Owned and Operated by Towamencin Township and Towamencin Municipal Authority
(collectively “Towamencin”)**

Docket No. A-2023-3039900

66 Pa. C.S. § 1329

Application Filing Checklist – Water/Wastewater

20. Proof of Compliance. Provide proof of compliance with applicable design, construction and operation standards of DEP or of the county health department, or both, including:
- e. Provide documentation evidencing a 5-year compliance history with DEP with an explanation of each violation for the seller’s utilities that have been providing service as well as provide a copy of any DEP-approved corrective action plans.

RESPONSE: e. Towamencin’s 5-year DEP history of violations and explanations is included in **Appendix A-20-e**.

3800-FM-BPNPMS0440 3/2012

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



NON-COMPLIANCE REPORTING FORM

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

Facility Name: Towamencin Municipal Authority County: Montgomery Month: September Year: 2018
Municipality: Towamencin Permit No.: Pa0039004

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
9/28/18	Fecal coliform	200	#/100 ml	74055	3800	#/100M L	Elevated flow	

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

Total Effluent peak flow was 19.36mgd. Stage 1 TRC was 1.83 prior to dechlorination
Stage 2 TRC was 0.47 mg/l

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

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

Prepared By: Ralph Jacoby Signature: _____
Title: Operations manager Date: 10/24/18

3800-PM-BPNP8M0440 3/2012



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Facility Name: Towamencin Municipal Authority Month: December Year: 2018
Municipality: Towamencin County: Montgomery Permit No.: Pa0039004

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
12/18/18	Fecal coliform	200	#/100 ml	74055	2200	#/100M L	Elevated flow	

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

Explain
Explain
Explain
Explain
Explain

Total Effluent peak flow was 6.85mgd. Stage 1 TRC was 1.57 prior to dechlorination
Stage 2 TRC was 0.79 mg/l

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Prepared By: Ralph Jacoby Signature: _____
Title: Operations manager Date: 1/15/19



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Facility Name: Towamencin Municipal Authority County: Montgomery Month: October Year: 2019
Municipality: Towamencin Permit No.: Pa0039004

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
10/1/2019	Osmotic Pressure	52	mOe/kj H2O		54	mOe/kj H2O	unknown	

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

Explain
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Prepared By: Ralph Jacoby Signature: _____
Title: Operations manager Date: 11/21/2019



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Facility Name: Towamencin Municipal Authority Month: April Year: 2020
 Municipality: Towamencin County: Montgomery Permit No.: PA0039004

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
4/10/2020	Flow	Report	MGD	50050			See below	See below
4/30/2020	Flow	Report	MGD	50050			See below	See below

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

On 4/10 and 4/30/2020 the Stage 1 flow chart lost the totalizer numbers due to loss power. For these two days the average Stage 1 flow was entered.

The uninterrupted power supply was in need of replacement. It was fixed.

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Prepared By: Henry Stepnowski
 Title: Chief Operator

Signature: _____
 Date: 5/20/2020



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Facility Name: Towamencin Municipal Authority Month: June Year: 2020
 Municipality: Towamencin County: Montgomery Permit No.: PA0039004

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
6/19/2020	NH3	2.0	mg/l	00610	2.23	mg/l	Trickling filter (TF) out of service	Finish repairs, put TF back in service
6/2020	NH3	1.0	mg/l	00610	1.13	mg/l	Trickling filter (TF) out of service	Finish repairs, put TF back in service

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

Explain
Explain
Explain
Explain
Explain

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Prepared By: Ralph Jacoby Signature: _____
 Title: Operations Manager Date: 7/8/2020



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Facility Name: Towamencin Municipal Authority Month: September Year: 2020
 Municipality: Towamencin County: Montgomery Permit No.: PA0039004

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
9/3/2020	Osmotic Pressure	52	mOs/k g-H ₂ O		54	mOs/kg H ₂ O	See below	
9/5/2020	Fecal Coliform	1000	#/100 ml		1260	#/100ml	See below	See below

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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Other Permit Violations*

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- Sample type not in compliance with permit
- Violation of permit schedule
- Other
- Other

Explain
Explain
Explain
Explain
Explain

Osmotic Pressure - Due to discharge from SIU Clemens Food Group
Fecal Coliform - Clogged carry water lines. Replaced sight tubes. Unclogged lines.

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Prepared By: _____ Signature: _____
 Title: _____ Date: 10/9/2020

3800-FM-EPNPSM0440 3/2012



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Facility Name: Towamencin Municipal Authority Month: April Year: 2022
Municipality: Towamencin County: Montgomery Permit No.: PA0039004

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
4-7-2022	Fecal Coliform	1000	CFU/100ml		1490	CFU/100ml	High Flow	

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Other Permit Violations*

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- Sample type not in compliance with permit Explain
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Prepared By: Ralph Jacoby Signature: _____

Title: Operations Manager Date: 5-18-2022