



VIA E-FILING

October 7, 2024

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
400 North Street
Harrisburg, PA 17120

**Re: Petition of Deer Haven, LLC Requesting an *Ex Parte* Emergency Order
Allowing Aqua Pennsylvania, Inc. to Act as a Receiver to Operate the Deer
Haven Water and Wastewater Systems
Docket No. P-2024-3050545**

Dear Secretary Chiavetta:

Enclosed please find Aqua Pennsylvania, Inc.'s ("Aqua") Initial Status Report to the Pennsylvania Public Utility Commission ("PUC" or the "Commission") in accordance with Aqua's Receivership duties for Deer Haven, LLC (Water) ("DH Water") established via the Commission's *Ex Parte* Emergency Order Entered August 7, 2024, modified by the Commission's Ratification Order entered August 26, 2024, Ordering Paragraph 5, Appendix A Paragraph 1.o., in Docket No. P-2024-3050545.

If you have any questions regarding this filing, please contact me at 610-645-1130.

Sincerely,



Alexander R. Stahl
Regulatory Counsel

cc: Certificate of Service
Daniel Searfoorce, Bureau of Technical Utility Services (via email, dsearfoorc@pa.gov)
John Van Zant, Bureau of Technical Utility Services (via email, jvanzant@pa.gov)
Sean Donnelly, Bureau of Technical Utility Services (via email, sdonnelly@pa.gov)
Courtney L. Schultz, Esq., Saul Ewing, LLP (via email, Courtney.schultz@saul.com)
Kruti B. Patel, Esq., Saul Ewing, LLP (via email, kruti.patel@saul.com)



**INITIAL STATUS REPORT TO THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

DEER HAVEN, LLC (WATER)
AQUA PENNSYLVANIA, INC., AS RECEIVER

DOCKET NO. P-2024-3050545

Dated: October 7, 2024

A. BACKGROUND

On August 1, 2024, Deer Haven, LLC (Water) (“DH Water”) filed a Petition requesting that the Pennsylvania Public Utility Commission (“PUC” or the “Commission”) issue an *Ex Parte* Emergency Order Allowing Aqua Pennsylvania, Inc. to Act as a Receiver to Operate the Deer Haven Water and Sewer Systems.¹ The Commission issued an *Ex Parte* Emergency Order naming Pocono Water Works Company, Inc. (“Pocono Water”) as Receiver.² Aqua Pennsylvania, Inc. (“AP”) filed a letter on August 13, 2024, regarding the DH Water system and noted that AP would be willing to act as the Receiver for the DH Water system. AP also informed the Commission that the DH Water system consisted of a community water system (DH Water – White Beauty View Estates) and non-community water system (DH Water – Lower White Pines) that the prior operator was providing services for:

The Deer Haven Water System is a community water system consisting of approximately 43 customers; however, the prior operator was also operating a non-transient non-community water system that does not have established treatment processes which is close in proximity to, but separate from, the Deer Haven Water System. Aqua specifically requests that the Commission clarify Aqua’s role regarding management and oversight to the non-transient non-community water system in addition to the Deer Haven Water System to ensure water quality for these residents.³

AP is now operating both the community and non-community DH Water systems to ensure the safety of the public.

On August 22, 2024, Chairman DeFrank issued a motion to name AP as Receiver for the DH Water System. On August 26, 2024, the Commission issued a Ratification Order naming AP as Receiver for the DH Water system and modifying the existing *Ex Parte* Emergency Order to remove Pocono Water as the Receiver, along with other modifications requested by AP.⁴

The two separate DH Water systems serve approximately 40 customers in Palmyra Township, Pike County, Pennsylvania. The DH Water systems abut Lake Wallenpaupack and are near several of AP’s water systems including Tanglewood North and Tanglewood Lakes. Included within the Commission’s Receivership Order, the Company was directed to “[s]ubmit an initial status report to the Commission within 60 days of August 7, 2024, and then quarterly thereafter to detail any relevant updates pursuant to duties and responsibilities assigned through receivership.”⁵

¹ *Petition of Deer Haven, LLC Requesting an Ex Parte Emergency Order Allowing Aqua Pennsylvania, Inc. to Act as a Receiver to Operate the Deer Haven Water and Sewer Systems*, Docket No. P-2024-3050545. (“DH Petition”).

² *DH Petition*, Docket No. P-2024-3050545, Ex Parte Emergency Order (Aug. 7, 2024) (“Ex Parte Emergency Order”).

³ Letter of AP Re: DH Petition, Docket No. P-2024-3050545 (Aug. 13, 2024).

⁴ DH Petition, Docket No. P-2024-3050545, Ratification Order, Ordering Paragraph 2 (Aug. 26, 2024) (hereinafter “Ratification Order”).

⁵ *Ratification Order*, Ordering Paragraph No. 5, Appendix A, Paragraph 1.o.

AP now submits its Initial Status Report (“Status Report”) on the operations of DH Water as directed by the Commission.

B. INITIAL STATUS REPORT

1. Receivership Order

The Commission directed that utility service serving the DH Water facilities be transferred to the Receiver.⁶ Electric service was transferred and established in AP’s name as Receiver in accordance with the Commission’s Receivership Order.

The Commission directed that DH Water preserve all hard copy or electronic records, files, bank statements, documents, papers, or any other materials related to the offering of utility water service, including records of all contracts, agreements loans, payments, and other arrangements with affiliated companies.⁷

The Commission directed that by August 22, 2024, DH Water turn over copies or originals of all books, records, accounts, and any other information, and all operations assets, including keys to locks securing facilities, buildings, and any other property, whether personal or real property, used and useful in the provision of utility water service to customers served by DH Water to the Receiver.⁸ The Commission also directed that DH Water, including its owners and employees, provide full and unconditional cooperation with the orderly transition of operations, management, and oversight to the Receiver.⁹

2. Operations and Capital Expenditures

On August 22, 2024, AP began its Receivership duties for the DH Water systems. AP personnel arrived onsite to begin a full assessment of the systems and their operations and performed a walkthrough of the DH Water facilities. Photographs of the DH Water facilities when AP came onsite are included with this Status Report as **Attachment A**. AP is currently managing the DH Water systems and DH Sewer system¹⁰ with current staff. While the additional demands of the DH Water systems are manageable, when taken cumulatively with all AP and Aqua Pennsylvania Wastewater, Inc.’s (“APW”) other duties and receiverships, it has strained current staff time as many of the processes are manual in these troubled systems and require in person visits.

The community water system serves approximately 20 customers, and the non-community water system serves approximately 20 customers – a total of 40 customers. AP was informed that the DH Water – White Beauty View Estates (community) water system has been on a boil water

⁶ *Id.* Ordering Paragraph No. 10.

⁷ *Id.* Ordering Paragraph No. 11.

⁸ *Id.* Ordering Paragraph No. 12 and 13 as Modified by the Ratification Order.

⁹ *Id.* Ordering Paragraph No. 14.

¹⁰ DH Petition, Docket No. P-2024-3050549, Ex Parte Emergency Order, Ordering Paragraph No. 5 (Aug. 15, 2024).

notice since June 26, 2024, due to a failure of the 4-Log disinfection system. The DH Water – Lower White Pines (non-community) system is not on a boil water notice.

The Pennsylvania Department of Environmental Protection (“DEP”) issued a Notice of Violation (“NOV”) on June 25, 2024, noting a Failure or Significant Interruption in 4-Log Treatment. The June 25, 2024 NOV stemmed from a Water Supply Inspection Report also issued on June 25, 2024, which noted that the buried chlorine contact tank was being bypassed and that there was a water outage. The June 25, 2024 Water Supply Inspection Report also noted that the booster pumps had been removed and a fiberglass expansion tank was used as a replacement which was “flooded” (meaning the fiberglass replacement hydropneumatic tank is full of water and had no air in it to provide pressure). A copy of the June 25, 2024 NOV and Water Supply Inspection Report are included in this Status Report as **Attachment B**.

The DEP issued a Field Order on June 27, 2024, which required that a boil water advisory be issued, and if the problem was not corrected that the boil water advisory be re-issued every 30 days until the issue is resolved. The Field Order is included in this Status Report as **Attachment C**. The boil water advisory was issued on June 26, 2024, and is included in this Status Report as **Attachment D**; however, AP is not aware that the boil water advisory was re-issued every 30 days as this particular issue was ongoing prior to AP’s Receivership duties. When AP began its Receivership duties, Aqua re-issued the boil water advisory as required by the DEP. The Aqua re-issued boil water advisory is included in this Status Report as **Attachment E**.

AP has discussed with DEP the steps necessary to lift the boil water advisory. AP submitted a 4-Log permit application to DEP on September 16, 2024, to allow for the installation of multiple sections of 36” ductile iron pipe to provide 4-Log disinfection contact time. A copy of the 4-Log permit application is included in this Status Report as **Attachment F**. AP plans to begin construction of the contact pipe the week of October 14, 2024. Once the DEP operations permit is issued, AP will take two bacteria samples from the distribution system and provide that information to the DEP to lift the boil water advisory.

Regarding the non-community DH Water – Lower White Pines Water system, AP plans to monitor the operation of the production and distribution systems. There is currently no water treatment for this non-community water system. In addition, AP plans on upgrading and moving the electrical panel outside the well house for safety reasons as can be seen in the photographs included in **Attachment A**.

AP established a website to provide information to customers concerning the DH Water system: <https://www.aquawater.com/deerhaven.php>. AP sent a letter to customers informing them that AP was now acting as Receiver of the DH Water system which was included with the boil water advisory included as **Attachment E**.

AP is developing a recommended capital plan for the DH Water system and will provide recommendations on capital improvements in a subsequent status report.¹¹

¹¹ *Ratification Order*, Ordering Paragraph 5, Appendix A, Paragraph 1.c.

As AP continues to operate the system to ensure compliance with the Ratification Order, AP will make improvements necessary to provide quality and reliable service. AP will have further information on operational issues in later status reports.

3. Financial

The Ratification Order directed AP to establish the financial position of DH Water at the time AP assumed its Receivership role.¹² AP is working to establish the financial position of DH Water as of the start of AP's Receivership. AP will continue to track expenses and capital improvements related to the DH Water system through deferred accounting treatment via establishment of a regulatory asset in accordance with AP's Receivership duties.¹³

The Company notes that the current revenues of the DH Water system are insufficient to cover current and future operational expenses (40 customers x \$15 per month x 12 months = \$7,200).¹⁴

4. Initial Customer Billing

AP has implemented the existing rates of DH Water as set forth in DH Water's Tariff Water – Pa. P.U.C. No. 1, effective May 22, 2010, which is available on AP's website and the Deer Haven webpage discussed above. AP's initial billing of the DH Water customers was sent out at the end of September 2024.

C. CONCLUSION

AP will continue to investigate the system's operations and financial status and will make necessary improvements to operate the DH Water system to ensure quality and reliability of service to the DH Water customers for the period of its Receivership duties during the 529 proceeding. AP will provide an update to this Initial Status Report on or before January 6, 2025.

¹² *Id.* Ordering Paragraph 5, Appendix A Paragraph 1.r.

¹³ *Id.* Ordering Paragraph 5, Appendix A, Paragraphs 1.s and 2.b.

¹⁴ AP notes that although the DH Water tariff notes a commercial customer rate, there were no commercial DH Water customers listed in the records provided to AP. Also, AP notes that the mobile home park customers noted in the tariff no longer exists.

ATTACHMENT A

Deer Haven Water –
White Beauty View Estates
(Community Water System)



WARNING!
PROPERTY OF
AQUA
CALL 800-451-7829





Pump Pro

US
-40
-35
-30
-25
-20
-15
-10
GALLONS

CentiPro
Pump Control Box
Model CR3011WC
1/2" & 3/4" 230

Polys
Sera



USA
MADE
IN



P

Shield[®]
ment

POLY Shield[®]
Sheathing/underlayment

POLY Shield[®]

Shield[®]





Clipboard with a checklist and a blue pen. The checklist has several columns and rows, but the text is illegible.

Centipro
Power Transformer
Model 10001000
1000 VA
120V/240V
60 Hz

02071720







CentriPro
Pump Control Box
Model CB30412MC
HP 3, Volts 230

WATVIP

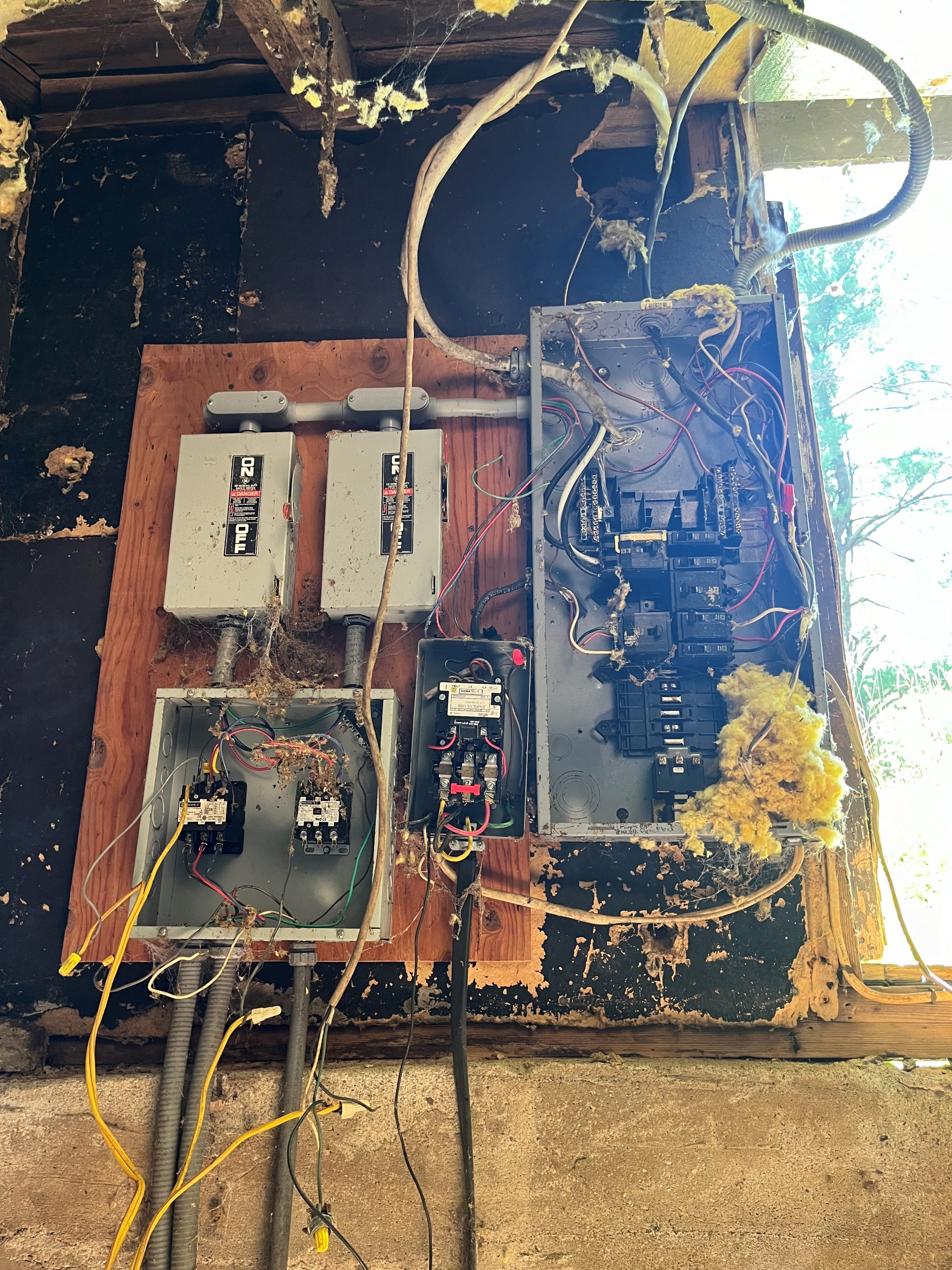
Deer Haven Water –
Lower White Pines
(Non-Community Water System)



6860
N4523

WA
TEMPERATURE
IN A CELL

POLYSHIELD
POLYSHIELD
POLYSHIELD



Two electrical meters are mounted on a wooden board. The left meter is a digital meter with a black label that reads "20" and "0.11". The right meter is an analog meter with a black label that reads "20" and "0.11". Both meters are connected to a network of wires.

A fuse box is mounted on the wooden board. It contains several fuses and is connected to a network of wires. The fuse box is labeled "FUSE BOX" and "100 AMP".

The main electrical panel is open, revealing a mess of wires and components. The panel is labeled "ELECTRICAL PANEL" and "100 AMP". The panel contains several circuit breakers and is connected to a network of wires. A large, thick, brown, fibrous mass is piled up in the center of the panel area.

A smaller electrical panel is mounted on the wooden board. It contains several circuit breakers and is connected to a network of wires. The panel is labeled "ELECTRICAL PANEL" and "100 AMP".

ATTACHMENT B



Jun 25, 2024

NOTICE OF VIOLATION

SAM SHAHAR
41 ELM ST STE 1C
MORRISTOWN, NJ 07960-7205
Violation ID #: 8191639

Re: Violations Identified During Inspection
DEERHAVEN WHITE BEAUTY VIEW ES
PWS ID No. 2520110
Palmyra Township, Pike County

Dear Water Supplier:

On Jun 25, 2024, an inspection of the above facility found the following violation(s):

1. Description: FAILURE OR SIGNIFICANT INTERRUPTION IN 4-LOG TREATMENT OF VIRUSES FOR A GROUNDWATER SOURCE

Citation: 25 PA Code, §109.1307(a)(1)(ii)

The Department has determined that these violation(s) meet the definition of a significant deficiency or are contributing to a significant deficiency as described in Title 25 Pa. Code § 109.1 of the Department's regulations. Regulatory requirements for responding to a significant deficiency are contained in Title 25 Pa. Code § 109.717.

In order to comply with Title 25 Pa. Code Chapter 109, it is recommended you:

- By Jul 25, 2024: Consult with the Department regarding the appropriate corrective action.
- Notify the Department that a deficiency has been corrected within 30 days of completion of the corrective action.

Any violation of Title 25 Pa. Code 109 could result in further enforcement action, including civil and criminal penalties. Each day the violation continues constitutes a separate offense.

This Notice of Violation is neither an order nor any other final action of the Department of Environmental Protection. It neither imposes nor waives any enforcement action available to the Department under any of its statutes. If the Department determines that an enforcement action is appropriate, you will be notified of the action.

If you have any questions concerning this matter, please contact me at mseese@pa.gov or 570-895-4040.

Sincerely,

MARY ANN SEESE



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF SAFE DRINKING WATER

WATER SUPPLY INSPECTION REPORT

Facility Name DEERHAVEN WHITE BEAUTY VIEW ES	PWSID No 2520110	Inspection Date 2024-06-25
Facility Location RT 507 ON LAKE WALLEMPAUPACK GREENTOWN, PA 18426	County Pike	Municipality Palmyra
Responsible Officials Name SAM SHAHAR	Telephone: (973) 610-1661	
	System Type: Community	Population: 53
Certified Operator Name BONAMICO JOSEPH R SR	Field Order Number: ----	
	Issue Date (mm/dd/yy): ----	

Person(s) Interviewed

Name: Joe Bonamico	Title: Operator
Name: Joe Dotter	Title: HOA President

eFACTS info

Inspection ID: 3784574	Inspection Type WSEME
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Violations

A2D - 25 PA Code, §109.1307(a)(1)(ii) WTP:301 - ESTATES Remarks: FAILURE OR SIGNIFICANT INTERRUPTION IN 4-LOG TREATMENT OF VIRUSES FOR A GROUNDWATER SOURCE Buried CT tank is being bypassed

Outstanding Violations Returned to Compliance

A1 - 25 PA Code, §109.4

Corrected/Abated

Remarks: CIRCUMSTANCES EXIST WHICH ADVERSELY AFFECT THE QUANTITY OR QUALITY OF WATER

System out of water about 21:00 hrs last evening. No certified water operator replacement has occurred and certified water gave his notice for midnight on 2/15/2024.

B6G - 25 PA Code, §109.704

Corrected/Abated

Remarks: FAILURE TO MAINTAIN AN APPROPRIATELY CERTIFIED OPERATOR

General Comments

This system is failing to meet 4log contact time. This inspector only learned this morning tha...

General Comments Cont.

t the buried CT tank is bypassed. The booster pumps per the operations permit have not been present for some time and the fiberglass expansion tank was used as a replacement, which is now flooded.

Cresswell is to come back in the morning to pull well pump and to determine if the shaft in the pump broke or if there are significant holes in the metal pipe holding the well pump and replace the pipe holding the well pump.

Appropriate Boil Water notices were put in Joe Dotter's mail box as he will be gone for several days. Boil Water notices are now due to not meeting 4log treatment. To get off 4log Boil Water, treatment system needs to be returned to original 4log design.

Signatures

<p>Received by(Print Name): Joe Bonamico</p>	<p>Unable To Receive Signature: Not on site to write report</p>
<p>Investigator (Print Name): MARY ANN SEESE</p>	

ATTACHMENT C

FIELD ORDER

(PLEASE PRINT AND PRESS FIRMLY)

SYSTEM NAME White Beauty View Estates	PWS ID No. 2520110	CASE NUMBER 24-24-1247-002
LOCATION Estates Road	MUNICIPALITY Palmyra Township	COUNTY Pike
PERSON TO WHOM ORDER IS DIRECTED Sam Shahar		TELEPHONE NUMBER (973) 610-1661
MAILING ADDRESS 41 Elm St. Ste 1C, Morristown, NJ 07960-7205		
NAME AND TITLE OF PERSON SERVED		DATE ORDER SERVED <i>6/27/24</i>

The Commonwealth of Pennsylvania, the Department of Environmental Protection ("Department"), has made the following Findings of Fact:

1. The Department is the agency with authority to administer and enforce the Pennsylvania Safe Drinking Water Act, the Act of May 1, 1984, P.L. 206, No. 43, 35 P.S. §§721.1-721.19 ("SDWA"), and Section 1917-A of the Administrative Code, the Act of April 9, 1929, P.L. 177, as amended, 71 P.S. §510-17, and the regulations of the Environmental Quality Board adopted pursuant thereto.
2. The person named above to whom this order is directed ("Recipient") owns and/or operates a public water system at the location identified above.
3. The undersigned authorized representative of the Department conducted an inspection of the public water system identified above on 06/24,25,26/2024.
4. The operation of this water system with the violation(s) identified in this Order is a violation of the Sections of the Department's regulations cited herein and the SWDA and constitutes a public nuisance under Section 12 of the SDWA, 35 P.S. §721.12.
5. Section 13 of the SDWA, 35 P.S. §721.13, provides that the Department may assess a civil penalty of up to Five Thousand Dollars (\$5,000.00) per day for each violation of the SDWA.

Description of Violation:

A2D - Failure or Significant Interruption in 4-Log Treatment of Viruses for a Groundwater Source

DEP was notified by HOA President that the system was out of water and had been out of water since early morning of 6/24. DEP was also told by HOA President that the buried tank was being bypassed due to inside of tank was contributing to iron issues and an expansion tank was added to supply pressure to distribution system because booster pumps were missing from well pit, which boosters were part of the original permitted 4-Log design.

Location of Violation:

White Beauty View Estates, top of Estates Road, Palmyra Township, Pike County

Provisions of Regulation, Statute or Permit Violated:

25 PA Code, 109.1307(a)(1)(ii)

FIELD ORDER (continuation)

(PLEASE PRINT AND PRESS FIRMLY)

SYSTEM NAME White Beauty View Estates	PWS ID No. 2520110	CASE NUMBER 24-24-1247-002
Description of Violation: B5A – Failure of Public Water Supply to Obtain a Permit PWS failed to obtain a permit before modifying the 4-log chlorine disinfection treatment		
Location of Violation: Well treatment pit, top of Estates Rd., White Beauty View Estates (WBVE), Palmyra Township, Pike County		
Provisions of Regulation, Statute or Permit Violated: 25 PA Code, 109.501		
Description of Violation: B6A – Other violations deemed to be significant deficiencies The above violations constitute a ‘Significant Deficiency’ under the Groundwater Rule since the failure to provide the appropriate amount of contact time, as permitted, is allowing inadequately disinfected water to enter the distribution system.		
Location of Violation Well treatment pit, top of Estates Rd., WBVE, Palmyra Township, Pike County		
Provisions of Regulation, Statute or Permit Violated: 25PA Code, 109.4		

FIELD ORDER (continuation)

(PLEASE PRINT AND PRESS FIRMLY)

SYSTEM NAME White Beauty View Estates	PWS ID No. 2520110	CASE NUMBER 24-24-1247-002
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Pursuant to Sections 5, 10 and 12 of the SDWA, 35 P.S. §§721.5, 721.10 and 721.12; and Section 1917-A of the Administrative Code of 1929, 71 P.S. §510-17, it is hereby ordered that the owner shall perform the corrective actions listed below within the designated time.

Corrective Action/Abatement Schedule Required:

- As soon as possible, but no later than 24 hours after receipt of this order, the water supplier shall issue a Tier 1 Public Notice (PN), in the form of a Boil Water Advisory, as required by 25 Pa Code Section 109.408. The Tier 1 PN shall be issued in accordance with the procedures outlined in 25 Pa Code Sections 109.408 and 109.411. Copies of the completed PN, as well as the completed Certification form, must be submitted via email to Mary Ann Seese at mseese@pa.gov, within 10 days of issuance.
- The Boil Water Advisory shall remain in effect until the Department approves the lifting of the Boil Water Advisory. Should this Boil Water Advisory remain in effect for more than 30 days, the Tier 1 PN shall be reissued every 30 days for as long as the violation persists as required in 25 Pa Code Section 109.408(b)(4).
- Within ten (10) days of receipt of this order, the water supplier shall consult with the Department's Technical section regarding the appropriate corrective actions necessary to address the violations specified in this order.
- Within thirty (30) days of receipt of this order, the water supplier shall submit a written Corrective Action Plan for addressing the violations specified in this order.
- To have Boil Water removed, two (2) consecutive days of Specials need to test negative for total coliform and a Problem Corrected Notice posted for 10 days with copy of the Problem Corrected notice and results of the Specials sent via email to Mary Ann Seese before posting Problem Corrected notice.

NOTICE OF APPEAL RIGHTS

Any person aggrieved by this action may appeal, pursuant to Section 4 of the Environmental Hearing Board Act, 35 P.S. Section 7514, and the Administrative Agency Law, 2 Pa. C.S. Chapter 5A, to the Environmental Hearing Board, Second Floor, Rachel Carson State Office Building, 400 Market Street, P.O. Box 8457, Harrisburg, PA 17105-8457, 717-787-3483. TDD users may contact the Board through the Pennsylvania Relay Service, 800-654-5984. Appeals must be filed with the Environmental Hearing Board within 30 days of receipt of written notice of this action unless the appropriate statute provides a different time period. Copies of the appeal form and the Board's rules of practice and procedure may be obtained from the Board. The appeal form and the Board's rules of practice and procedure are also available in Braille or on audiotape from the Secretary to the Board at 717-787-3483. This paragraph does not, in and of itself, create any right of appeal beyond that permitted by applicable statutes and decisional law.

IF YOU WANT TO CHALLENGE THIS ACTION, YOUR APPEAL MUST REACH THE BOARD WITHIN 30 DAYS. YOU DO NOT NEED A LAWYER TO FILE AN APPEAL WITH THE BOARD.

IMPORTANT LEGAL RIGHTS ARE AT STAKE, HOWEVER, SO YOU SHOULD SHOW THIS DOCUMENT TO A LAWYER AT ONCE. IF YOU CANNOT AFFORD A LAWYER, YOU MAY QUALIFY FOR FREE PRO BONO REPRESENTATION. CALL THE SECRETARY TO THE BOARD AT 717-787-3483 FOR MORE INFORMATION.

The undersigned person hereby acknowledges receipt of this order and any attachment(s) hereto. This signature does not constitute an acknowledgement that any or all of the violations listed above have occurred or continue to occur.

Received by:

Department Representative (Name & Title - Please Print)

Mary Ann Seese, Sanitarian

Telephone Number: (570-592-2689)

Department Representative's Signature:

Mary Ann Seese 6/27/24

ATTACHMENT D



DRINKING WATER WARNING

FAILURE OF A FILTRATION OR DISINFECTION PROCESS

**ESTE INFORME CONTIENE INFORMACION IMPORTANTE ACERCA DE SU AGUA POTABLE.
HAGA QUE ALGUIEN LO TRADUZCA PARA USTED, O HABLE CON ALGUIEN QUE LO ENTIENDA.**

White Beauty View Estates is experiencing operational conditions that compromise the water quality.

BOIL YOUR WATER BEFORE USING

On 6/24/2024, operational plant conditions or deficiencies were identified at treatment plant top of Estates Road, White Beauty View Estates, Palmyra Township, Pike County, PA.

These deficiencies include:

Failure of water system to provide any potable water, bypass of 4-log buried CT tank, no booster pumps, no permit applied for to redesign 4-log chlorine disinfection system

There is an increased chance that the water may contain disease-causing organisms.

What should I do?

DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a boil, let it boil for one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation **until further notice**. Boiling kills bacteria and other organisms in the water.

Inadequately treated or inadequately protected water may contain disease-causing organisms. These organisms include bacteria, viruses, and parasites which can cause symptoms such as diarrhea, nausea, cramps, and associated headaches.

These symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice. Guardians of infants and young children and people at increased risk, such as pregnant women, some of the elderly and people with severely compromised immune systems, should seek advice from their health care advisors about drinking this water.

What is being done?

Field Order being served to ownership of water system, Deer Haven LLC

We will inform you when you no longer need to boil your water.

For more information, please contact: Sam Shahar/Joe Bonamico

at 973-610-1661/570-689-4017 _____

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or by distributing copies by hand or mail.

This notice is being sent to you by Deer Haven LLC.



PUBLIC NOTIFICATION (PN) CERTIFICATION FORM

Public Water System Name: White Beauty View Estates PWSID Number: 2520110

Date of Violation/Situation: 06/24/2024

Description of Violation/Situation: Loss of 4-log contact time due to bypass of CT buried tank (tank leaks badly), according to certified water operator, Pocono Water Works is no longer serving this Public Water System, system is operating w/o a valid DEP permit.

Notified DEP (or CHD) within 1 hour Date or NA: _____

Consulted with DEP within 24 hours Date or NA: _____

PN Level: Tier 1 Tier 2 Tier 3

Type of notice addressed by this certification: Initial Repeat

Methods and date of public notice deliveries to customers:

Method: hand delivered/ email Date: 6/26/2024

Method: _____ Date: _____

Method: _____ Date: _____

Method: _____ Date: _____

The public notice included the required elements: a description of the violation/situation; potential health effects; the population at risk; if alternate water supplies need to be used; when the violation/situation occurred; when the system will resolve the violation/situation; what is being done to correct the problem; actions consumers can take; water system contact information; and language encouraging broader distribution of the notice.

A copy of each type of notice that was distributed is attached to this certification form

Certified by:

As a representative of the Public Water System (PWS) indicated above, I certify that public notification addressing the above violation/situation was distributed to all customers in accordance with the prescribed content, format, deadlines and delivery requirements outlined in Chapter 25 Pa. Code Chapter 109 Subchapter D of the Department of Environmental Protection (DEP)'s regulations.

Signature: _____ Date: _____

Print Name and Title: _____

Phone Number: _____

Complete and submit this form to your local DEP office **within 10 days** of issuing the public notification described above. DEP District Office and County Health Department contact information can be found within DEP document number 3930-FM-BSDW0560, which can be located by searching for document number 3930-FM-BSDW0560 in DEP's eLibrary at the following link: <http://www.depgreenport.state.pa.us/elibrary/Search>.

For DEP use only. Checked by: _____ **Date:** _____

ATTACHMENT E

NOTICE TO THE PUBLIC

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Deer Haven White Beauty View Estates (PWSID# PA2520110)

FAILURE OF A DISINFECTION PROCESS

BOIL YOUR WATER BEFORE CONSUMPTION

HIERVAN EL AGUA ANTES DE USARLA.

**ESTE INFORME CONTIENE INFORMACION IMPORTANTE ACERCA DE SU AGUA POTABLE.
HAGA QUE ALGUIEN LO TRADUZCA PARA USTED, O HABLE CON ALGUIEN QUE LO ENTIENDA.**

Aqua Pennsylvania, Inc. (Aqua) has issued a continuation of the boil water advisory that was already in effect for the Deer Haven White Beauty View Estates water system. For this reason, customers are advised to use boiled or bottled water for drinking, making ice, brushing teeth, washing dishes and food preparation until further notice. You will be notified when this advisory is lifted. There is an increased chance that the water may contain disease-causing organisms.

What should I do?

- **DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST.** Bring all water to a boil, let it boil for one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation **until further notice**. Boiling kills bacteria and other organisms in the water.
- *Inadequately treated or inadequately protected water may contain disease-causing organisms. These organisms include bacteria, viruses, and parasites which can cause symptoms such as diarrhea, nausea, cramps, and associated headaches.*
- These symptoms above are not caused only by organisms in drinking water. If you experience any of these symptoms and they persist, you may want to seek medical advice. Guardians of infants and young children and people at increased risk, such as pregnant women, some of the elderly and people with severely compromised immune systems, should seek advice from their health care advisors about drinking this water.

What happened? What is being done? When will the problem be corrected?

On August 26th, 2024, the Pennsylvania Public Utility Commission appointed Aqua as the receiver of this water system. Aqua has now taken over the operations to provide water service to the Deer Haven White Beauty View Estates customers. Aqua will perform various system improvements to the water system which includes remedying the disinfection process. You will be notified when it's no longer necessary to boil your water. If you have any questions or wish to discuss further, please contact Aqua's customer service at 1.877.987.2782.

General guidelines on ways to lessen the risk of infection by microbes are available from the EPA Safe Drinking Water Hotline at 800.426.4791.

For more information, please contact:

Responsible Person Dave Hoogstad, Area Manager	System Name Deer Haven White Beauty View Estates	Address (Street) 1 Aqua Way
Phone Number 877.987.2782	System PWSID# PA2520110	Address (City, State, Zip) White Haven, PA 18661

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or by distributing copies by hand or mail.

* This notice contains regulatorily required or recommended language, and nothing herein is, is intended as, nor should be construed as, a promise of or contract for payment or reimbursement of expenses incurred for any action you take on account of this notice.



August 28, 2024

Dear Deer Haven Water and/or Wastewater Customer:

Aqua Pennsylvania, Inc. ("AP") and Aqua Pennsylvania Wastewater, Inc. ("APW") (collectively "Aqua") assumed operations of the Deer Haven, LLC ("Deer Haven") Water and Wastewater systems on August 26, 2024 and August 16, 2024, respectively, as its Receiver in accordance with orders by the Pennsylvania Public Utility Commission ("PUC") under Section 529 of the Public Utility Code, 66 Pa. C.S. § 529. The PUC regulates both Deer Haven and Aqua.

Aqua is one of the largest regulated public utilities in the commonwealth, providing water and wastewater service to approximately 1.5 million people in 32 counties throughout the state including several systems in Palmyra Township and Blooming Grove Township, Pike County. Aqua has over a 135-year history of operating water and wastewater systems and will bring this expertise to Deer Haven as we manage its operations and assets.

Aqua is now providing water and wastewater services to Deer Haven customers until an ultimate determination on its operations and ownership is made by the PUC. During the interim, you will receive bills for service from Aqua at the rates set forth in Deer Haven's tariffs. These rates can be found in the Deer Haven tariffs posted on Aqua's website at <https://www.aquawater.com/about/states-we-serve/pennsylvania/index.php>.

Aqua will bill Deer Haven water customers monthly and wastewater customers quarterly in compliance with Deer Haven's tariffs and previous billing practices. Your first monthly water bill from Aqua will arrive in September and your first quarterly wastewater bill from Aqua will arrive in October for the billing period of July through September. Customer payments may be mailed to:

Aqua
P.O. Box 70279
Philadelphia, PA 19176-0279.

You can also pay your bills online by setting up an account at <https://www.aquawater.com/>. If you have questions about your bill or service issues, please call Aqua's customer service center at 877.987.2782.

Aqua will be sending out a Welcome Kit with further information in the upcoming days. We appreciate your patience through this transition period during which we look forward to providing you quality service.

Sincerely,

A handwritten signature in black ink, appearing to read "Marc A. Lucca".

Marc A. Lucca
President

ATTACHMENT F



An  Essential Utilities Company

September 16, 2024

Pennsylvania Department of Environmental Protection
Northeast Regional Office
Safe Drinking Water Program
2 Public Square
Wilkes-Barre, PA 18701-1915

Attn: To Whom It May Concern

**Re: Aqua Pennsylvania, Inc.
Deer Haven White Beauty View Estates
4-Log Treatment of Viruses (PWSID 2520110)
Palmyra Township, Pike County**

Pennsylvania Department of Environmental Protection:

Enclosed for your review is the Public Water Supply Minor Permit Application for Aqua Pennsylvania, Inc.'s (Aqua) Deer Haven White Beauty View Estates 4-Log Virus Treatment Project. Aqua plans to install 8 LF of 36" ductile iron pipe to achieve the necessary treatment.

If you have any questions or concerns regarding the application package, please feel free to contact me at 570.640.7137 or jdklinger@aquaamerica.com.

Sincerely,

A handwritten signature in black ink, appearing to read "John D. Klinger II".

John D. Klinger II
Project Engineer
Aqua Pennsylvania, Inc.

ENCLOSURES

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Deer Haven White Beauty View Estates

Demonstration of 4-Log Treatment of Viruses for Groundwater Sources

Public Water Supply Application

Palmyra Township, Pike County

INSTRUCTIONS FOR COMPLETING PUBLIC WATER SUPPLY PERMIT APPLICATION

Please remove and recycle these instructions prior to mailing to the approving agency.

OVERVIEW

The following instructions are designed to assist the applicant in completing the Public Water Supply (PWS) Permit Application. The PWS Permit Application is to be completed in conjunction with the appropriate modules and the Department-wide General Information Form ([0210-PM-PIO0001](#)). **It is essential that the application is accompanied by a design engineer's report and appropriate plans and specifications.** The engineer's report ties the application together, provides the technical basis of design, and explains how the system is proposed to operate. Each permit application should be able to "stand on its own" and the engineer's report is the primary document that accomplishes this task. It is far more than a place to include calculations and report sample results.

GENERAL

Applicants must provide the PWS's legal name that is to be used on official documents. They shall also include the PWSID number (for existing systems) and the nine-digit Federal Employer Identification Number (also known as the Federal Tax Identification Number).

A. APPLICANT INFORMATION

Applicants shall provide addresses and contact information for the Public Water System and all stakeholders.

B. PROJECT INVENTORY

The first question in this section refers to the above-named water system providing water to the public for human consumption. Human consumption includes the activities of drinking, bathing, showering, cooking, dishwashing, and maintaining oral hygiene. This question is to be answered "Yes" for bottled and vended water systems, retail water facilities, and bulk water hauling systems.

Proposed Activity – Applicant must specify what type of activity or activities the project will involve. Modification implies alteration to an existing permitted system.

Proposed Facilities – Applicant must specify what type of facility or facilities the project will include. If the project involves a facility that is not included on the application list, it should be specified in the space identified as "Other".

BVRB Systems – If bottled, vended, retail or bulk water hauling system (BVRB), provide type.

C. CERTIFICATION AND SIGNATURES

Responsible Official – The responsible official is the person responsible for making decisions for the water system. Please provide name, title, postal mailing address, and sign and date the application. In the case of corporations, the application must be a principal executive officer of at least the level of vice president. In the case of a partnership, the application must be signed by a general partner. In the case of a sole proprietorship, the application must be signed by the proprietor.

Affidavit – The responsible official must sign and date the application. The completed permit application must be notarized by a Notary Public.

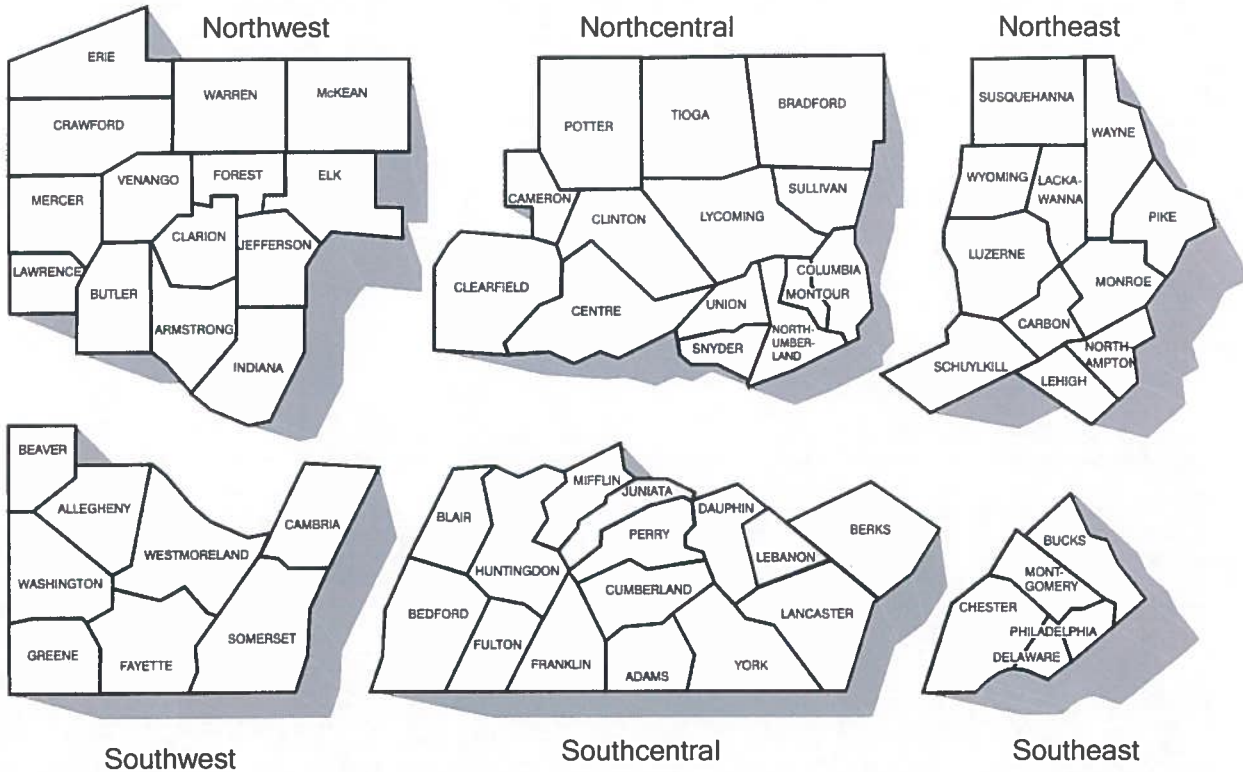
Design Engineer – The engineer responsible for designing the project must be registered as a professional engineer (P.E.) in the state of Pennsylvania. The engineer must provide their name, employer or employment name, postal mailing address, and daytime telephone number. The design engineer must also sign and date the application, as well as affix their embossed P.E. seal to the permit application in the space provided.

FEE – A permit fee payable to the "**Commonwealth of Pennsylvania**" must accompany the application. The amount of the fee may vary according to the proposed activities and can be obtained from either DEP regulations in [Chapter 109](#), or from the appropriate DEP regional office.

The applicant should be aware of the possibility of interaction with local or county health departments, depending on the health department and the type of water system facilities. Regional DEP staff can refer the applicant to the appropriate health department.

SUBMISSION OF COMPLETED FORMS

The completed application is to be addressed to: PA DEP - Safe Drinking Water Program and sent to the Regional Office having jurisdiction over the county in which the system is located.



Northwest Region
230 Chestnut Street
Meadville, PA 16335-3481
Main Telephone: 814-332-6945
24-Hour Emergency: 1-800-373-3398
EP-SDWNWROREPORTS@pa.gov

Counties: Armstrong, Butler, Clarion, Crawford, Elk, Erie, Forest, Indiana, Jefferson, Lawrence, McKean, Mercer, Venango, and Warren

Southwest Region
400 Waterfront Drive
Pittsburgh, PA 15222-4745
Main Telephone: 412-442-4000
24-Hour Emergency: 412-442-4000
EP-SDWSWROREPORTS@pa.gov

Counties: Allegheny, Beaver, Cambria, Fayette, Greene, Somerset, Washington, and Westmoreland

Northcentral Region
208 West Third Street, Suite 101
Williamsport, PA 17701
Main Telephone: 570-327-3636
24-Hour Emergency: 570-327-3636
EP-SDWNCROREPORTS@pa.gov

Counties: Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, and Union

Southcentral Region
909 Elmerton Avenue
Harrisburg, PA 17110
Main Telephone: 717-705-4700
24-Hour Emergency: 1-800-541-2050
EP-SDWSCROREPORTS@pa.gov

Counties: Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, and York

Northeast Region
2 Public Square
Wilkes-Barre, PA 18701-1915
Main Telephone: 570-826-2511
24-Hour Emergency: 570-826-2511
EP-SDWNEROREPORTS@pa.gov

Counties: Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, and Wyoming

Southeast Region
2 East Main Street
Norristown, PA 19401
Main Telephone: 484-250-5900
24-Hour Emergency: 484-250-5900
EP-SDWSEROREPORTS@pa.gov

Counties: Bucks, Chester, Delaware, Montgomery, and Philadelphia



DEP USE ONLY
DATE RECEIVED

PUBLIC WATER SUPPLY PERMIT APPLICATION

Before completing form, read the step-by-step instructions provided.

PWS Name:	Aqua Pennsylvania, Inc	PWSID No.	2520110
Employer Identification Number (EIN):			

A. APPLICANT INFORMATION

Public Water System

Street Address:	1775 N. Main Street		
City:	Honesdale	State:	PA
		Zip/Postal Code:	18431
Phone:	570-647-0358	Email:	jpshoff@aquaaamerica.com

Main Stakeholder

Name:	Joshua P. Shoff	Title:	Project Engineer III
Street Address:		665 Dock Street	
City:	Sharon	State:	PA
		Zip/Postal Code:	16146
Phone:	8143416533	Email:	jpshoff@aquaaamerica.com

Additional Stakeholders

Name:	Daniel Highhouse	Title:	Field Supervisor II	Email:	dwhighhouse@aquaaamerica.com
Name:		Title:		Email:	
Name:		Title:		Email:	

B. PROJECT INVENTORY

Will the water system serve at least 15 service connections or an average of at least 25 individuals at least 60 days out of the year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Proposed Activity:	<input type="checkbox"/> New <input checked="" type="checkbox"/> Modification

Proposed Construction/Modifications

<input type="checkbox"/> New Source	<input type="checkbox"/> Softening	<input type="checkbox"/> Bulk Water Loading Station(s)
<input type="checkbox"/> Disinfection	<input type="checkbox"/> Taste and Odor Control	<input type="checkbox"/> Finished Water Storage
<input type="checkbox"/> Clarification	<input type="checkbox"/> Corrosion Control for Lead/Copper	<input type="checkbox"/> Treatment Plant Storage
<input type="checkbox"/> Filtration	<input type="checkbox"/> General Corrosion Control	<input type="checkbox"/> Intake
<input type="checkbox"/> Aeration	<input type="checkbox"/> Fluoridation	<input type="checkbox"/> Interconnection
<input type="checkbox"/> Organics Removal	<input type="checkbox"/> Pump Station(s)	<input checked="" type="checkbox"/> Other Demonstration of 4-Log Treatment of Viruses for Groundwater
<input type="checkbox"/> Iron/Manganese Treatment	<input type="checkbox"/> Transmission Main	<input type="checkbox"/> Other

BVRB Systems

N/A

Proposed Type:	<input type="checkbox"/> Bottled <input type="checkbox"/> Vended <input type="checkbox"/> Retail <input type="checkbox"/> Bulk Water Hauling
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APPENDIX A
DESIGN MODULES



Deer Haven White Beauty View Estates

Demonstration of 4-Log Treatment of Viruses for Groundwater Sources

Public Water Supply Module 1

Palmyra Township, Pike County



PUBLIC WATER SUPPLY PERMIT APPLICATION MODULE 1: COMPLETENESS REPORT

PWS Name:	Aqua Pennsylvania, Inc- Deer Haven	PWSID No. <small>(for existing systems)</small>	2520110
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A. REQUIRED ITEMS: GENERAL

A.1. ALL APPLICATIONS: CHECKLIST

Please indicate all included items in this **Application Package** by checking the appropriate box.

a. <i>COMPLETENESS REPORT</i> (3900-PM-BSDW0254B)	<input checked="" type="checkbox"/> Included
b. <i>PUBLIC WATER SUPPLY PERMIT APPLICATION</i> (3900-PM-BSDW0002)	<input checked="" type="checkbox"/> Included
c. <i>GENERAL INFORMATION FORM (GIF)</i> (0210-PM-PIO0001)	<input checked="" type="checkbox"/> Included
d. ALL APPLICABLE MODULES	<input checked="" type="checkbox"/> Included
e. PERMIT FEE	<input checked="" type="checkbox"/> Included
f. ENGINEER'S REPORT	<input checked="" type="checkbox"/> Included
g. DETAILED PLANS	<input checked="" type="checkbox"/> Included
h. SPECIFICATIONS	<input checked="" type="checkbox"/> Included
i. SCHEMATICS (APPLICABLE VALVES, PIPING, TREATMENT UNITS, ETC.)	<input checked="" type="checkbox"/> Included
j. CONTINUED OPERATIONS PLAN	<input checked="" type="checkbox"/> Included
k. SIMULTANEOUS COMPLIANCE REPORT	<input checked="" type="checkbox"/> Included

A.2. CONDITIONAL: QUESTIONS AND CHECKLIST

a. Is this project for a new Community Water System?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
BUSINESS PLAN REQUIRED FOR ALL NEW COMMUNITY WATER SYSTEMS	<input type="checkbox"/> Included
b. Does this project include a new groundwater source?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
HYDROGEOLOGIC REPORT REQUIRED FOR ALL NEW GROUNDWATER SOURCES	<input type="checkbox"/> Included
c. Does this project include a new source (surface, groundwater, or GUDI) that is not finished water (interconnection)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NEW SOURCE SAMPLE RESULTS REQUIRED FOR ALL NEW SOURCES	<input type="checkbox"/> Included
RAW WATER QUANTITY EVALUATION REQUIRED FOR ALL NEW SOURCES	<input type="checkbox"/> Included
SOURCE WATER ASSESSMENT REQUIRED FOR ALL NEW SOURCES	<input type="checkbox"/> Included
d. Does this project include a new construction site where earth is being disturbed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
EROSION AND SEDIMENT CONTROL (E&S) PLAN AND APPROVAL LETTER FROM APPROPRIATE COUNTY CONSERVATION DISTRICT OR DEP OFFICE REQUIRED FOR NEW CONSTRUCTION SITES	<input type="checkbox"/> Included
USGS TOPOGRAPHIC MAP SHOWING THE PROJECT LOCATION REQUIRED FOR NEW CONSTRUCTION SITES	<input checked="" type="checkbox"/> Included
ACT 67/68 MUNICIPAL AND COUNTY NOTIFICATION REQUIREMENTS (012-0200-001) INCLUDING COVER LETTER AND CERTIFIED MAIL RETURN RECEIPTS REQUIRED FOR NEW CONSTRUCTION SITES. SEE POLICY FOR EXEMPTIONS.	<input type="checkbox"/> Included <input checked="" type="checkbox"/> Exempt

PENNSYLVANIA HISTORY CODE OFFICIAL RESPONSE AS PER <i>IMPLEMENTATION OF THE PENNSYLVANIA STATE HISTORY CODE: POLICY AND PROCEDURES FOR APPLICANTS FOR DEP PERMITS AND PLAN APPROVALS (012-0700-001)</i> REQUIRED FOR NEW CONSTRUCTION SITES. SEE POLICY FOR EXEMPTIONS.		<input type="checkbox"/> Included <input checked="" type="checkbox"/> Exempt		
FLOODPLAIN DELINEATION AND/OR WETLANDS DELINEATION REQUIRED FOR CONSTRUCTION ACTIVITIES THAT INVOLVE AN OBSTRUCTION AND/OR ENCROACHMENT TO STREAMS/WETLANDS AS PER CHAPTER 105 .		<input type="checkbox"/> Included <input checked="" type="checkbox"/> Exempt		
e.	Was a pilot study required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Approval Letter Received from Dep		<input type="checkbox"/> Included		
A.3. WASTE DISPOSAL AND COORDINATION REQUIREMENTS: QUESTIONS AND CHECKLIST				
a.	Does this project include any point source discharge to waters of the Commonwealth?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Review project with the appropriate Regional Clean Water Program and include copy of correspondence stating what Permits(s) and/or approvals were required.		<input type="checkbox"/> Included		
Include copy of appropriate NPDES Permit(s) or submitted application.		<input type="checkbox"/> Included <input checked="" type="checkbox"/> N/A		
Initial to acknowledge that Safe Drinking Water Permit approval is contingent upon approval of all Clean Water Permit requirements.		JDK		
b.	Does this project include waste discharges to groundwater (e.g., Onlot Disposal System, Injection Well)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Review project with the appropriate Regional Clean Water Program and include copy of correspondence stating what Permits(s) and/or approvals are/are not required.		<input type="checkbox"/> Included		
Include a copy of any EPA Permits(s) and/or approvals for Underground Injection Well(s) (UIW).		<input type="checkbox"/> Included <input checked="" type="checkbox"/> N/A		
Include copy of appropriate WQM Permit(s) or submitted application.		<input type="checkbox"/> Included <input checked="" type="checkbox"/> N/A		
Initial to acknowledge that Safe Drinking Water Permit approval is contingent upon approval of all Clean Water Permit requirements.		JDK		
c.	Which River Basin is this project located within (e.g., Susquehanna, Delaware, Great Lakes, Ohio River, or Potomac River)?	Susquehanna		
Review project with the proper River Basin Commission and include copy of correspondence stating what Permits(s) and/or approvals were required.		<input type="checkbox"/> Included		
Include copy of appropriate Permit(s) or submitted application.		<input type="checkbox"/> Included <input checked="" type="checkbox"/> N/A		
d.	Does this project include discharges to a public sewerage system?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Include copy approval from receiving agency.		<input type="checkbox"/> Included		
e.	Does this project include waste from new or modified treatment?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Include a copy of approval from receiving agency specifying new or modified waste.		<input type="checkbox"/> Included		
f.	Please give a brief description of all waste streams to include type (e.g., sludge, spent media, waste water), volume per timeframe (e.g., gpd, lbs/month), handling description (e.g., trucked to receiving agency), handling agency name, and title of included Permit(s) and/or approvals.			
Waste Type	Vol/Time	Handling Description	Handling Agency Name	Included Documentation

B. GENERAL INFORMATION					
1. Project Description:	Aqua Pennsylvania, Inc. is proposing to install 8 LF of 36" ductile iron pipe to provide the necessary 4-Log Treatment off Viruses.				
2. Project Justification: Describe the public health and/or economic benefits of the project.	Chlorine alone is not enough for full disinfection. This additional main size is needed to ensure proper contact time.				
3. Was there a pre-application meeting with DEP and the project applicant? If "Yes," include the DEP point of contact, date of meeting (mm/dd/yy), and a summary of meeting.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DEP Contact	N/A	Date
	Meeting Summary: N/A				

C. REQUIRED ITEMS: DETAILED (ALL APPLICATIONS)		
C.1. Application, General Information Form, and Modules		
a.	Has the <i>PUBLIC WATER SUPPLY PERMIT APPLICATION</i> (3900-PM-BSDW0002), signed and sealed by a professional engineer licensed in the Commonwealth of Pennsylvania, been submitted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b.	Has the <i>GENERAL INFORMATION FORM</i> (0210-PM-PIO0001), been submitted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Indicate all included Modules by checking the appropriate boxes.		
Module No.	Module Title	
1	<i>COMPLETENESS REPORT</i> (3900-PM-BSDW0254B)	<input checked="" type="checkbox"/>
2	<i>GENERAL DESIGN AND SECURITY</i> (3900-PM-BSDW0254C)	<input type="checkbox"/>
3A	<i>GROUNDWATER SOURCES</i> (3900-PM-BSDW0254D)	<input type="checkbox"/>
3B	<i>SURFACE WATER SOURCES</i> (3900-PM-BSDW0254D)	<input type="checkbox"/>
3C	<i>INTERCONNECTION</i> (3900-PM-BSDW0254D)	<input type="checkbox"/>
4	<i>PRETREATMENT</i> (3900-PM-BSDW0254E)	<input type="checkbox"/>
5	<i>SUSPENDED SOLIDS CONTACT UNITS</i> (3900-PM-BSDW0254F)	<input type="checkbox"/>
6	<i>SOFTENING</i> (3900-PM-BSDW0254G)	<input type="checkbox"/>
7	<i>FILTRATION</i> (3900-PM-BSDW0254H)	<input type="checkbox"/>
8	<i>DISINFECTION/OXIDATION</i> (3900-PM-BSDW0254I)	<input type="checkbox"/>
9A	<i>IRON AND MANGANESE REMOVAL</i> (3900-PM-BSDW0254J)	<input type="checkbox"/>
9B	<i>NITRATE REMOVAL</i> (3900-PM-BSDW0254J)	<input type="checkbox"/>
9C	<i>PFAS REMOVAL</i> (3900-PM-BSDW0254j)	<input type="checkbox"/>
10	<i>CORROSION CONTROL</i> (3900-PM-BSDW0254K)	<input type="checkbox"/>
11	<i>ORGANICS REMOVAL</i> (3900-PM-BSDW0254L)	<input type="checkbox"/>
12	<i>CHEMICALS AND CHEMICAL HANDLING</i> (3900-PM-BSDW0254M)	<input type="checkbox"/>
13	<i>PUMPING STATIONS</i> (3900-PM-BSDW0254N)	<input type="checkbox"/>
14	<i>RESERVOIRS, ELEVATED TANKS, STANDPIPES, AND PRESSURE TANKS</i> (3900-PM-BSDW0254O)	<input type="checkbox"/>
15A	<i>DISTRIBUTION SYSTEMS</i> (3900-PM-BSDW0254P)	<input type="checkbox"/>
15B	<i>BULK WATER LOADING STATIONS</i> (3900-PM-BSDW0254Q)	<input type="checkbox"/>
16A	<i>IN-STATE BOTTLED WATER SYSTEMS</i> (3900-PM-BSDW0077A)	<input type="checkbox"/>
16B	<i>OUT - OF - STATE BOTTLED WATER SYSTEMS</i> (3900-PM-BSDW0077B)	<input type="checkbox"/>
17	<i>BULK WATER HAULERS</i> (3900-PM-BSDW0077E)	<input type="checkbox"/>
18	<i>VENDED WATER SYSTEMS</i> (3900-PM-BSDW0077C)	<input type="checkbox"/>
19	<i>RETAIL WATER FACILITIES</i> (3900-PM-SDW0077D)	<input type="checkbox"/>

C.2. Permit Fee		
a. Has a check made payable to the Commonwealth of Pennsylvania (not more than thirty (30) days old) been included for all appropriate fees as per 25 Pa. Code § 109 Subchapter N ?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
C.3. Engineer's Report		
a. Has the Engineer's Report, signed and sealed by a professional engineer licensed in the Commonwealth of Pennsylvania, been submitted? If "Yes," indicate all included items by providing location in the Application Package (e.g., "Section A," "Pages 1-3").	Section: B	Pages: 1-1
b. Does the Engineer's Report include all applicable items specified in the <i>PUBLIC WATER SUPPLY MANUAL, PART II: COMMUNITY SYSTEM DESIGN STANDARDS (383-2125-108)</i> ? Indicate all included items by providing location in the Engineer's Report.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
1. General Information: Use the checkboxes below to indicate each item is included.	Section: B	Pages: 2-4
a. A description of the existing water works.		<input checked="" type="checkbox"/>
b. An identification of the municipality or area served.		<input checked="" type="checkbox"/>
2. Extent of Water Supply System: Use the checkboxes below to indicate each item is included.	Section: B	Pages: 2-4
a. A description of the nature and extent of the area to be served.		<input type="checkbox"/>
b. Provisions for extending the water supply system to include additional areas.		<input type="checkbox"/>
c. An appraisal of the future requirements for service, including existing and potential residential, industrial, commercial, institutional, and other water supply needs.		<input type="checkbox"/>
3. Justification of Project: Use the checkboxes below to indicate each item is included.	Section: B	Pages: 2-4
a. Where two or more alternatives exist for providing PWS facilities, each of which is feasible and practicable, discuss the alternates.		<input checked="" type="checkbox"/>
b. Reasons for selecting the one recommended option, including financial considerations, operational requirements, operator qualifications, reliability, and water quality considerations.		<input checked="" type="checkbox"/>
c. Information on alternatives considered to prevent pollution, to utilize alternative energy sources, and to enhance energy efficiency.		<input type="checkbox"/>

4. Water Use Data: Use the checkboxes below to indicate each item is included.	Section: B	Pages: 2-4
a. A description of the population trends as indicated by available records and the estimated population which will be served by the proposed water supply system or expanded system 20 years in the future in 5-year intervals or over the useful life of critical structures/equipment.	<input type="checkbox"/>	
b. Information on water consumption and the projected average and maximum daily demands, including fire flow demand where provided.	<input type="checkbox"/>	
c. Information on estimated yield of the sources of supply.	<input type="checkbox"/>	
d. Information related to any unusual occurrences that may affect water usage.	<input type="checkbox"/>	
5. Fire Flow: Use the checkboxes below to indicate each item is included.	Section: N/A	Pages: -
a. Proof that fire flow requirements are satisfied as established by the Insurance Services Office (or another similar agency).	<input type="checkbox"/>	
b. Information on the fire flow that will be available to the proposed or enlarged PWS.	<input type="checkbox"/>	
6. Sewerage Facilities: Use the checkboxes below to indicate each item is included.	Section: N/A	Pages: -
a. A description of the existing treatment facilities (e.g., on lot) and/or municipal sewage treatment works.	<input type="checkbox"/>	
b. A description of the location of the sewerage facilities with reference to existing or proposed water sources or structures.	<input type="checkbox"/>	
7. Sources of Water:	<input type="checkbox"/> Surface Water / GUDI <input checked="" type="checkbox"/> Groundwater	
a. Surface Water Sources: Use the checkboxes below to indicate each item is included.	Section:	Pages: - <input checked="" type="checkbox"/> N/A
1. A description of the proposed source(s) of water supply to be developed and the reason(s) for selection.	<input type="checkbox"/>	
2. Summarized data on the quality of the raw water with special reference to fluctuations in quality, changing meteorological conditions, stream flow, etc.	<input type="checkbox"/>	
3. Hydrological data, stream flow, and weather records.	<input type="checkbox"/>	
4. Reliable yield, including all factors that may affect yield.	<input type="checkbox"/>	
5. Maximum flood flow, together with approval for safety features of the spillway and dam, from the Bureau of Waterways Engineering and Wetlands.	<input type="checkbox"/>	
6. Description of the watershed, noting any existing or potential sources of contamination (e.g., sewerage treatment plants, industrial facilities, etc.) which may affect water quality.	<input type="checkbox"/>	
7. A copy of the PADEP and applicable River Basin Commission Water Allocation Permit .	<input type="checkbox"/>	

b. Groundwater Sources: Use the checkboxes below to indicate each item is included.	Section: B	Pages: 2-4	<input type="checkbox"/> N/A
1. Completed Section "D.1: Hydrogeologic Report" for all new Groundwater Sources.			<input type="checkbox"/>
2. A description of the proposed source(s) of water supply to be developed and the reason(s) for selection.			<input type="checkbox"/>
3. Documentation for proof of ownership, or substantial control, through a deed restriction or other methods acceptable to DEP, of the Zone I wellhead protection area that prohibits activities within Zone I that may have a potential adverse impact on source water quality or quantity.			<input type="checkbox"/>
8. Proposed Treatment Processes: Use the checkboxes below to indicate each item is included.	Section: B	Pages: 2-4	
a. Summary and information establishing the adequacy of proposed processes and unit hydraulics for the treatment of the specific water under consideration.			<input type="checkbox"/>
b. Information on alternative methods of water treatment and chemical use considered as a means of reducing waste handling and disposal problems.			<input type="checkbox"/>
c. Information on bench scale tests, pilot studies, or other demonstrations that are used to establish adequacy for some water quality standards.			<input type="checkbox"/>
9. Project Sites: Use the checkboxes below to indicate each item is included.	Section: B	Pages: 2-4	
a. Information on the various sites considered and advantages of the recommended site(s).			<input type="checkbox"/>
b. Proximity of residences, industries, and other establishments that may influence the quality of the supply or interfere with effective operation of the water supply system.			<input type="checkbox"/>
10. Automation: Use the checkboxes below to indicate each item is included.	Section: N/A	Pages: -	
a. Supporting data justifying automatic equipment, including the servicing and operator training to be provided.			<input type="checkbox"/>
b. Proof of manual override that must be provided for any automatic controls.			<input type="checkbox"/>
c. Information on the highly sophisticated automation that may put proper maintenance beyond the capability of the plant operator, leading to equipment breakdowns or expensive servicing.			<input type="checkbox"/>
d. Information on adequate funding for maintenance of automatic equipment.			<input type="checkbox"/>
e. Description of how the facility will be attended vs. automated, including schedules.			<input type="checkbox"/>
11. Waste Disposal: Use the checkboxes below to indicate each item is included.	Section: N/A	Pages: -	
a. Information on the various wastes from the water treatment plant, their volume, proposed treatment, and points of discharge.			<input type="checkbox"/>
b. If discharging to a sanitary sewerage system, verification that the system, including any lift stations, is hydraulically capable of handling the flow to the sewage treatment works; that the treatment works is capable of properly treating the wastewater; and that the wastewater treatment plant operator will accept the additional loading.			<input type="checkbox"/>

12. Soil, Groundwater Conditions, and Foundation Problems: Use the checkboxes below to indicate each item is included.	Section: N/A	Pages: -
a. A description of the character of the soil through which water mains are to be laid.		<input type="checkbox"/>
b. A description of the foundation conditions prevailing at sites of proposed structures.		<input type="checkbox"/>
c. A description of the approximate elevation of groundwater in relation to subsurface structures.		<input type="checkbox"/>
13. Future Extensions: Use the checkbox below to indicate the item is included.	Section: B	Pages: 2-4
a. A summary of planning for future needs and services.		<input type="checkbox"/>
C.4. Detailed Plans		
a. Have the Detailed Plans, signed and sealed by a professional engineer licensed in the Commonwealth of Pennsylvania, been submitted? If "Yes," indicate all included items by providing location in the Application Package (e.g., "Section A," "Pages 1-3").	Section: G	Pages: 1-2
b. Does the front cover or flyleaf of each set of the Detailed Plans (or drawings) bear the signature and imprint of the seal of the professional engineer licensed in the Commonwealth of Pennsylvania?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Does each subsequent page of the Detailed Plans or drawings bear an imprint of the seal (or a legible facsimile of the seal) of the professional engineer licensed in the Commonwealth of Pennsylvania?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Do the Detailed Plans include all applicable items specified in the <i>PUBLIC WATER SUPPLY MANUAL, PART II: COMMUNITY SYSTEM DESIGN STANDARDS (383-2125-108)</i> ? Use the checkboxes below to indicate each item is included.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
1. Suitable Titles for Each Plan, to include the name of the municipality, authority, company, water district, or institution served; the scale in feet; a graphic scale; the date; and the name, address, and seal of the design engineer.		<input type="checkbox"/>
2. The datum used.		<input type="checkbox"/>
3. The north point.		<input checked="" type="checkbox"/>
4. Boundaries of the municipalities, water districts, or specified areas to be served.		<input type="checkbox"/>
5. Land area owned and/or controlled by the water supplier, including the Zone I wellhead protection area.		<input type="checkbox"/>
6. Topography of the drainage area and site, including wells, springs, streams, lakes, dams, and reservoirs.		<input type="checkbox"/>
7. The location of all treatment and monitoring equipment.		<input type="checkbox"/>
8. Ground Water levels.		<input type="checkbox"/>
9. Locations of 100- and 500-year Flood Plain levels.		<input type="checkbox"/>
10. The locations of test borings and wells.		<input type="checkbox"/>
11. The diameter and depth of well casings and liners.		<input type="checkbox"/>

C.5. Specifications		
Have the Specifications for all the proposed treatment systems, pumps, chemicals, paints, and/or coatings which may come into contact with drinking water been submitted? If "Yes," indicate all included items by providing location in the Application Package.	Section:	Pages: -
C.6. Continued Operations Plan		
a. Has a Continued Operations Plan been submitted? If "Yes," indicate all included items by providing location in the Application Package. Use the checkboxes below to indicate each item is included.	Section: B	Pages: 2-4
1. An analysis showing how PWS will keep water system in operation and meet all compliance requirements throughout construction.		<input type="checkbox"/>
2. A detailed construction schedule.		<input type="checkbox"/>
3. A description of additional facilities used to minimize interruption of service.		<input type="checkbox"/>
C.7. Simultaneous Compliance Report		
a. Has the Simultaneous Compliance Report been submitted? If "Yes," indicate all included items by providing location in the Application Package. Use the checkboxes below to indicate each item is included.	Section: B	Pages: 2-4
1. A detailed desktop analysis of any unintended consequences the project may cause that will adversely affect compliance with other drinking water regulations. American Water Works Association's <i>MANAGING CHANGE AND UNINTENDED CONSEQUENCES: LEAD AND COPPER RULE CORROSION CONTROL TREATMENT</i> ; EPA'S <i>MICROBIAL AND DISINFECTION BYPRODUCT RULES SIMULTANEOUS COMPLIANCE GUIDANCE MANUAL (EPA 815-R-99-015)</i> ; and <i>SIMULTANEOUS COMPLIANCE GUIDANCE MANUAL FOR THE LONG TERM 2 AND STAGE 2 DBP RULES (EPA 815-R-07-017)</i> shall be referenced when performing this analysis.		<input type="checkbox"/>
2. A detailed report on how these effects will be managed and how the existing and new treatment systems shall be evaluated to determine effects on operation.		<input type="checkbox"/>

D. DREQUIRED ITEMS: DETAILED(CONDITIONAL)		
D.1. Hydrogeologic Report (REQUIRED FOR ALL NEW GROUNDWATER SOURCES)		
a. Has the Hydrogeologic Report, signed and sealed by a professional geologist licensed in the Commonwealth of Pennsylvania, been submitted? If "Yes," indicate all included items by providing location in the Application Package.	Section:	Pages: -
b. Does the Hydrogeologic Report include all applicable items specified in the <i>PUBLIC WATER SUPPLY MANUAL, PART II: COMMUNITY SYSTEM DESIGN STANDARDS (383-2125-108)</i> and the <i>AQUIFER TESTING GUIDANCE FOR PUBLIC WATER SYSTEMS (394-2125-001)</i> ? Indicate all included items by providing location in the Hydrogeologic Report.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1. Geologic & Hydrogeologic Description: The Hydrogeologic Report must include a description of the geologic and hydrogeologic setting of the proposed groundwater source and project area. Use the checkboxes below to indicate each item is included.	Section:	Pages: -
a. A hydrogeologic conceptual model representative of the target aquifer(s).		<input type="checkbox"/>
b. A description of the geology of the project area including formation names, contacts, and structural features (e.g., fracture traces, faults, folds, etc.).		<input type="checkbox"/>
c. A description of the hydrogeologic setting and groundwater flow characteristics of the target aquifer(s) (e.g., aquifer porosity estimates, flow direction, velocity, etc.).		<input type="checkbox"/>
2. Aquifer Test Monitoring Network: The Hydrogeologic Report must include construction specifications of the aquifer test monitoring points and a description. Use the checkboxes below to indicate each item is included.	Section:	Pages: -
a. Construction specifications of each groundwater monitoring point and description.		<input type="checkbox"/>
b. Construction specifications of each surface water monitoring point and description.		<input type="checkbox"/>
3. Aquifer Test Data & Sustained Yield Analysis: The Hydrogeologic Report must include aquifer test data, plots and graphs, calculations, and interpretations that demonstrate the sustainable yield of the groundwater source. All plots and graphs should be organized in an appendix and referenced and discussed in the appropriate section of the Hydrogeologic Report. Use the checkboxes below to indicate each item is included.	Section:	Pages: -
a. Is an electronic copy of raw data included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. A description of modelling software and methods used to analyze aquifer test data and calculate hydraulic properties.		<input type="checkbox"/>
c. Stepped-rate test data and interpretation.		<input type="checkbox"/>
d. Hydrographs and interpretation of the test well and monitoring points representative of background (pre-pumping) water-level trends.		<input type="checkbox"/>
e. Time-drawdown curves for the test well and observation points.		<input type="checkbox"/>
f. Time-recovery curves for test well and observation points.		<input type="checkbox"/>
g. Residual drawdown vs. t/t' recovery analysis.		<input type="checkbox"/>

h. Distance-drawdown curves using data from a minimum of two observation points.		<input type="checkbox"/>
i. Hydraulic conductivity calculation.		<input type="checkbox"/>
j. Transmissivity calculation.		<input type="checkbox"/>
k. Storage coefficient calculation.		<input type="checkbox"/>
l. Specific capacity calculation.		<input type="checkbox"/>
m. Sustained yield (safe yield) analysis including description of the methodology.		<input type="checkbox"/>
n. A description of how pumping the proposed groundwater source impacts adjacent water resources (domestic wells, streams, wetlands, etc.) and the environment.		<input type="checkbox"/>
o. A description of hydrogeologic boundaries.		<input type="checkbox"/>
4. Well Construction & Geologic Log: The Hydrogeologic Report must include a well construction and geologic log of the proposed well. The log must be supplemented with a description and demonstrate that the well meets construction standards.	Section:	Pages: -
5. Wellhead Protection & Source Water Assessment: The Hydrogeologic Report must include a Source Water Assessment and descriptions of how the Zone I and Zone II Wellhead Protection Areas were delineated for each proposed groundwater source. Use the checkboxes below to indicate each item is included.	Section:	Pages: -
a. A completed version of the <i>PUBLIC WATER SYSTEM SOURCE WATER ASSESSMENT FORM FOR NEW COMMUNITY GROUNDWATER SOURCES (3940-FM-BSDW0019)</i> .		<input type="checkbox"/>
b. Description of how the Zone I was delineated and a delineation of the Zone I provided in map view. The Zone I is the protective zone immediately surrounding a well, which shall be a 100-foot-to-400-foot radius depending on site-specific source and aquifer characteristics.		<input type="checkbox"/>
c. Documentation of proof of ownership, or substantial control of the Zone I, through a deed restriction or other acceptable methods.		<input type="checkbox"/>
d. Description of how the Zone II was delineated and a delineation of the Zone II in map view. The Zone II is the zone encompassing the portion of the aquifer through which water is diverted to a well and shall be a 1/2-mile radius around the source unless a more detailed delineation is approved.		<input type="checkbox"/>
6. Water Quality Assessment: The Hydrogeologic Report must include laboratory reports and a description of all water-quality sampling results associated with the proposed groundwater source. Use the checkboxes below to indicate each item is included.	Section:	Pages: -
a. Aquifer test water-quality field data collected from the proposed well and monitoring points.		<input type="checkbox"/>
b. New source sampling results and description of the water-quality characteristics in the context of established maximum contaminant levels. The new source sampling requirements can be found in DEP's technical guidance <i>NEW SOURCE SAMPLING REQUIREMENTS FOR GROUNDWATER SOURCES FOR COMMUNITY AND NONCOMMUNITY SYSTEMS (393-3130-208)</i> .		<input type="checkbox"/>

c. Microscopic Particulate Analysis (MPA) results, if applicable.		<input type="checkbox"/>	
d. Surface Water Identification Protocol (SWIP) monitoring results, if applicable.		<input type="checkbox"/>	
e. Long Term 2 Enhanced Surface Water Treatment Rule (LT2) monitoring results, if applicable.		<input type="checkbox"/>	
7. Project Maps: The Hydrogeologic Report must include project maps of appropriate scale that clearly display the elements listed below. All maps should be organized in an appendix and referenced in the appropriate section of the Hydrogeologic Report. Use the checkboxes below to indicate each element is included on the maps.		Section:	Pages: -
a. Topography.		<input type="checkbox"/>	
b. Geology including geologic formations and structural features (faults, folds, fracture traces, etc.).		<input type="checkbox"/>	
c. The location of the proposed groundwater source and all aquifer test monitoring points.		<input type="checkbox"/>	
d. Water-table contours or potentiometric surface contours and groundwater flow direction representative of non-pumping conditions.		<input type="checkbox"/>	
e. A delineation of the estimated contributing area of the proposed groundwater source.		<input type="checkbox"/>	
f. Maximum drawdown contours and groundwater flow direction.		<input type="checkbox"/>	
g. A delineation of the zone of influence (ZOI) of the proposed groundwater source.		<input type="checkbox"/>	
h. The location of public and private wells within the ZOI and contributing area.		<input type="checkbox"/>	
i. The location of surface water features within the ZOI and contributing area.		<input type="checkbox"/>	
D.2. Business Plan (REQUIRED FOR NEW COMMUNITY WATER SYSTEMS)			
a. For New Community Water Systems, has the Business Plan been provided?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Does the Business Plan include all applicable items specified below? If "Yes," indicate by providing location in the Application Package. Use the checkboxes below to indicate each item is included.		Section:	Pages: -
1. Facilities Plan: including an assessment of the current and foreseeable water supply needs of the area, a description of alternatives considered (including both construction and operating costs) and the rationale for the approach selected.		<input type="checkbox"/>	
2. Management Plan: including documentation that the applicant has the legal right and authority to construct, operate and maintain the system, a management and administrative plan, and an operation and maintenance plan.		<input type="checkbox"/>	
3. Financial Plan: including projections and assurances that the system's revenues and cash flow will be sufficient for meeting the costs of construction, operation, and maintenance for at least five years from initiation of operations. In addition, technical guidance tools are provided to help systems determine their financial health and ensure revenue and cost projections are based on sound financial assumptions.		<input type="checkbox"/>	

D.3. New Source Sample Results and Required Water Quality Results (REQUIRED FOR NEW SOURCES)			
a. For New Sources, are New Source Sample Results and Required Water Quality Results included? If "Yes," indicate by providing location in the Application Package. Use the checkboxes below to indicate each item is included. <i>Note: All bacteriological, chemical, and radiological laboratory analyses shall be performed by DEP-accredited laboratories in accordance with the analytical techniques adopted by the United States Environmental Protection Agency (EPA) under the federal act or methods approved by DEP.</i>		Section:	Pages: -
1. Groundwater New Source Sampling as per requirements in <i>NEW SOURCE SAMPLING REQUIREMENTS FOR GROUNDWATER SOURCES FOR COMMUNITY AND NONCOMMUNITY SYSTEMS (393-3130-208)</i> .	Included <input type="checkbox"/>	<input type="checkbox"/> N/A	
2. Surface Water New Source Sampling as per requirements in <i>NEW SOURCE SAMPLING REQUIREMENTS FOR SURFACE WATER SOURCES (393-3130-108)</i> .	Included <input type="checkbox"/>	<input type="checkbox"/> N/A	
D.4. Raw Water Quantity Evaluation (REQUIRED FOR NEW SOURCES)			<input type="checkbox"/> N/A
a. For New Sources, is a Raw Water Quantity Evaluation included? If "Yes," indicate by providing location in the Application Package.		Section:	Pages: -
b. Surface Water / Spring Sources: What is the permitted amount of water requested to the Department in APPLICATION for WATER ALLOCATION (3900-PM-WM0001)?	Source Name:		<input type="checkbox"/> N/A
	Permit #:	MGD	
c. Groundwater Sources: What is the requested maximum instantaneous pumping rate (safe yield from the constant-rate aquifer test performed as per D.1.b.3.)?	Well No.	gpm	<input type="checkbox"/> N/A
	Well No.	gpm	
	Well No.	gpm	
D.5. Source Water Assessment (REQUIRED FOR NEW SOURCES)			<input type="checkbox"/> N/A
For New Groundwater Sources, is the <i>PUBLIC WATER SYSTEM SOURCE WATER ASSESSMENT FORM FOR NEW COMMUNITY GROUNDWATER SOURCES (3940-FM-BSDW0019)</i> included? If "Yes," indicate by providing location in the Application Package.		Section:	Pages: -
For New Surface Water Sources, is Section G of <i>PUBLIC WATER SUPPLY MODULE 3B – SURFACE WATER SOURCES (3900-PM-BSDW025d)</i> included? If "Yes," indicate by providing location in the Application Package.		Section:	Pages: -
D.6. Schematics Showing Valves, Piping, Treatment Units, Etc. (REQUIRED FOR ALL CONSTRUCTION ACTIVITIES)			<input type="checkbox"/> N/A
For New Construction, are Schematics included? If "Yes," indicate by providing location in the Application Package.		Section:	Pages: -

D.7. Erosion and Sediment Control (E&S) Plan and Approval Letter from Appropriate County Conservation District or DEP Office (REQUIRED FOR ALL NEW CONSTRUCTION SITES)		<input type="checkbox"/> N/A	
For New Construction Sites, are an E&S Plan and Approval Letter included? If "Yes," indicate by providing location in the Application Package.	Section:	Pages:	-
D.8. Pennsylvania Natural Diversity Inventory (PNDI) Database Search Results and Sign-Off Letters from Appropriate Agencies (REQUIRED FOR ALL NEW CONSTRUCTION SITES)		<input type="checkbox"/> N/A	
For New Construction Sites, are the PNDI Search Results and Sign-Off Letters included? If "Yes," indicate by providing location in the Application Package.	Section:	Pages:	-
D.9. Act 67/68 Municipal and County Notification Requirements (012-0200-001) Including Cover Letter and Certified Mail Return Receipts (REQUIRED FOR ALL NEW CONSTRUCTION SITES)		<input type="checkbox"/> N/A	
For New Construction Sites, are the Notification Requirements included? If "Yes," indicate by providing location in the Application Package.	Section:	Pages:	-
D.10.USGS Topographic Map Showing the Project Location (REQUIRED FOR ALL NEW CONSTRUCTION SITES)		<input type="checkbox"/> N/A	
For New Construction Sites, is the USGS Topographic Map included? If "Yes," indicate by providing location in the Application Package.	Section:	Pages:	-
D.11.Pennsylvania Historical & Museum Commission (PHMC) Approval (REQUIRED FOR CONSTRUCTION ACTIVITIES THAT HAVE NOT BEEN EXEMPTED)		<input type="checkbox"/> N/A	
For New Construction Sites, is PHMC Approval included (if not exempted) as per <i>IMPLEMENTATION OF THE PENNSYLVANIA STATE HISTORY CODE: POLICY AND PROCEDURES FOR APPLICANTS FOR DEP PERMITS AND PLAN APPROVALS (012-0700-001)</i> ? If "Yes," indicate by providing location in the Application Package.	Section:	Pages:	-
D.12.Floodplain Delineation and/or Wetlands Delineation (REQUIRED FOR CONSTRUCTION ACTIVITIES THAT INVOLVE ENCROACHMENT TO STREAMS/WETLANDS)		<input type="checkbox"/> N/A	
For Construction Activities that Involve Encroachment to Streams/Wetlands, is a Floodplain and/or Wetlands Delineation included? If "Yes," indicate by providing location in the Application Package.	Section:	Pages:	-
D.13.ADDITIONAL ITEMS			
Have any additional items been included? Please list below and include Section and Page Numbers.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Section:	Pages:	-
	Section:	Pages:	-
	Section:	Pages:	-
	Section:	Pages:	-
E. CODES			
Will the proposed facilities meet all electrical, air or gas, storage tanks, chemicals, disinfection, and all other applicable code requirements as listed in DEP's <i>PUBLIC WATER SUPPLY MANUAL, PART II: COMMUNITY SYSTEM DESIGN STANDARDS (383-2125-108)</i> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

F. NSF	
1. Will all chemicals that may contact, or affect the quality of, the water be certified for conformance with ANSI/NSF Standard 60?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will all materials that may contact, or affect the quality of, the water be certified for conformance with ANSI/NSF Standard 61?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. DISCREPANCY ASSESSMENT	
Was "Yes" or "N/A" checked for every question on this Module?	<input type="checkbox"/> Yes <input type="checkbox"/> No*
*If "No," please provide a reference to the section and question number (e.g., B.9.) for EACH "No" answer in this application and provide explanation.	
Section (A-G) & Question Number	Explanation
Sect: #:	
Sect: #:	
Sect: #:	
Sect: #:	

APPENDIX B
DESIGN ENGINEER'S REPORT

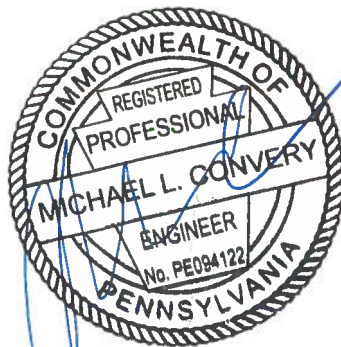


Deer Haven White Beauty View Estates

Demonstration of 4-Log Treatment of Viruses for Groundwater Sources

Design Engineer's Report

Palmyra Township, Pike County



A. Existing Water Works and Facilities

Aqua Pennsylvania, Inc. (Aqua) is currently (as of August 2024) in receivership of the Deer Haven White Beauty Estates Water System, which services 38 customers in Palmyra Township, Pike County. The water system consists of one existing groundwater well (Well 001). The well is permitted for a pumping rate of 40 GPM.

Water is treated from the existing well with chlorine and sent to the distribution system after achieving desired pressure via a hydro pneumatic tank. Main sizes in the distribution system are unknown at this time.

Proposed 4-Log Treatment for Viruses

Aqua is proposing to install an 8 LF section of 36" ductile iron pipe to provide the necessary 4-Log Treatment of Viruses.

B. Area to be Served

No system expansion is planned as part of this permit application.

C. Justification of the Project

Alternatives Considered include:

Alternative 1 – No Action

Alternative 2 – Provide 4-Log Treatment on-site via a buried length of large diameter pipe.

Alternative 1 was not considered because the system is currently under a Boil Order due to no 4-Log Treatment of Viruses. Treatment must be provided to lift the Boil Order.

Alternative 2 was selected because of ease of construction and time.

D. Water Use Data

No change in water use is proposed.

E. Fire Flow

The system currently does not provide fire protection and no changes to this are proposed.

F. Sewerage Facilities

Not Applicable.

G. Proposed Sources of Water

No new sources of water are proposed. The existing well will be utilized.

H. Proposed Treatment Process

Aqua plans to modify the existing treatment train to accommodate the 4-Log Treatment of Viruses. Water will be pumped from the well, where a raw water sample tap, a check valve and flow meter, will be provided. Then chlorine will be introduced for disinfection. Water then enters the newly installed contact pipe and a sample tap will be installed before water enters the hydro pneumatic tank. This sample tap will be utilized as the entry point for sampling and monitoring chlorine residual. After the hydro pneumatic tank achieves the desired pressure, water enters the distribution system.

I. Project Site

The proposed project is located at the existing well station, which is located at the intersection of Estates Road and Acorn Lane. (41.3737200,-75.2491513)

J. Waste Disposal

No waste will be generated.

K. Soil, Groundwater Conditions and Foundation Problems

There are no know soil, groundwater, or foundation conditions which may impact the project.

L. Future Needs and Services

No future expansions to the water system are planned as part of this project.

M. Project Sequence

The existing waterworks facilities will remain in operation during construction activities.

Minor system shutdowns are necessary throughout construction of the proposed 4-Log Treatment of Viruses. It is anticipated that the project will be constructed in the following stages so that the existing well station operations will be maintained:

1. Excavate and install 8' of 36" Ductile Iron Pipe.
2. Disinfect and pressure test
3. Shut down well station to complete plumbing and make necessary connections.
4. Put well station into service.

N. Operations Plan

The site will be sampled for Chlorine residual via 24-hr grab sampling. As well as weekly Chlorine residual checks at the RTCR location and monthly coliform sampling from the RTCT location.

O. Compliance Report

Aqua has only been in receivership of this system since August 15th of this year and a compliance report is not available at this time.

APPENDIX C
PROJECT LOCATION MAP

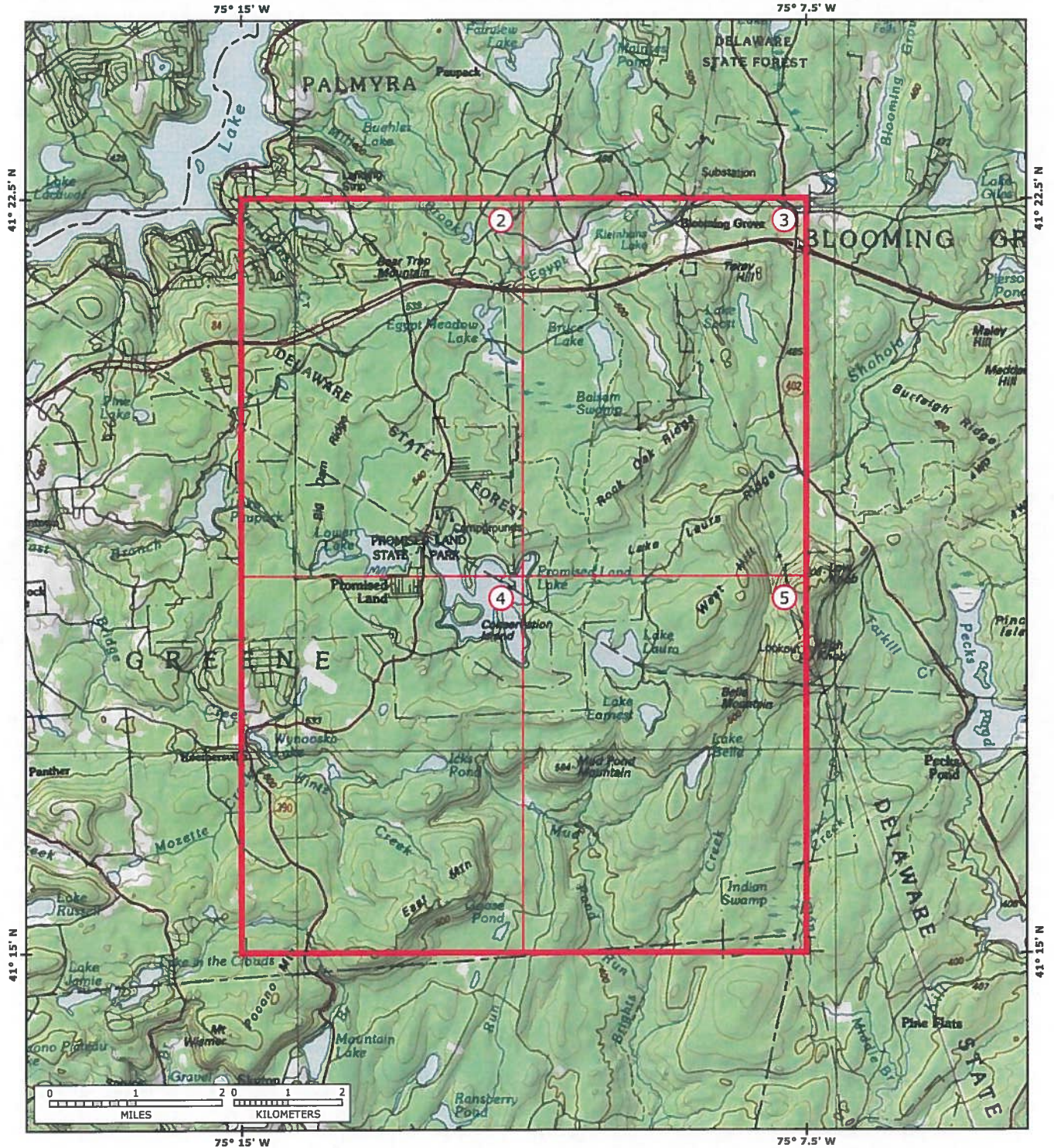


Deer Haven White Beauty View Estates

Demonstration of 4-Log Treatment of Viruses for Groundwater Sources

Project Location Map

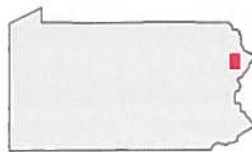
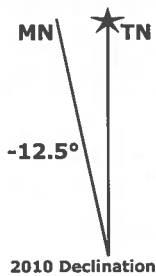
Palmyra Township, Pike County



This map was created from a seamless mosaic of detailed USGS maps at topo.com

Refer to the pages indicated on the above index for detailed 7.5' series USGS maps. As with all maps, inaccuracies may exist and conditions may change. User assumes all risk associated with the use of this map.

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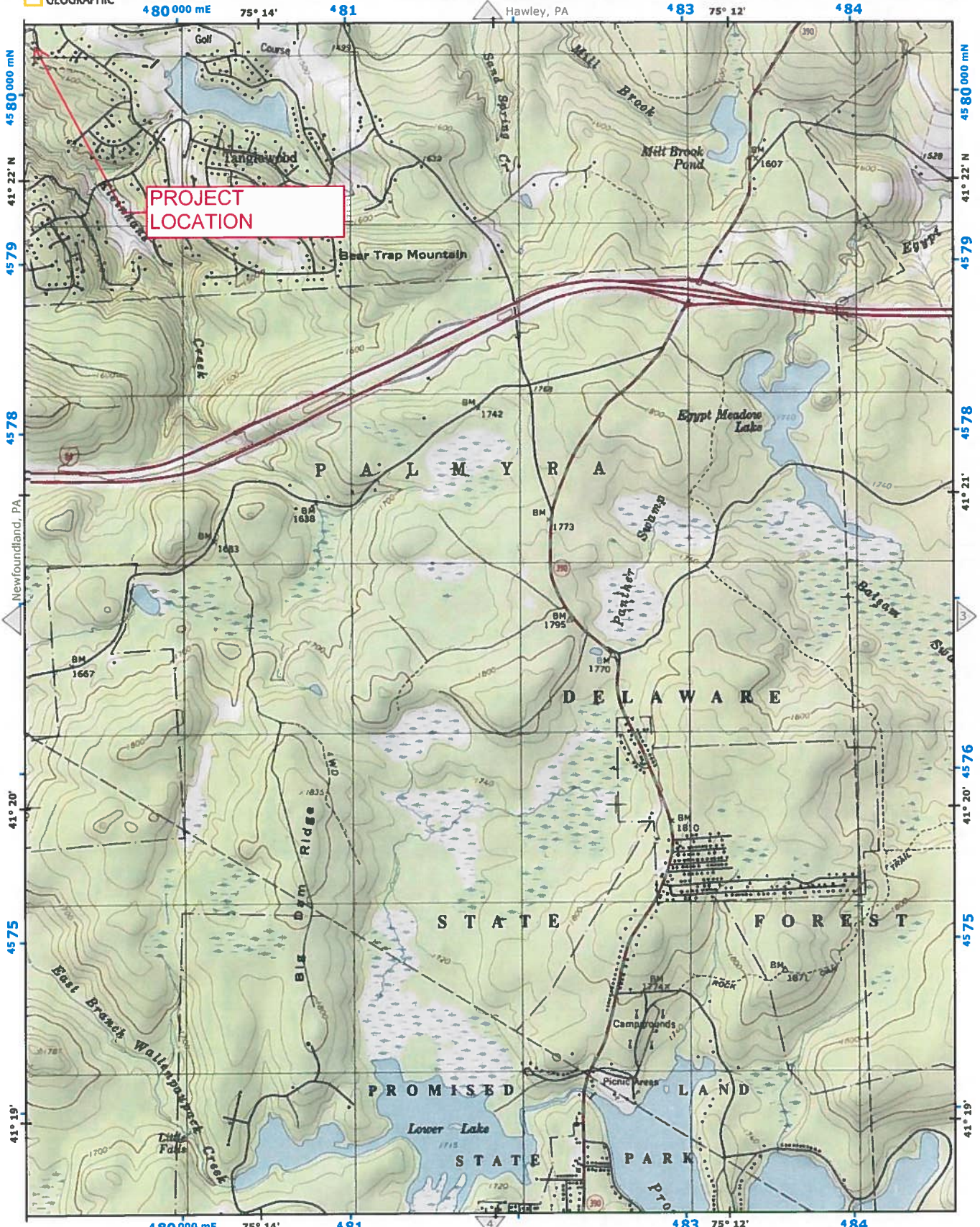
Pennsylvania

USGS Revision Date: 1997
Contour Interval on 7.5' Maps: 20 ft

Adjoining 7.5' Quads

NW	N	NE
W	*	E
SW	S	SE

- NW: Lakeville, PA
- N: Hawley, PA
- NE: Rowland, PA
- W: Newfoundland, PA
- * Promised Land, PA
- E: Pecks Pond, PA
- SW: Buck Hill Falls, PA
- S: Skytop, PA
- SE: Twelvemile Pond, PA



APPENDIX D
GENERAL INFORMATION FORM



Deer Haven White Beauty View Estates

Demonstration of 4-Log Treatment of Viruses for Groundwater Sources

General Information Form

Palmyra Township, Pike County



GENERAL INFORMATION FORM – AUTHORIZATION APPLICATION

Before completing this General Information Form (GIF), read the step-by-step instructions provided in this application package. This form is used by the Department of Environmental Protection (DEP) to inform our programs regarding what other DEP permits or authorizations may be needed for the proposed project or activity. This version of the General Information Form (GIF) must be completed and returned with any program-specific application being submitted to the DEP.

Related ID#s (If Known)		DEP USE ONLY	
Client ID# _____	APS ID# _____	Date Received & General Notes	
Site ID# _____	Auth ID# _____		
Facility ID# 710 _____			

CLIENT INFORMATION

DEP Client ID# 86473	Client Type/Code PACOR	Dun & Bradstreet ID#	
Legal Organization Name or Registered Fictitious Name Aqua Pennsylvania, Inc.		Employer ID# (EIN) 23-2297407	Is the EIN a SSN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
State of Incorporation or Registration of Fictitious Name	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Association/Organization <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Other		

Individual Last Name	First Name	MI	Suffix
Additional Individual Last Name	First Name	MI	Suffix

Mailing Address Line 1 204 East Sunbury Street		Mailing Address Line 2	
Address Last Line – City Shamokin	State PA	ZIP+4 17872-5820	Country USA
Client Contact Last Name Klinger	First Name John	MI D	Suffix II
Client Contact Title Project Engineer	Phone 570-640-7137	Ext	Cell Phone
Email Address jdklinger@aquaamerica.com	FAX N/A		

SITE INFORMATION

DEP Site ID#	Site Name Deer Haven White Beauty View Estates Well Station
EPA ID#	Estimated Number of Employees to be Present at Site 1
Description of Site Existing well and well station	

Tax Parcel ID(s): 070040158001					
County Name(s)	Municipality(ies)	City	Boro	Twp	State
Pike	Palmyra	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Site Location Line 1 130 Estates Lane	Site Location Line 2			
Site Location Last Line – City Greentown	State PA	ZIP+4 18426-2525		
Detailed Written Directions to Site Take SR 84 until exit 20 for SR 507. After exit 20 you will travel 5 miles before turning east onto Estate Road. The site is 0.2 miles from SR 507/Estates Road and near the intersection of Estates Road and Acorn Lane.				
Site Contact Last Name Klinger	First Name John D	MI D	Suffix II	
Site Contact Title Project Engineer		Site Contact Firm Aqua Pennsylvania		
Mailing Address Line 1 204 E. Sunbury Street		Mailing Address Line 2		
Mailing Address Last Line – City Shamokin		State PA	ZIP+4 17872-5820	
Phone 570.640.7137	Ext	FAX	Email Address jdklinger@aquaamerica.com	
NAICS Codes (Two- & Three-Digit Codes – List All That Apply) 22,221			6-Digit Code (Optional) 221310	
Client to Site Relationship OWNOP				

FACILITY INFORMATION

- | | | |
|----------------------------------------------------------------------------------------|-------------------------------------|--------------------------|
| Modification of Existing Facility | Yes | No |
| 1. Will this project modify an existing facility, system, or activity? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Will this project involve an addition to an existing facility, system, or activity? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

If "Yes", check all relevant facility types and provide DEP facility identification numbers below.

Facility Type	DEP Fac ID#	Facility Type	DEP Fac ID#
<input type="checkbox"/> Air Emission Plant	_____	<input type="checkbox"/> Industrial Minerals Mining Operation	_____
<input type="checkbox"/> Beneficial Use (water)	_____	<input type="checkbox"/> Laboratory Location	_____
<input type="checkbox"/> Blasting Operation	_____	<input type="checkbox"/> Land Recycling Cleanup Location	_____
<input type="checkbox"/> Captive Hazardous Waste Operation	_____	<input type="checkbox"/> Mine Drainage Treatment / Land Recycling Project Location	_____
<input type="checkbox"/> Coal Ash Beneficial Use Operation	_____	<input type="checkbox"/> Municipal Waste Operation	_____
<input type="checkbox"/> Coal Mining Operation	_____	<input type="checkbox"/> Oil & Gas Encroachment Location	_____
<input type="checkbox"/> Coal Pillar Location	_____	<input type="checkbox"/> Oil & Gas Location	_____
<input type="checkbox"/> Commercial Hazardous Waste Operation	_____	<input type="checkbox"/> Oil & Gas Water Poll Control Facility	_____
<input type="checkbox"/> Dam Location	_____	<input checked="" type="checkbox"/> Public Water Supply System	710
<input type="checkbox"/> Deep Mine Safety Operation -Anthracite	_____	<input type="checkbox"/> Radiation Facility	_____
<input type="checkbox"/> Deep Mine Safety Operation -Bituminous	_____	<input type="checkbox"/> Residual Waste Operation	_____
<input type="checkbox"/> Deep Mine Safety Operation -Ind Minerals	_____	<input type="checkbox"/> Storage Tank Location	_____
<input type="checkbox"/> Encroachment Location (water, wetland)	_____	<input type="checkbox"/> Water Pollution Control Facility	_____
<input type="checkbox"/> Erosion & Sediment Control Facility	_____	<input type="checkbox"/> Water Resource	_____
<input type="checkbox"/> Explosive Storage Location	_____	<input type="checkbox"/> Other:	_____

1. Is the project located in or within a 0.5-mile radius of an Environmental Justice community as defined by DEP? Yes No

To determine if the project is located in or within a 0.5-mile radius of an environmental justice community, please use [the online PennEnviroScreen tool](#). To see specific EJ areas, select the appropriate year of your submittal from the themes box on the right.

2. Have you informed the surrounding community prior to submitting the application to the Department? Yes No

Method of notification: _____

3. Have you addressed community concerns that were identified? Yes No N/A

If no, please briefly describe the community concerns that have been expressed and not addressed.

4. Is your project funded by state or federal grants? Yes No

Note: If "Yes", specify what aspect of the project is related to the grant and provide the grant source, contact person and grant expiration date.

Aspect of Project Related to Grant

Grant Source: _____

Grant Contact Person: _____

Grant Expiration Date: _____

5. Is this application for an authorization on Appendix A of the Land Use Policy? (For referenced list, see Appendix A of the Land Use Policy attached to GIF instructions) Yes No

Note: If "No" to Question 5, the application is not subject to the Land Use Policy.

If "Yes" to Question 5, the application is subject to this policy and the Applicant should answer the additional questions in the Land Use Information section.

LAND USE INFORMATION

Note: Applicants should submit copies of local land use approvals or other evidence of compliance with local comprehensive plans and zoning ordinances.

1. Is there an adopted county or multi-county comprehensive plan? Yes No

2. Is there a county stormwater management plan? Yes No

3. Is there an adopted municipal or multi-municipal comprehensive plan? Yes No

4. Is there an adopted county-wide zoning ordinance, municipal zoning ordinance or joint municipal zoning ordinance? Yes No

Note: If the Applicant answers "No" to either Questions 1, 3 or 4, the provisions of the PA MPC are not applicable and the Applicant does not need to respond to questions 5 and 6 below.

If the Applicant answers "Yes" to questions 1, 3 and 4, the Applicant should respond to questions 5 and 6 below.

5. Does the proposed project meet the provisions of the zoning ordinance or does the proposed project have zoning approval? If zoning approval has been received, attach documentation. Yes No

6. Have you attached Municipal and County Land Use Letters for the project? Yes No

COORDINATION INFORMATION

Note: The PA Historical and Museum Commission must be notified of proposed projects in accordance with DEP Technical Guidance Document 012-0700-001 [at PHMC's online portal, PA-SHARE](#).

If the activity will be a mining project (i.e., mining of coal or industrial minerals, coal refuse disposal and/or the operation of a coal or industrial minerals preparation/processing facility), respond to questions 1.0 through 2.5 below.

If the activity will not be a mining project, skip questions 1.0 through 2.5 and begin with question 3.0.

1.0	Is this a coal mining project? If "Yes", respond to 1.1-1.6. If "No", skip to Question 2.0.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
1.1	Will this coal mining project involve coal preparation/processing activities in which the total amount of coal prepared/processed will be equal to or greater than 200 tons/day?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.2	Will this coal mining project involve coal preparation/processing activities in which the total amount of coal prepared/processed will be greater than 50,000 tons/year?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.3	Will this coal mining project involve coal preparation/processing activities in which thermal coal dryers or pneumatic coal cleaners will be used?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.4	For this coal mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.5	Will this coal mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet; (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1.6	Will this coal mining project involve underground coal mining to be conducted within 500 feet of an oil or gas well?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.0	Is this a non-coal (industrial minerals) mining project? If "Yes", respond to 2.1-2.6. If "No", skip to Question 3.0.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
2.1	Will this non-coal (industrial minerals) mining project involve the crushing and screening of non-coal minerals other than sand and gravel?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.2	Will this non-coal (industrial minerals) mining project involve the crushing and/or screening of sand and gravel with the exception of wet sand and gravel operations (screening only) and dry sand and gravel operations with a capacity of less than 150 tons/hour of unconsolidated materials?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.3	Will this non-coal (industrial minerals) mining project involve the construction, operation and/or modification of a portable non-metallic (i.e., non-coal) minerals processing plant under the authority of the General Permit for Portable Non-metallic Mineral Processing Plants (i.e., BAQ-PGPA/GP-3)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2.4	For this non-coal (industrial minerals) mining project, will sewage treatment facilities be constructed and treated waste water discharged to surface waters?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

2.5	Will this non-coal (industrial minerals) mining project involve the construction of a permanent impoundment meeting one or more of the following criteria: (1) a contributory drainage area exceeding 100 acres; (2) a depth of water measured by the upstream toe of the dam at maximum storage elevation exceeding 15 feet; (3) an impounding capacity at maximum storage elevation exceeding 50 acre-feet?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3.0	Will your project, activity, or authorization have anything to do with a well related to oil or gas production, have construction within 200 feet of, affect an oil or gas well, involve the waste from such a well, or string power lines above an oil or gas well? If "Yes", respond to 3.1-3.3. If "No", skip to Question 4.0.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
3.1	Does the oil- or gas-related project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water (including wetlands)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3.2	Will the oil- or gas-related project involve discharge of industrial wastewater or stormwater to a dry swale, surface water, ground water or an existing sanitary sewer system or storm water system? If "Yes", discuss in <i>Project Description</i> .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3.3	Will the oil- or gas-related project involve the construction and operation of industrial waste treatment facilities?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4.0	Will the project involve a construction activity that results in earth disturbance? If "Yes", specify the total disturbed acreage.	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
4.0.1	Total Disturbed Acreage		<0.005		
4.0.2	Will the project discharge or drain to a special protection water (EV or HQ) or an EV wetland?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
4.0.3	Will the project involve a construction activity that results in earth disturbance in the area of the earth disturbance that are contaminated at levels exceeding residential or non-residential medium-specific concentrations (MSCs) in 25 Pa. Code Chapter 250 at residential or non-residential construction sites, respectively?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
5.0	Does the project involve any of the following: water obstruction and/or encroachment, wetland impacts, or floodplain project by the Commonwealth/political subdivision or public utility? If "Yes", respond to 5.1-5.7. If "No", skip to Question 6.0.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
5.1	Water Obstruction and Encroachment Projects – Does the project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a watercourse, floodway or body of water?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5.2	Wetland Impacts – Does the project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a wetland?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

5.3	Floodplain Projects by the Commonwealth, a Political Subdivision of the Commonwealth or a Public Utility – Does the project involve any of the following: placement of fill, excavation within or placement of a structure, located in, along, across or projecting into a floodplain?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5.4	Is your project an interstate transmission natural gas pipeline?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5.5	Does your project consist of linear construction activities which result in earth disturbance in two or more DEP regions AND three or more counties?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5.6	Does your project utilize Floodplain Restoration as a best management practice for Post Construction Stormwater Management?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5.7	Does your project utilize Class V Gravity / Injection Wells as a best management practice for Post Construction Stormwater Management?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6.0	Will the project involve discharge of construction related stormwater to a dry swale, surface water, ground water or separate storm water system?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
6.1	Will the project involve discharge of industrial waste stormwater or wastewater from an industrial activity or sewage to a dry swale, surface water, ground water or an existing sanitary sewer system or separate storm water system?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
7.0	Will the project involve the construction and operation of industrial waste treatment facilities?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
8.0	Will the project involve construction of sewage treatment facilities, sanitary sewers, or sewage pumping stations? If "Yes", indicate estimated proposed flow (gal/day). Also, discuss the sanitary sewer pipe sizes and the number of pumping stations/treatment facilities/name of downstream sewage facilities in the <i>Project Description</i> , where applicable. 8.0.1 Estimated Proposed Flow (gal/day)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
9.0	Will the project involve the subdivision of land, or the generation of 800 gpd or more of sewage on an existing parcel of land or the generation of an additional 400 gpd of sewage on an already-developed parcel, or the generation of 800 gpd or more of industrial wastewater that would be discharged to an existing sanitary sewer system? 9.0.1 Was Act 537 sewage facilities planning submitted and approved by DEP? If "Yes" attach the approval letter. Approval required prior to 105/NPDES approval.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
10.0	Is this project for the beneficial use of biosolids for land application within Pennsylvania? If "Yes" indicate how much (i.e. gallons or dry tons per year). 10.0.1 Gallons Per Year (residential septage) 10.0.2 Dry Tons Per Year (biosolids)	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

11.0	Does the project involve construction, modification or removal of a dam? If "Yes", identify the dam.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
11.0.1	Dam Name _____		
12.0	Will the project interfere with the flow from, or otherwise impact, a dam? If "Yes", identify the dam.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
12.0.1	Dam Name _____		
13.0	Will the project involve operations (excluding during the construction period) that produce air emissions (i.e., NOX, VOC, etc.)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
13.0.1	If "Yes", is the operation subject to the agricultural exemption in 35 P.S. § 4004.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
13.0.2	If the answer to 13.0.1 is "No", identify each type of emission followed by the estimated amount of that emission. Enter all types & amounts of emissions; separate each set with semicolons.		
14.0	Does the project include the construction or modification of a drinking water supply to serve 15 or more connections or 25 or more people, at least 60 days out of the year? If "Yes," check all proposed sub-facilities.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
14.0.1	Number of Persons Served _____		
14.0.2	Number of Employee/Guests _____		
14.0.3	Number of Connections 38		
14.0.4	Sub-Fac: Distribution System	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
14.0.5	Sub-Fac: Water Treatment Plant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.0.6	Sub-Fac: Source	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.0.7	Sub-Fac: Pump Station	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.0.8	Sub-Fac: Transmission Main	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.0.9	Sub-Fac: Storage Facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.0	Will your project include infiltration of storm water or waste water to ground water within one-half mile of a public water supply well, spring or infiltration gallery?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16.0	Is your project to be served by an existing public water supply? If "Yes", indicate name of supplier and attach letter from supplier stating that it will serve the project.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
16.0.1	Supplier's Name _____		
16.0.2	Letter of Approval from Supplier is Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
17.0	Will this project be served by on-lot drinking water wells?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
18.0	Will this project involve a new or increased drinking water withdrawal from a river, stream, spring, lake, well or other water bod(ies)? If "Yes," reference Safe Drinking Water Program.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
18.0.1	Source Name _____		

19.0	Will the construction or operation of this project involve treatment, storage, reuse, or disposal of waste? If "Yes," indicate what type (i.e., hazardous, municipal (including infectious & chemotherapeutic), residual) and the amount to be treated, stored, re-used or disposed.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
19.0.1 Type & Amount					
20.0	Will your project involve the removal of coal, minerals, contaminated media, or solid waste as part of any earth disturbance activities?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
21.0	Does your project involve installation of a field constructed underground storage tank? If "Yes," list each Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
21.0.1 Enter all substances & capacity of each; separate each set with semicolons.					
22.0	Does your project involve installation of an aboveground storage tank greater than 21,000 gallons capacity at an existing facility? If "Yes," list each Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
22.0.1 Enter all substances & capacity of each; separate each set with semicolons.					
23.0	Does your project involve installation of a tank greater than 1,100 gallons which will contain a highly hazardous substance as defined in DEP's Regulated Substances List, 2570-BK-DEP2724? If "Yes," list each Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
23.0.1 Enter all substances & capacity of each; separate each set with semicolons.					
24.0	Does your project involve installation of a storage tank at a new facility with a total AST capacity greater than 21,000 gallons? If "Yes", list each Substance & its Capacity. Note: Applicant may need a Storage Tank Site Specific Installation Permit.	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
24.0.1 Enter all substances & capacity of each; separate each set with semicolons.					
NOTE: If the project includes the installation of a regulated storage tank system, including diesel emergency generator systems, the project may require the use of a Department Certified Tank Handler. For a full list of regulated storage tanks and substances, please go to www.dep.pa.gov search term storage tanks					
25.0	Will the intended activity involve the use of a radiation source?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

CERTIFICATION

I certify that I have the authority to submit this application on behalf of the applicant named herein and that the information provided in this application is true and correct to the best of my knowledge and information.

For applicants supplying an EIN number: I am applying for a permit or authorization from the Pennsylvania Department of Environmental Protection (DEP). As part of this application, I will provide DEP with an accurate EIN number for the applicant entity. By filing this application with DEP, I hereby authorize DEP to confirm the accuracy of the EIN number provided with the Pennsylvania Department of Revenue. As applicant, I further consent to the Department of Revenue discussing the same with DEP prior to issuance of the Commonwealth permit or authorization.

Type or Print Name John D. Klinger II

<u></u>	<u>Proj. Engr.</u>	<u>9-16-2024</u>
Signature	Title	Date

APPENDIX E
TECHNICAL SPECIFICATIONS



Deer Haven White Beauty View Estates

Demonstration of 4-Log Treatment of Viruses for Groundwater Sources

Technical Specifications

Waterline Installation Specifications

SECTION 02710 - PIPED UTILITIES - WATERLINE

PART 1 - GENERAL

1.1 RELATED DOCUMENTS

- A. Drawings and general provisions of Contract, including General and Supplementary Conditions and other Division-1 Specification Sections, apply to this Section.

1.2 SUMMARY

- A. This Section includes the following:

- 1. Piping.

1.3 QUALITY ASSURANCE

- A. Piping, valves, and specials specified herein shall be essentially the standard products of manufacturers who have been regularly engaged in the successful production of high quality materials of this type for at least ten years.
- B. All Piping, valves and specials shall meet the requirements of the Federal Reduction of Lead in Drinking Water Act.
- C. Repair or replace defective piping or specials.
- D. Pressure Tests (Ductile Iron Pipe).
 - 1. All completed pipe shall be tested for leakage between valves or bulkheads.
 - 2. Piping shall hold the test pressure for two hours without pumping. Repair any visible leaks.
 - 3. Hydrostatic pressure tests shall not be made until at least seven (7) days after concrete thrust blocks are installed. The Contractor, at his option and expense, may use high early strength concrete for thrust blocks in which case hydrostatic pressure tests shall not be made until at least three (3) days have elapsed.
 - 4. The section of water main being tested shall be filled with water a minimum of 24 hours before the main is tested. The Contractor shall insure that air is expelled from the pipeline in accordance with AWWA C-600. Any taps necessary to release air or water from the main during testing shall be made at the Contractor's expense.
 - 5. Contractor is required to provide pressure testing apparatus. Pressure gauge must include proper increments so that a 1 psi drop in test pressure can be detected. The pressure gauge shall be digital and battery operated per the requirements noted in Section 02710 2.2 U.
 - 6. After the pipeline has been filled with water for 24 hours, the Contractor shall conduct a hydrostatic or pressure test. Each section of water main shall be tested at 1 1/2 times the working pressure measured at the low point of the section of main being tested or minimum of 150 psi. The Contractor shall not employ a test

pressure which exceeds the allowable pressure of any installed pipe, valve, or appurtenance. Piping shall hold the test pressure for two hours without pumping with zero observed drop in test pressure.

- E. All testing must be witnessed by Owner's representative. Documentation of all testing must be submitted to Owner.

1.4 SUBMITTALS

- A. Submit shop drawings or catalog cuts, as appropriate, for materials listed under Article 2.1 of this Section. Submit only those materials that are actually to be used in the work. These will usually be as follows:

1. Ductile iron pipe, fittings, and gaskets.
2. Steel casing pipe.
3. Copper tubing and fittings.
4. Polyethylene encasement.
5. Polyethylene pipe/tubing.
6. Gate valves and valve boxes.
7. Couplings.
8. Corporation stops.
9. Curb stops and boxes.
10. Detection tape.
11. Mechanical joint restraint systems.
12. Tapping sleeve and valve.
13. Line stops.
14. Hydrant.
15. Air release valve, manhole, and related equipment.
16. Tracer wire and access boxes.
17. Meter boxes.
18. Foster adapter.
19. Flex adapter.
20. Reverse plumbing.
21. Blow-off assembly.
22. Insertion valve.
23. Other submittals as required by the Engineer.

- B. Submit manufacturer's Certification of Compliance in accordance with Section 01300.
- C. Make submittals prior to start of construction. Make submittals to Engineer.

1.5 DELIVERY, STORAGE AND HANDLING

- A. Deliver, store and handle the piping, valves and specials in accordance with requirements specified in Division 1, the manufacturer's recommendations, and as supplemented herein.

- B. Pipe and related materials shall be loaded and unloaded by lifting with hoists or skidding so as to avoid shock or damage. Under no circumstances shall such material be dropped or skidded against piping already on the ground.
- C. Pipe and related materials shall at all times be handled with care to avoid damage. The interior shall be kept free from dirt and foreign matter. All pipe, valves and appurtenances shall be carefully lowered or raised into place, with suitable equipment in a manner that will prevent damage to the material. Under no circumstances shall pipe or accessories be dropped or dumped.
- D. Pipe, pipe linings, fittings, valves, fire hydrants and all related materials shall be thoroughly inspected for defects prior to their being installed. Any defective, damaged, or unsound material, as determined by the Owner, shall be repaired or replaced as directed at no additional cost to the Owner.
- E. All lumps, blisters and excess coating shall be removed from the ends of each pipe. The joints shall be wire brushed and wiped clean, and dry and free from oil and grease before the pipe is installed.

PART 2 - PRODUCTS

2.1 PIPE AND FITTINGS

A. Ductile Iron Pipe:

1. Pipe:

- a. Ductile iron pipe shall be centrifugally cast, annealed ductile iron manufactured in accordance with ANSI A21.51. (AWWA c-151), 18 – 20 feet nominal length, cement lined B THK A21.4 (C-104) (BCL & SC) CTD OD, Tyton joint A21.11 (C-111) complete, Class 52.
- b. Pipe joints shall be push-on or mechanical joint with retainer glands, Corten bolts and shall conform to ANSI specification A21.11. Furnish joints with all required accessories. Restrained joint pipe shall be as manufactured by U.S. Pipe or McWane.
- c. U.S. Pipe TR Flex shall be used for chlorine contact piping.
- d. Joint restraining gaskets for push-on type pipe shall be provided on each side of any valve, bend, tee, fitting, or other appurtenance in accordance with the table on 02710 3.1.B.4. Thrust blocks and mechanical joint restraining systems are also required.

2. Joint Restraining Gaskets:

- a. Joint restraining gaskets for push-on type pipe shall be provided on a minimum of 2 pipe lengths (minimum of 36') on each side of any valve, bend, tee, fitting or other appurtenance. Thrust Blocks and mechanical joint restraining systems are also required.
- b. Acceptable joint restraining gaskets:

- 1) Field-Lok 350® restrained joint gaskets as manufactured by US Pipe
 - 2) Sure Stop 350® restrained joint gaskets as manufactured by McWane
 - 3) Barracuda® restrained joint gaskets as manufactured by Specification Rubber Projects, Inc.
 - c. Class 52 pipe.
 - d. Suggested Suppliers:
 - 1) U.S. Pipe
 - 2) McWane
 - 3) American Cast Iron Pipe Co.
 3. Compact Pipe Fittings:
 - a. Compact mechanical joint fittings, 3 inch to 12 inch shall be manufactured of ductile iron and have a pressure rating of 350 p.s.i., in accordance with the requirements of AWWA/ANSI C-153/A21.53-84 Standard, or revisions thereto. Fittings shall be cement lined and in accordance with AWWA/ANSI C-104/A21.4-85 Standard.
 - b. Mechanical joint assemblies, including gaskets, glands, bolts and nuts, shall be in accordance with the requirements of ANSI C 111 / A21.11-85 Standard.
 - c. All compact fittings shall be clearly and legibly cast or stamped with the inscription "C 153" and Country where cast and date.
 - d. Suggested Suppliers:
 - 1) U.S. Pipe
 - 2) Tyler Union (McWane)
 - 3) American Cast Iron Pipe Company
 - 4) Star Products
 4. Cement and Mortar Lining:
 - a. Cement and Mortar line all pipe and fittings in accordance with ANSI A21.4.
 - b. Paint seal coat in accordance with ANSI A21.4.
 5. Tar Coat exterior of ductile iron pipe and fittings.
 6. Furnish gaskets in accordance with ANSI A21.11.
 7. All pipe and fittings shall be U.S. manufactured unless otherwise unavailable.
- B. Steel Casing Pipe:
1. Smooth steel wall casing pipe conforming to ASTM A-252 Grade 2, minimum plate thickness 0.375-inches for up to 24-inch casing. Casing shall be uncoated. Minimum yield strength of 35,000 psi. Minimum tensile strength of 60,000 psi.
 2. Casing spacer bands shall be 304 stainless steel, 14 gauge.
 3. Casing spacers shall be manufactured by BWM Company or PSI, Inc. of Houston, Texas.
 4. Casing shall be filled with sand or limestone chips. The ends of casing pipe shall be sealed water tight with brick and capped with end seals.

C. Copper Tubing:

1. Tubing: ASTM B88 Type K Annealed.
2. Joints: Compression. Use Quick Joint type. NOT Grip Joint. Pack joint permitted when Quick Joint not available.
3. Fittings: Cast copper alloy compression tube fittings.
4. Manufacturer (no substitutes allowed).
 - a. Mueller
 - b. Howell
 - c. Wieland
 - d. Cambridge-Lee Industries, Inc.

D. Polyethylene Encasement (V-Bio):

1. Polyethylene encasement shall be V-Bio and used for all ductile iron pipe, fittings, valves, and appurtenances.
2. Encasement shall consist of three layers of co-extruded, linear, low density polyethylene film that are fused into one layer:
 - a. Inner layer shall be Linear Low Density Polyethylene (LLDPE) with Corrosion inhibitor and a biocide to address anaerobic bacteria associated with Microbiologically Influenced Corrosion (MIC).
 - b. Intermediate layer shall be a thick impermeable layer.
 - c. Outer layer shall be Linear Low Density Polyethylene (LLDPE) of light color for UV resistance.
3. Polyethylene encasement materials shall be in accordance with ANSI/AWWA C105/A21.5 standards.
4. Install polyethylene in accordance with Method A of the ANSI/AWWA C105/A21.5 Standard. Refer to Attachment B for recommended manufacturer's installation instructions.
5. Polyethylene encasement shall be V-Bio™.

E. Polyethylene Pipe (PE) (4-inch and above):

1. Where shown on the project drawings, Polyethylene (PE) pressure pipe and fittings for piping 4-inches in diameter and greater shall be DR 9, and sized according to the Ductile Iron Pipe Size (DIPS). Manufacturers shall verify the suitability of pipe for the intended applications. Iron pipe sized (IPS) fittings may be approved by Owner when DIPS fittings are not readily available.
2. Materials used for the manufacturer of polyethylene pipe and fittings shall be high density, black PE 4710 resin conforming to ASTM D3350 with the cell classification of 445574C/E and is listed with the Plastic Pipe Institute's (PPI) TR4. Pipe shall be in conformance with AWWA C906.
3. The manufacturer shall certify that samples of the manufacturer's production pipe have been tested in-house, in accordance with ASTM D-2837, and validated in accordance with the latest revisions of PPI TR-4. Under these procedures, the minimum hydrostatic design basis shall be certified by the manufacturer to 1600 psi at 73.4°F and 1000 psi at 140°F. The pipe and fitting manufacturer shall have an independent PPI Material Listing in accordance with PPI TR-3 and TR-4.
4. Pipe shall be manufactured in accordance with ASTM F-714. Dimensions and tolerances for pipe outside diameter and minimum wall thickness shall be in accordance with ASTM F-714.
5. Fittings shall be manufactured to the requirements of ASTM D-3261 and as follows:
 - a. Fabricated fittings shall be manufactured from pipe of at least one SDR heavier pipe than the system piping, and shall be pressure rated to match the system piping.
 - b. The butt fusion outlets of fabricated fittings shall be machined to the same SDR as the system piping to which they are to be fused.
 - c. The manufacturer shall subject samples from each molded fittings production lot to x-ray inspection for voids. Voids shall not be permitted, and if found in the samples, the entire production lot shall be x-ray inspected. If additional voids are found, the production lot shall be rejected.
6. Acceptable Manufacturers:
 - a. Charter Plastics
 - b. JM Eagle

F. Polyethylene (PE) Tubing (3" Diameter or less):

1. Where shown on the project drawings, Polyethylene (PE) tubing 3" Diameter or less shall be SDR 9, and sized according to the Copper Tubing Size (CTS). Manufacturers shall verify the suitability of pipe for the intended applications.
2. Materials used for the manufacturer of polyethylene pipe and fittings shall be high density PE 4710.
3. Pipe shall be manufactured in accordance with AWWA C901 and ASTM D-2737.
4. Joints: Compression. Use Quick Joint type. NOT Grip Joint.

5. Acceptable Manufacturers:
 - a. Cresline Pipe Company
 - b. ADS

APPENDIX F

DEMONSTRATION OF 4-LOG TREATMENT OF VIRUSES FOR GROUNDWATER SOURCES



Deer Haven White Beauty View Estates

Demonstration of 4-Log Treatment of Viruses for Groundwater Sources

4-Log Form FM-BSDW0470b

Palmyra Township, Pike County

GROUNDWATER RULE 4-LOG TREATMENT DEMONSTRATION - FREE CHLORINE LOG-INACTIVATION OF VIRUSES (PH 6.0-9.0) SPREADSHEET

Directions:

- Identify all the segments of your treatment facility between the point of disinfectant application and the entry point (See the "System Example" tab at the bottom of this document). Enter the description for each segment into Column B (e.g., 2-inch pipe from the chlorinator to the storage tank).
- Enter the minimum temperature of your source water into cell K8. If your finished water storage becomes colder than your source water during winter and you wish to include that stored water in the CT calculation for log inactivation, use the lowest temperature that your stored finished water reaches in winter.
- Enter the volume (gal) for each segment into Column D if known.
- If the volume for a segment is unknown, choose the shape of the segment from the drop-down selections in Column C and enter the dimensions in Columns E, F, and G (in feet - use the "Unit Conversions" worksheet to convert to feet if your data is another unit).
- Note: For box-shaped segments, enter the length, width, and height into Columns E, F, and G. For cylinders and cones enter only the diameter and the height into Columns F and G. For spheres and half-spheres enter only the diameter into Column F. (ex: for pipes, enter the diameter into Column F and the length into Column G). For horizontal cylindrical tanks, enter the total diameter into Column F, the horizontal length into Column E and the minimum water depth into Column G.
- Select the baffling condition for each segment (see "Baffling Factors" tab for descriptions). If a segment is assigned a baffling factor of zero (0), do not include the segment on the spreadsheet.
- Enter the peak flow rate (gal/min) of your facility into cell E8.
- The minimum chlorine residual at the entry point is defaulted to 0.40 mg/L. You can change this in cell I8 to experiment with different values.

Segment #	Description of Segment	Shape	Volume (gal) (if known)	Tank Length (feet)	Width or Diameter (feet)	Min Water depth or Pipe Length (feet)	Volume (cubic feet)	Volume (gal)	Choose a Baffling Condition for each segment	Effective Contact Time (min)	Log Inactivation of Viruses (pH 6-9)	
											Total Effective Contact Time (min)	Total CT's (mg/L*min)
1	pipe	Box		0	3	8	58.56	423.01	Near-Plug Flow Plug flow	20.04	20.04	4.01
		Cylinder						0.00	Select a baffling condition			
		Sphere						0.00	Unbaffled			
		Select a shape						0.00	Select a baffling condition			
		Sphere						0.00	Unbaffled			
		Select a shape						0.00	Select a baffling condition			
		Sphere						0.00	Unbaffled			
		Cylinder						0.00	Select a baffling condition			
		Half-sphere						0.00	Unbaffled			
		Select a shape						0.00	Select a baffling condition			
		Sphere						0.00	Unbaffled			
		Select a shape						0.00	Select a baffling condition			
		Sphere						0.00	Unbaffled			
		Select a shape						0.00	Select a baffling condition			
		Sphere						0.00	Unbaffled			
		Select a shape						0.00	Select a baffling condition			
		Sphere						0.00	Unbaffled			
		Select a shape						0.00	Select a baffling condition			
		Sphere						0.00	Unbaffled			
		Select a shape						0.00	Select a baffling condition			
		Sphere						0.00	Unbaffled			
		Select a shape						0.00	Select a baffling condition			
		Sphere						0.00	Unbaffled			

Signature of Certified Operator or Professional Engineer _____ Date _____
 Official Use Only: 4-Log treatment of viruses confirmed Denied



Demonstration of 4-Log Treatment of Viruses for Groundwater Sources*

I. General Information

PWS Name: Deer Haven White Beauty View Estates PWS ID #: 2520110

Owner Name: Aqua Pennsylvania, Inc. (Recievership)

Municipality: Palmyra Twp County: Pike

Mailing Address: 1775 N. Main Street

City/State: Honesdale, PA Zip Code: 18431 Telephone #: (570)-6470358

Pop. Served: 38 Entry Point ID: 101 Min. Water Temp. (°C)**: 5.0 Peak Flow (GPM)*: 19

*GPM = Gallons Per Minute, peak flow through the entry point.
**Annual minimum temperature of your raw water or of the water in your disinfectant contact storage vessel, whichever is lower.

II. Checklist of Enclosures

A. Required enclosures:

- Plant or system schematic showing the location where compliance monitoring will be conducted
- And,
- Completed Groundwater Rule 4-Log Treatment Demonstration Free Chlorine Log-Inactivation of Viruses (pH 6.0-9.0) Spreadsheet or Worksheet (3900-FM-BSDW0470c or 3900-FM-BSDW0470d)
- Or,
- Tracer Study Data and Report Bearing PE Seal (in lieu of 4-Log Spreadsheet)

B. Describe your justification for the minimum temperature noted above and used in your log-inactivation calculation (the minimum temperature used on the submitted spreadsheet or worksheet)*.

DEP recommended temperature

*Attach additional sheets, if necessary.

C. Did you include any length of pipe downstream of the entry-point but upstream of the first customer in the CT calculation for determining 4-Log treatment of viruses? Yes No

If yes, how do you plan on accounting for chorine degradation in the pipe downstream of the entry point?

- Chlorine degradation pilot study (attach pilot study results bearing PE seal)
- Remote monitoring location upstream of the first customer

D. Will you need to make any physical changes to your treatment system or processes that will require you to obtain a minor or major permit amendment (consult with DEP if you are unsure)? Yes No

If yes, attach the appropriate completed permit application(s) bearing PE seal.

- * Associated with CWSs, NCWSs which hold a valid operation permit under §109.504 or a bottled water and vended water systems, retail water facilities and bulk water hauling systems (BVRBs) which hold a valid permit under §109.1005.

E. Do you plan to use any treatment technologies other than, or in addition to, chlorine disinfection (i.e., ultraviolet disinfection, ozone, etc.) to achieve 4-Log treatment of viruses for groundwater? Yes No

If yes, attach descriptions of all technologies used including manufacturer, model, and/or pilot study report confirming each technology's level of effectiveness at removing and/or inactivating viruses. Include a description of how compliance monitoring will be conducted for each technology.

F. Are you requesting an alternative minimum entry-point free chlorine residual? Yes No

If yes, indicate the requested alternative minimum residual and describe your justification for not using the default minimum residual*: _____ mg/L Free Cl

*Attach additional sheets, if necessary.

III. Compliance Monitoring of Entry Point Free Chlorine Residual

A. List all of the sources supplying this entry point*:

Source ID#, Name, Type (Surface, GUDI, or Groundwater), and max yield.

#001	Well 1	Groundwater	38 GPM
#			GPM
#			GPM
#			GPM

*Attach additional sheets if necessary.

B. Indicate whether the system will use a continuous analyzer(s) or grab sampling to measure the free chlorine residual at the entry point.

Continuous Chlorine Analyzer(s) Grab Sampling

C. If performing grab sampling for compliance monitoring, indicate the hour of peak flow when grab samples will be collected and analyzed: _____

D. Provide the manufacturer's name and model number of each instrument used to monitor the entry point free chlorine residual. Indicate which instruments serve as back-up only and whether each instrument is a continuous chlorine analyzer or portable/benchtop chlorine analyzer.

Manufacturer and Model #		Back-up	Type	
HACH	#DR 900	<input checked="" type="checkbox"/>	<input type="checkbox"/> Continuous	<input checked="" type="checkbox"/> Portable/benchtop
	#	<input type="checkbox"/>	<input type="checkbox"/> Continuous	<input type="checkbox"/> Portable/benchtop
	#	<input type="checkbox"/>	<input type="checkbox"/> Continuous	<input type="checkbox"/> Portable/benchtop
	#	<input type="checkbox"/>	<input type="checkbox"/> Continuous	<input type="checkbox"/> Portable/benchtop

Do all of the chlorine analyzers listed above use an EPA-approved analytical method*? Yes No

*All chlorine analyzers used for compliance monitoring must use an EPA-approved analytical method.

E. On the enclosed schematic, identify the compliance monitoring location for this entry point. If you are planning to conduct compliance monitoring at a location other than the traditional entry point, explain:

CERTIFICATION AND SIGNATURES

I hereby certify that the completeness report and all plans, modules, and documents designated therein are attached to this application, and made a part hereof.

Address: Aqua Pennsylvania, Inc.
1 Aqua Way
White Haven, PA 18661

[Signature]
(Signature of Certified Operator)

David J. Hoogstad
(Name of Certified Operator)

Area Manager II
(Title of Certified Operator)

9/16/24
(Date of Application)

AFFIDAVIT

Commonwealth of Pennsylvania State of _____
(Circle one)

County of Luzerne

I, Dave Hoogstad being duly sworn, according to law, depose and say that I (am the applicant) (am an officer or official of the applicant) (have the authority to make this application) and that the plans, reports and documents submitted as part of the application are true and correct to the best of my knowledge and belief.

Sworn and Subscribed to before me this 10th Day of September 2024

[Signature]
(Signature of Certified Operator)

[Signature]
(Notary Public)

Commonwealth of Pennsylvania - Notary Seal
Lynn A. Halechko, Notary Public
Luzerne County
My commission expires December 11, 2026
Commission number 1287177
Member, Pennsylvania Association of Notaries

Notary Seal

Engineering (if applicable)

Name of Design Engineer _____

Name of Engineering Firm _____

Address: _____

(Signature of Design Engineer)

(Date)

Phone: _____

Design Engineer's Seal

APPENDIX G
SKETCH PLANS



Deer Haven White Beauty View Estates

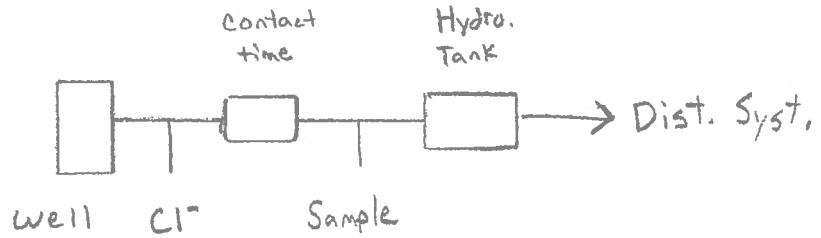
Demonstration of 4-Log Treatment of Viruses for Groundwater Sources

Sketch Plans

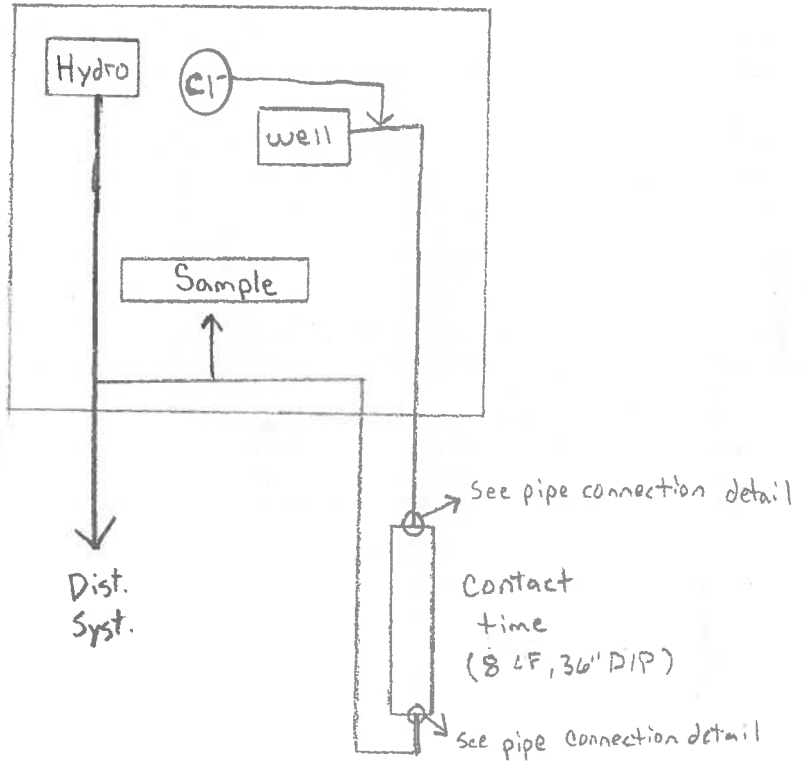
Palmyra Township, Pike County

Sketch Plans

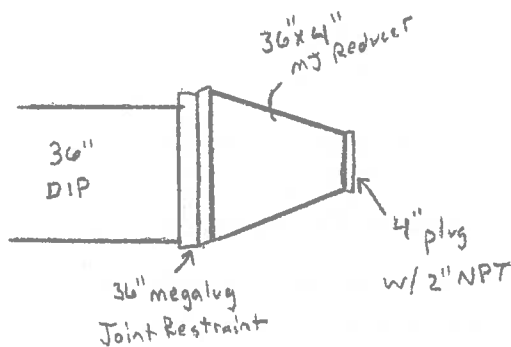
Treatment Sequence:



Sketch:



Pipe Connection Details:



**BEFORE THE
PENNSYLVANIA PUBLIC UTILITY COMMISSION**

**Petition of Deer Haven, LLC Requesting an :
Ex Parte Emergency Order Allowing Aqua :
Pennsylvania, Inc. to Act as a Receiver to : Docket No. P-2024-3050545
Operate the Deer Haven Water and :
Wastewater Systems :**

CERTIFICATE OF SERVICE

I hereby certify that I have this 7th day of October 2024 served a true and correct copy of the foregoing document upon the persons and in the manner indicated below:

VIA ELECTRONIC MAIL

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Pennsylvania Public Utility Commission
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Alexander R. Stahl

Dated: October 7, 2024