

**Application of Pennsylvania-American Water Company for the Acquisition of
the Wastewater Collection and Treatment System Owned and Operated by
Elizabeth Borough Municipal Authority (“EBMA”)**

Docket No. A-2025-3052983

66 Pa. C.S. § 1329

Application Filing Checklist – Water/Wastewater

20. Proof of Compliance. Provide proof of compliance with applicable design, construction and operation standards of DEP or of the county health department, or both, including:
- f. Provide documentation of all Notices of Violation issued to seller by DEP for the last 5 years, an explanation of each, including a description of any corrective or compliance measures taken.

RESPONSE: f. Copies of Notices of Violation issued by the Allegheny County Health Department for the last 5 years are provided in **Appendix A-20-f.1**. The section below provides a description of each violation and any corrective actions taken:

Date:	July 8, 2022
Description:	Fecal coliform effluent limit exceedance; air diffusers in aeration basins remain broken
Corrective Action:	See Appendix A-20-f.2
Disposition:	Resolved August 19, 2022

Date:	August 29, 2023
Description:	Fecal coliform effluent limit exceedance; air diffusers in aeration basins remain broken
Corrective Action:	See Appendix A-20-f.3
Disposition:	Resolved January 26, 2024

Date:	July 18, 2024
Description:	Fecal coliform and total suspended solids effluent limit exceedances due to extreme wet weather
Corrective Action:	None required
Disposition:	Resolution pending

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

July 8, 2022

Elizabeth Borough Sanitary Authority
1 Locust Street
Elizabeth Borough, PA 15037

ATTENTION: Kyle Walk, Chairman
Michael J. Zrenchak, Operations Manager

RE: **SEWERAGE
COMPLIANCE EVALUATION INSPECTION
ELIZABETH BOROUGH SEWAGE TREATMENT PLANT
NPDES PERMIT NO. PA 0028436
ELIZABETH BOROUGH**

Dear Sirs:

On June 22, 2022, Edwin Watkins of the Health Department's Water Pollution Control & Solid Waste Management Program inspected the above-listed facility and performed field analysis on effluent samples. The field analysis results are as follows:

PARAMETER	SAMPLE RESULTS	INSTANTANEOUS MAXIMUM PERMIT LIMITS
Total Residual Chlorine	0.58 mg/l	1.0mg/l
Dissolved Oxygen	2.0 mg/l	None
pH	6.62	6.0-9.0
Temperature	20 ° C	-----

The effluent quality was within the limits specified in your National Pollutant Discharge Elimination System (NPDES) Permit. As a result of conditions noted at the time of the inspection and a review of records and reports submitted to this Department, the following violations of your NPDES Permit PA0028436, the Pennsylvania Clean Streams Law, Act 394, approved June 22, 1937, P.L. 1987, Sections 201 and 202, as amended, 25 P.S. ("Clean Streams Law") and of regulations promulgated under the CSL were noted:



DEBRA BOGEN, MD, FAAP, FABM, DIRECTOR
ALLEGHENY COUNTY HEALTH DEPARTMENT

WATER POLLUTION CONTROL & SOLID WASTE MANAGEMENT
3901 PENN AVENUE • BUILDING 5 • PITTSBURGH, PA 15224-1318
PHONE: 412.578.8040 • FAX: 412.578.8053
WWW.ALLEGHENYCOUNTY.US/HEALTHDEPARTMENT



Elizabeth Borough Sewage Treatment Plant
RE: STP Compliance Inspection
July 8, 2022
Page 2

25 PA Code 92a.44; The Discharge Monitoring Reports (DMRs) review for the past twelve months identified Fecal Coliform Bacteria Geometric Mean was exceeded in March and April 2022.

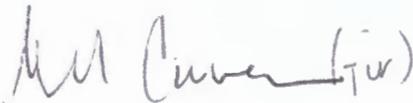
25 PA Code 92a.41(a)(5) ;Air diffusers in aeration units remain broken or unrepaired.

Within thirty (30) days from receipt of this notice, please provide a written explanation for the above violations, and actions that will be taken to abate any identified deficiencies.

Pursuant to Article XI, entitled "Hearings and Appeals", any person prompt by this action of the Department and who has a direct interest in such action may file a Notice of Appeal. The Notice of Appeal shall be filed in the Office of the Director, 542 Fourth Avenue, Pittsburgh, PA 15219 within thirty (30) days from the date of this letter. In the event that an appeal is not filed within thirty (30) days from the date of this letter, the within action shall become final.

Enclosed is a copy of the Department's inspection for your records. If you have any questions, please call Edwin Watkins of this office at 412-578-8389.

Sincerely,



Michael J. Moskorisin, Program Manager
Water Pollution Control and Solid Waste Management

MJM/ge
Enclosure

cc: Stacey Greenwald, PA DEP Clean Water Program
Elizabeth Borough

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

NPDES/WQM Permit No. PA0028436	Mo/Day/Year 08/02/23	Entry Time	Exit time	Inspection Type CEI	eFACTS Inspection ID 3607240
Facility Name: ELIZABETH BOROUGH STP		Permittee Name: ELIZABETH BOROUGH MUNICIPAL AUTHORITY			
Physical Location/Directions: 1 LOCUST STREET, ELIZABETH PA				Permit Expiration Date: AUGUST 8,2007	
Municipality: ELIZABETH BOROUGH		County: Allegheny		Permit Renewal Application Due: Applied for	
Facility type: <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Major <input type="checkbox"/> Non-Municipal <input type="checkbox"/> Minor		Treatment Process: <input type="checkbox"/> Ext Aeration <input checked="" type="checkbox"/> Contact Stabilization <input type="checkbox"/> SBR <input type="checkbox"/> RBC <input type="checkbox"/> MBR <input type="checkbox"/> MBBR/IFAS <input type="checkbox"/> TRICKLING FILTER <input type="checkbox"/> Lagoon <input type="checkbox"/> Other: _____			
Design flow: 1.2 MGD					
Responsible Official: Tim Guffey		Does the facility have an Operator in Responsible Charge: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Title: Chairman		Operator Name: Charles Householder			
Permittee Elizabeth Borough Sanitary Authority		Circuit Rider: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Address: 1 Locust Street, Elizabeth, PA 15037		Client ID: 349219 License Expiration Date: 09/30/25			
		Class-Subclass(es): B,E1,4			
		Operator properly certified for treatment process type: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Business Phone: 412-384-3686		Business Phone: 412-384-3686			
Cell Phone:		Cell Phone: 412-652-7849			
Email:		Email:			
24-Hour Emergency Contact Person / Phone / Email:					
VIOLATIONS: <input type="checkbox"/> Yes <input type="checkbox"/> None Identified During Inspection <input type="checkbox"/> Pending Sample Results					
25Pa.Code92a.44: (Violation of effluent limits in Part A of Permit);Fecal Coliform Monthly Geometric Mean was exceeded March 2023					
Pa. Code 92a.41(a)5: Aeration diffusers were noted damaged in some of the aeration basins.					
Recommendations:					
Person Interviewed: Chuck Householder		Date: 08/02/23		Inspector: Edwin B. Watkins	
Signature:		Phone No:		Date: 08/02/23	
				Inspector Signature:	
				Phone No: 412-578-8389	
Title: Operator			Title: EHSII		
Email:			Email: edwin.watkins@alleghenycounty.us		
This document is official notification that a representative of the Allegheny County Health Department (ACHD) inspected the above referenced facility. The findings of this inspection are shown above and on any attached pages. Any violations that were noted during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of ACHD records.					

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

COMMENTS

The Authority continues to work toward finalizing the sell of the facility, the Operations Manager has stepped down to pursue other opportunities. Currently there is no Operator of Responsible Charge. The aeration diffusers remain in disrepair but does not seem to effect treatment detrimentally.

Facility is old and in need of upgrades but appears to be maintained.

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Monitoring, Reporting and Recordkeeping (NPDES Permit Part A / WQM Permit)	
On-site laboratory: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Accredited <input type="checkbox"/> Accreditation By Rule <input type="checkbox"/> Not Registered/Accredited <input type="checkbox"/> N/A On-site analyses: <input checked="" type="checkbox"/> pH <input type="checkbox"/> DO <input checked="" type="checkbox"/> TRC <input type="checkbox"/> All NPDES parameters <input type="checkbox"/> None <input type="checkbox"/> Other(s) DEP Lab Registration/Accreditation #: 02-02046 Lab Supervisor: Lab Supervisor Client ID 197407 License Expiration Date: Comments:	
Contract Laboratory Name: Fairways Laboratories DEP Lab Accreditation # 07-062 Address & Phone: 2019 9th Avenue, Altoona, PA 16602 Parameters Analyzed: BOD, cBOD, TSS Comments: ELS Labs for fecal coliform	
Sample Collection: Influent sampling prior to any treatment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Location: prior to cominator and grit channel Influent sampled prior to all process return piping: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Influent sampled prior to flow from septage receiving station: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Effluent sampling after all treatment: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Location: after chlorine contact tank Location(s) adequate for representative samples: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O Parameters analyzed, sample frequencies and sample types meet permit requirements: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O Samples properly preserved during collection, storage and shipping: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O Sampler or sample temperature is recorded using NIST traceable thermometer: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O Comments:	
Influent samples: Being collected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O Samples are: <input type="checkbox"/> Grab <input checked="" type="checkbox"/> 8-hour comp <input type="checkbox"/> 24-hour comp <input type="checkbox"/> Other Samples are: <input checked="" type="checkbox"/> Flow Proportional <input type="checkbox"/> Time Proportional <input type="checkbox"/> Not flow proportional <input type="checkbox"/> N/A Sampler controlled by: <input checked="" type="checkbox"/> Flow Meter <input type="checkbox"/> Timed Collection <input type="checkbox"/> N/A <input type="checkbox"/> Other _____ Minimum aliquot volume at least 100 ml: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Composite sampler temperature during inspection <u>4.5 C</u> Comments: 2 mag meters	
Effluent samples: Being collected: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O Samples are: <input type="checkbox"/> Grab <input checked="" type="checkbox"/> 8-hour comp <input type="checkbox"/> 24-hour comp <input type="checkbox"/> Other Samples are: <input checked="" type="checkbox"/> Flow Proportional <input type="checkbox"/> Time Proportional <input type="checkbox"/> Not flow proportional <input type="checkbox"/> N/A Sampler controlled by: <input checked="" type="checkbox"/> Flow Meter <input type="checkbox"/> Timed Collection <input type="checkbox"/> N/A <input type="checkbox"/> Other _____ Minimum aliquot volume at least 100 ml: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Composite sampler temperature during inspection _____ Comments: Sampler broken, however part arrived during inspection and immediately repaired	
Sample records: Available for inspection: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Retained for at least three years: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Includes: Collector name: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Collection date/time: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Collection location: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Analyst name: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Analyst date/time: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Analyst location: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Analytical methods & quantitation limits: <input type="checkbox"/> Yes <input type="checkbox"/> No Chain of custody forms: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
Bench sheets: Data is consistent with data on the DMR: <input type="checkbox"/> Yes <input type="checkbox"/> No Month(s)/year checked: Comments:	

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

**Monitoring, Reporting and Recordkeeping
(NPDES Permit A /WQM Permit)**

Field Testing: Completed within required hold time: Yes No N/O
Equipment is calibrated as required: pH: Yes No N/O DO: Yes No N/O
pH Buffers current: Yes No TRC Meter checked against standards: Yes No
Calibration records maintained: Yes No N/O Calibration records up to date: Yes No N/O
Comments:

DMR Submittal: DMRs are submitted as required: Yes No N/O eDMR User: Yes No
All Supplemental Reports are submitted as required: Yes No N/O
DMRs include all sample results collected and analyzed using approved methods: Yes No N/O
Comments:

**Flow Measurement
(NPDES Permit A /WQM Permit)**

Primary flow meter and recorder: Operable: Yes No Properly Maintained: Yes No
Measuring device type: Flume Weir Full Pipe Open Channel Other _____
Meter type: Ultrasonic Magnetic Meter Bubbler Other _____
Flow measurement location(s): Influent Effluent
Meter location: influent 8" & 10" force mains
Recorder Type: Totalizer Daily Chart 7-Day Chart SCADA/Electronic Other _____
Flow meter capable of recording hydraulic design capacity: Yes No Calibration Range: 10"-0-1200GPM,
Inspection frequency: Daily Weekly Other _____
Issues note with measurement and/or recording of flow: Yes No N/A
Influent flow is measured before all return lines: Yes No Influent flow is measured after hauled-in wastes: Yes No
Effluent flow is measured after all withdraws: Yes No
Comments: effluent= ultrasonic w/ parshall flume after chlorine contact tank;

Flumes: Flow is uniform across the channel: Yes No N/A Flume is free of debris and deposits: Yes No N/A
Maximum flow capable of measurement with flume: 5 MGD
Comments:

Weirs: Clean with a visible air space below the nappe: Yes No N/A
Maximum flow capable of measurement with weir: _____ MGD
Comments:

Treatment Plant (NPDES Permit B /WQM Permit)

Treatment plant bypass: Since last inspection: Yes No N/O Reported to ACHD/PA DEP? Yes No
Location/cause:

Major equipment repair/replacement: Since last inspection: Yes No N/O
Repair list:

Stand-by power: Emergency generator Dual power feed None Other _____
System operable: Yes No Exercise frequency _____ Maintenance frequency _____
Unit exercised under load: Yes No N/A
Comments: portable backup generator can be installed also

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Treatment Plant (NPDES Permit B /WQM Permit)		
Alarms: <input type="checkbox"/> None <input type="checkbox"/> SCADA <input checked="" type="checkbox"/> Auto Dialer <input type="checkbox"/> PLC <input type="checkbox"/> Other _____ System operable: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O Test frequency: _____ Alarm triggers: power, chlorine alarm, blower failure, pump station failure		
Staff scheduling: <input type="checkbox"/> 24/7 Weekday hours: <u>7</u> to <u>5</u> Weekend/holiday hours: <u>5:30a</u> to <u>9:30a</u> Other:		
On site Logs: Facility maintains a daily operations log: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O Daily log up-to-date: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O Daily Log contains: <input checked="" type="checkbox"/> Visual observations <input checked="" type="checkbox"/> Process adjustments <input checked="" type="checkbox"/> Problems and concerns Repair log maintained: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Routine maintenance log maintained: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O Comments: All maintained in one log		
Spare parts inventory: maintained: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O Standby units available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
Facility Process Control Plan required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Is the plan implemented: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> N/O System specific management plan available: Comments: Treatment changes made based on daily process control results		
Process Control (NPDES Permit B /WQM Permit)		
Parameter	Frequency of Testing	Current Testing Methods
<input checked="" type="checkbox"/> Settleability	Daily	
<input checked="" type="checkbox"/> Dissolved Oxygen	Continuously	dissolved oxygen monitor in aeration units
<input type="checkbox"/> Alkalinity		
<input type="checkbox"/> Sludge Blanket	Daily	
<input checked="" type="checkbox"/> Mixed Liquor Suspended Solids (MLSS)	Continuously	Royce meter in aeration units
<input checked="" type="checkbox"/> Mixed Liquor Volatile Suspended Solids (MLVSS)	Occasionally	
<input type="checkbox"/> Microscopic exam of mixed Liquor	1/wk	
<input type="checkbox"/> Color <input type="checkbox"/> Odor	Daily	
<input type="checkbox"/> Other: MCRT and SVI performed daily		
Operators		
Total Number of Available Operators at this facility: 2 Does a non-certified operator make process control decisions at this facility: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/O Does facility have a written SOP to direct non-certified operator activities: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Available Operator interviewed has reviewed a copy of the facility NPDES permit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O Comments		

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Other Requirements (NPDES Permit C /WQM Permit)	
<u>Special Conditions:</u> Next submission/action: <input type="checkbox"/> None <input type="checkbox"/> WETT: <input type="checkbox"/> TRE/TIE: <input type="checkbox"/> EPA Pretreatment Program <input type="checkbox"/> Stormwater requirements: <input type="checkbox"/> Permit Schedule: <input type="checkbox"/> TMDL: <input type="checkbox"/> Other: Comments:	Due Date:
<u>PPC Plan:</u> on-site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Last updated: Comments:	
Compliance History	
<u>Effluent Violation in the last 12 months:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O <u>Recent Compliance Actions:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: March 2023, Fecal coliform exceeded geometric mean	
<u>Legal Agreement:</u> Consent Order and Agreement, consent Decree or Order: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/O Date Executed: In compliance with legal agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Could not confirm during field inspection Obligation due next: Comments: COA conceivable	
Sewage Treatment Plant	
<u>Treatment Plant Design Capacity:</u> Hydraulic (MGD): <u>1.2</u> Organic (PPD): <u>1,100</u>	
<u>High Flow Management / Maintenance Plan available:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Plan implemented at: _____ MGD	
<u>Hauled in wastes:</u> Facility accepts hauled in wastes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reported to DEP on proper forms: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Flow at which facility stops accepting hauled in waste (MGD): _____ <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Comments:	
<u>Solids Management:</u> Disposal records available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O Retained for at least five years: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Production for calendar year: Production estimated using EPA Composite Correction Approach: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Disposal within 15% of estimate: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Hauler: Hapchuck Disposal location: Clariton Municipal Authority Comments:	

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Collection System	
Chapter 94 Report: Submitted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> N/O Hydraulic or Organic Overload: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> N/O Comments: Hydraulic overloaded and organically overloaded	
Permitted facility receives flow from contributing systems owned/maintained by others: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O Comments: Elizabeth Twp, Forward Twp, Lincoln Boro	
Sanitary Sewer Overflows: Since last inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reported to DEP: <input type="checkbox"/> Yes <input type="checkbox"/> No Location/cause:	
Collection system: Owned by: <input checked="" type="checkbox"/> Permittee <input checked="" type="checkbox"/> Other: municipalities Maintained by: <input checked="" type="checkbox"/> Permittee <input checked="" type="checkbox"/> Other: municipalities Maintenance performed: <input type="checkbox"/> Regularly scheduled <input type="checkbox"/> As problems occur <input type="checkbox"/> None <input type="checkbox"/> N/A Type of maintenance: <input checked="" type="checkbox"/> Televised: <input checked="" type="checkbox"/> Jetted/Root Cutting: <input type="checkbox"/> Smoke Testing: <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Sewer Shed metering: <input checked="" type="checkbox"/> Sewers repaired/replaced:	
Inflow and infiltration: Facility reports influences of: <input checked="" type="checkbox"/> Inflow <input checked="" type="checkbox"/> Infiltration Detail I & I Detection work performed since last inspection: Detail I & I Removal work performed since last inspection: Several storm sewer separation projects have been completed over the last 4 years to reduce flow in the EBMA sewer system, however substantial I and I is suspected to originate in the Elizabeth Township collection system Comments:	
Pump Stations: Total number: <u>1</u> Inspection frequency: <u>Daily</u> Operator Name: <u>Chuck Housholder</u> Client ID: <u>349219</u> Class-Subclasses <u>B-E</u> License Exp. Date: <u>09/30/25</u> Flow measurement <input checked="" type="checkbox"/> Metered <input type="checkbox"/> Estimated <input type="checkbox"/> Other Pump stations monitored with alarm systems: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> N/O Pump stations capable of operation with backup auxiliary power: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> N/O Comments:	

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Effluent / Receiving Water Evaluation					
Outfall Number(s) 001	Stream Name:				
DEP Collector#	Field Measurements	Upstream	Outfall	Downstream	Units
Sample Date/Time:	Flow				MGD
Sample collection:	pH		7.1		S.U.
	Conductivity				umhos/cm
	Dissolved Oxygen		2.0		mg/L
	Total/Free Chlorine Residual		0.61		mg/L
	Temperature		23		°C
Upstream Observations:	normal				
<input type="checkbox"/> Not Observed					
Outfall Observations:	submerged discharge				
<input type="checkbox"/> Not Observed					
Downstream Observations:	normal				
<input type="checkbox"/> Not Observed					
Outfall Number(s)	Stream Name:				
DEP Collector#	Field Measurements	Upstream	Outfall	Downstream	Units
Sample Date/Time:	Flow				MGD
Sample collection:	pH				S.U.
	Conductivity				umhos/cm
	Dissolved Oxygen				mg/L
	Total/Free Chlorine Residual				mg/L
	Temperature				
Upstream Observations:					
<input type="checkbox"/> Not Observed					
Outfall Observations:					
<input type="checkbox"/> Not Observed					
Downstream Observations:					
<input type="checkbox"/> Not Observed					
Outfall Number(s)	Stream Name:				
DEP Collector#	Field Measurements	Upstream	Outfall	Downstream	Units
Sample Date/Time:	Flow				MGD
Sample collection:	pH				S.U.
	Conductivity				umhos/cm
	Dissolved Oxygen				mg/L
	Total/Free Chlorine Residual				mg/L
	Temperature				
Upstream Observations:					
<input type="checkbox"/> Not Observed					
Outfall Observations:					
<input type="checkbox"/> Not Observed					
Downstream Observations:					
<input type="checkbox"/> Not Observed					

Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Additional Comments/Photos

Empty box for additional comments or photos.

COUNTY OF ALLEGHENY



RICH FITZGERALD
COUNTY EXECUTIVE

August 29, 2023

Elizabeth Borough Sanitary Authority
1 Locust Street
Elizabeth Borough, PA 15037

ATTENTION: Tim Guffey, Chairman
Charles Householder, Operator

RE: **SEWERAGE
COMPLIANCE EVALUATION INSPECTION
ELIZABETH BOROUGH SEWAGE TREATMENT PLANT
NPDES PERMIT NO. PA 0028436
ELIZABETH BOROUGH**

Dear Sirs:

On August 2, 2023, Edwin Watkins of the Health Department's Water Pollution Control & Solid Waste Management Program inspected the above-listed facility and performed field analysis on effluent samples. The field analysis results are as follows:

PARAMETER	SAMPLE RESULTS	INSTANTANEOUS MAXIMUM PERMIT LIMITS
Total Residual Chlorine	0.61 mg/l	1.0mg/l
Dissolved Oxygen	2.0 mg/l	None
pH	7.1	6.0-9.0
Temperature	23 ° C	-----

The effluent quality was within the limits specified in your National Pollutant Discharge Elimination System (NPDES) Permit. As a result of conditions noted at the time of the inspection and a review of records and reports submitted to this Department, the following violations of your NPDES Permit PA0028436, the Pennsylvania Clean Streams Law, Act 394, approved June 22, 1937, P.L. 1987, Sections 201 and 202, as amended, 25 P.S. ("Clean Streams Law") and of regulations promulgated under the CSL were noted:

25 PA Code 92a.44; The Discharge Monitoring Reports (DMRs) review for the past twelve months identified Fecal Coliform Bacteria Geometric Mean was exceeded in March 2023



ALLEGHENY COUNTY HEALTH DEPARTMENT
WATER POLLUTION CONTROL & SOLID WASTE MANAGEMENT
3901 PENN AVENUE • BUILDING 5 • PITTSBURGH, PA 15224-1318
PHONE: 412.578.8040 • FAX: 412.578.8053
WWW.ALLEGHENYCOUNTY.US/HEALTHDEPARTMENT



Elizabeth Borough Sewage Treatment Plant
RE: STP Compliance Inspection
August 26, 2023
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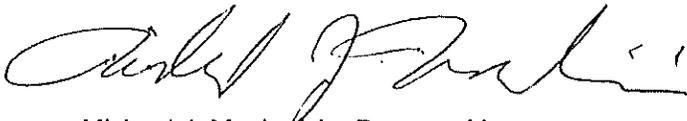
25 PA Code 92a.41(a)(5) ;Air diffusers in aeration units remain in disrepair causing uneven distribution of air.

Within thirty (30) days from receipt of this notice, please provide a written explanation for the above violations, and actions that will be taken to abate any identified deficiencies.

Pursuant to Article XI, entitled "Hearings and Appeals", any person prompt by this action of the Department and who has a direct interest in such action may file a Notice of Appeal. The Notice of Appeal shall be filed in the Office of the Director, 542 Fourth Avenue, Pittsburgh, PA 15219 within thirty (30) days from the date of this letter. In the event that an appeal is not filed within thirty (30) days from the date of this letter, the within action shall become final.

Enclosed is a copy of the Department's inspection for your records. If you have any questions, please call Edwin Watkins of this office at 412-578-8389.

Sincerely,

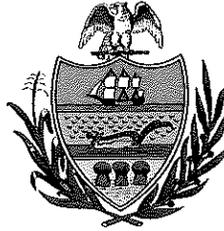


Michael J. Moskoffsin, Program Manager
Water Pollution Control & Solid Waste Management

MJM/EBW/gye
Enclosure

cc: Stacey Greenwald, PA DEP Clean Water Program
Elizabeth Borough

COUNTY OF



ALLEGHENY

SARA INNAMORATO
COUNTY EXECUTIVE

July 18, 2024

Elizabeth Borough Sanitary Authority
1 Locust Street
Elizabeth Borough, PA 15037

ATTENTION: Tim Guffey, Chairman
Charles Householder, Operator

RE: SEWERAGE
COMPLIANCE EVALUATION INSPECTION
ELIZABETH BOROUGH SEWAGE TREATMENT PLANT
NPDES PERMIT NO. PA 0028436
ELIZABETH BOROUGH

Dear Sirs:

On June 26, 2024, Edwin Watkins Environmental Health Specialist II, of the Allegheny County Health Department's (ACHD) Water Pollution Control & Solid Waste Management Program, inspected the above-referenced facility and performed field analysis on effluent samples. The field analysis results are as follows:

PARAMETER	SAMPLE RESULTS	INSTANTANEOUS MAXIMUM PERMIT LIMITS
Total Residual Chlorine	040 mg/l	1.0mg/l
Dissolved Oxygen	1.85 mg/l	None
pH	6.97	6.0-9.0
Temperature	20.5 °C	-----

The effluent quality was within the limits specified in your National Pollutant Discharge Elimination System (NPDES) Permit. As a result of conditions noted at the time of the inspection and a review of records and reports submitted to this Department, the following violations of your NPDES Permit PA0028436, the Pennsylvania Clean Streams Law, Act 394, approved June 22, 1937, P.L. 1987, Sections 201 and 202, as amended, 25 P.S. ("Clean Streams Law") and of regulations promulgated under the CSL were noted:



ALLEGHENY COUNTY HEALTH DEPARTMENT
WATER POLLUTION CONTROL & SOLID WASTE MANAGEMENT
3901 PENN AVENUE • BUILDING 5 • PITTSBURGH, PA 15224-1318
PHONE: 412.578.8040 • FAX: 412.578.8053
WWW.ALLEGHENYCOUNTY.US/HEALTHDEPARTMENT



Elizabeth Borough Sewage Treatment Plant
RE: STP Compliance Inspection
July 18, 2024
Page 2

25 PA Code 92a.44: The Discharge Monitoring Reports (DMRs) review for the past twelve months identified Fecal Coliform Bacteria- Geometric Mean was exceeded in April 2024. Total Suspended Solids (TSS)- Weekly Average Concentration and Weekly Average Loading as well as Monthly Average Loading was exceeded in April 2024. Effluent violations resulted from extreme wet weather over a prolonged period.

Enclosed is a copy of the ACHD's inspection for your records. If you have any questions, please call Edwin Watkins of this office at 412-578-8389.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael J. Moskorisin". The signature is fluid and cursive, written over a white background.

Michael J. Moskorisin, Program Manager
Water Pollution Control & Solid Waste Management

MJM/cab
Enclosure

cc: Stacey Greenwald, PA DEP Clean Water Program w/attachment (electronically)
Elizabeth Borough

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

NPDES/WQM Permit No. PA0028436	Mo/Day/Year 6/26/24	Entry Time	Exit time	Inspection Type CEI	eFACTS Inspection ID 3797303
Facility Name: ELIZABETH BOROUGH STP		Permittee Name: ELIZABETH BOROUGH MUNICIPAL AUTHORITY			
Physical Location/Directions: 1 LOCUST STREET, ELIZABETH PA				Permit Expiration Date: AUGUST 8, 2007	
Municipality: ELIZABETH BOROUGH		County: Allegheny		Permit Renewal Application Due: Applied for	
Facility type: <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> Major <input type="checkbox"/> Non-Municipal <input type="checkbox"/> Minor		Treatment Process: <input type="checkbox"/> Ext Aeration <input checked="" type="checkbox"/> Contact Stabilization <input type="checkbox"/> SBR <input type="checkbox"/> RBC <input type="checkbox"/> MBR <input type="checkbox"/> MBBR/IFAS <input type="checkbox"/> TRICKLING FILTER <input type="checkbox"/> Lagoon <input type="checkbox"/> Other:			
Design flow: 1.2 MGD					
Responsible Official: Tim Guffey		Does the facility have an Operator in Responsible Charge: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Title: Chairman		Operator Name: Charles Householder			
Permittee Elizabeth Borough Sanitary Authority Address: 1 Locust Street, Elizabeth, PA 15037		Circuit Rider: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		Client ID: 349219 License Expiration Date: 09/30/25			
		Class-Subclass(es): B,E1,4			
Business Phone: 412-384-3686		Operator properly certified for treatment process type: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Cell Phone:		Business Phone: 412-384-3686			
Email:		Cell Phone: 412-652-7849			
		Email: chouseholder@ebmastp.com			
24-Hour Emergency Contact Person / Phone / Email:					
VIOLATIONS: <input type="checkbox"/> Yes <input type="checkbox"/> None Identified During Inspection <input type="checkbox"/> Pending Sample Results					
25Pa.Code92a.44: (Violation of effluent limits in Part A of Permit);Fecal Coliform Monthly Geometric Mean was exceeded April 2024.					
Total Suspended Solids (TSS) Weekly Average Concentration and Weekly Average Loading were exceeded April 2024.					
Total Suspended Solids (TSS) Monthly Average Loading was exceeded April 2024.					
Recommendations:					
Person Interviewed: Chuck Householder		Date: 06/26/24		Inspector: Edwin B. Watkins	
Signature:		Phone No:		Date: 06/26/24	
				Inspector Signature:	
				Phone No: 412-578-8389	
Title: Operator			Title: EHSII		
Email:			Email: edwin.watkins@alleghenycounty.us		
This document is official notification that a representative of the Allegheny County Health Department (ACHD) inspected the above referenced facility. The findings of this inspection are shown above and on any attached pages. Any violations that were noted during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of ACHD records.					

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

COMMENTS

Effluent violations resulted from repeated heavy precipitation (over 2" rainfall) over multiple days.

The effects the extreme rain period in April caused significant damage to the sewage pumping station. a sensor malfunctions in several key components due to flooding, all lighting and other electrical functions disabled due to flooding at lower levels.

The pump station was overwhelmed from the continuous precipitation. Although the wetwell is sealed off from drywell intrusion of water occurred, most likely the water entered electrical conduits and perhaps ventilation system to flood dry well portion of pump station. The pump station was functional at the time of inspection yet some components in pump station remain off line.

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

**Monitoring, Reporting and Recordkeeping
(NPDES Permit Part A / WQM Permit)**

On-site laboratory: Registered Accredited Accreditation By Rule Not Registered/Accredited N/A
 On-site analyses: pH DO TRC All NPDES parameters None
Other(s)
 DEP Lab Registration/Accreditation #: 02-02046 Lab Supervisor:
 Lab Supervisor Client ID 197407 License Expiration Date:
 Comments:

Contract Laboratory Name: PaceLaboratories DEP Lab Accreditation # 07-062
 Address & Phone: 2019 9th Avenue, Altoona, PA 16602
 Parameters Analyzed: BOD, cBOD
 Comments: ELS Labs for fecal coliform - 07~042747

Sample Collection: Influent sampling prior to any treatment: Yes No Location: prior to cominator and grit channel
 Influent sampled prior to all process return piping: Yes No
 Influent sampled prior to flow from septage receiving station: Yes No N/A
 Effluent sampling after all treatment: Yes No Location: after chlorine contact tank
 Location(s) adequate for representative samples: Yes No N/O
 Parameters analyzed, sample frequencies and sample types meet permit requirements: Yes No N/O
 Samples properly preserved during collection, storage and shipping: Yes No N/O
 Sampler or sample temperature is recorded using NIST traceable thermometer: Yes No N/O
 Comments:

Influent samples: Being collected: Yes No N/O Samples are: Grab 8-hour comp 24-hour comp Other
 Samples are: Flow Proportional Time Proportional Not flow proportional N/A
 Sampler controlled by: Flow Meter Timed Collection N/A Other _____
 Minimum aliquot volume at least 100 ml: Yes No N/A Composite sampler temperature during inspection 3.5 C
 Comments: 2 mag meters

Effluent samples: Being collected: Yes No N/O Samples are: Grab 8-hour comp 24-hour comp Other
 Samples are: Flow Proportional Time Proportional Not flow proportional N/A
 Sampler controlled by: Flow Meter Timed Collection N/A Other _____
 Minimum aliquot volume at least 100 ml: Yes No N/A Composite sampler temperature during inspection 6.5 C
 Comments: Sampler replaced 1 year ago

Sample records: Available for inspection: Yes No Retained for at least three years: Yes No
 Includes: Collector name: Yes No Collection date/time: Yes No Collection location: Yes No
 Analyst name: Yes No Analyst date/time: Yes No Analyst location: Yes No
 Analytical methods & quantitation limits: Yes No Chain of custody forms: Yes No
 Comments:

Bench sheets: Data is consistent with data on the DMR: Yes No Month(s)/year checked:
 Comments:

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

**Monitoring, Reporting and Recordkeeping
(NPDES Permit A /WQM Permit)**

Field Testing: Completed within required hold time: Yes No N/O
Equipment is calibrated as required: pH: Yes No N/O DO: Yes No N/O
pH Buffers current: Yes No TRC Meter checked against standards: Yes No
Calibration records maintained: Yes No N/O Calibration records up to date: Yes No N/O
Comments:

DMR Submittal: DMRs are submitted as required: Yes No N/O eDMR User: Yes No
All Supplemental Reports are submitted as required: Yes No N/O
DMRs include all sample results collected and analyzed using approved methods: Yes No N/O
Comments:

**Flow Measurement
(NPDES Permit A /WQM Permit)**

Primary flow meter and recorder: Operable: Yes No Properly Maintained: Yes No
Measuring device type: Flume Weir Full Pipe Open Channel Other _____
Meter type: Ultrasonic Magnetic Meter Bubbler Other _____
Flow measurement location(s): Influent Effluent
Meter location: influent 8" & 10" force mains
Recorder Type: Totalizer Daily Chart 7-Day Chart SCADA/Electronic Other _____
Flow meter capable of recording hydraulic design capacity: Yes No Calibration Range: 10⁰-0-1200GPM,
Inspection frequency: Daily Weekly Other _____
Issues note with measurement and/or recording of flow: Yes No N/A
Influent flow is measured before all return lines: Yes No Influent flow is measured after hauled-in wastes: Yes No
Effluent flow is measured after all withdraws: Yes No
Comments: effluent= ultrasonic w/ parshall flume after chlorine contact tank;

Flumes: Flow is uniform across the channel: Yes No N/A Flume is free of debris and deposits: Yes No N/A
Maximum flow capable of measurement with flume: 5 MGD
Comments:

Weirs: Clean with a visible air space below the nappe: Yes No N/A
Maximum flow capable of measurement with weir: _____ MGD
Comments:

Treatment Plant (NPDES Permit B /WQM Permit)

Treatment plant bypass: Since last inspection: Yes No N/O Reported to ACHD/PA DEP? Yes No
Location/cause:

Major equipment repair/replacement: Since last inspection: Yes No N/O
Repair list: New pump station flooded 04/24 numerous components replaced

Stand-by power: Emergency generator Dual power feed None Other _____
System operable: Yes No Exercise frequency _____ Maintenance frequency _____
Unit exercised under load: Yes No N/A
Comments: portable backup generator can be installed also

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Treatment Plant

(NPDES Permit B /WQM Permit)

Alarms: None SCADA Auto Dialer PLC Other _____
System operable: Yes No N/O Test frequency: _____
Alarm triggers: power, chlorine alarm, blower failure, pump station failure

Staff scheduling: 24/7 Weekday hours: 7 to 5 Weekend/holiday hours: 5:30a to 9:30a
Other:

On site Logs: Facility maintains a daily operations log: Yes No N/O Daily log up-to-date: Yes No N/O
Daily Log contains: Visual observations Process adjustments Problems and concerns
Repair log maintained: Yes No Routine maintenance log maintained: Yes No N/O
Comments: All maintained in one log

Spare parts inventory: maintained: Yes No N/O Standby units available: Yes No
Comments:

Facility Process Control Plan required: Yes No N/A Is the plan implemented: Yes No N/A N/O
System specific management plan available:
Comments: Treatment changes made based on daily process control results

Process Control

(NPDES Permit B /WQM Permit)

Parameter	Frequency of Testing	Current Testing Methods
<input checked="" type="checkbox"/> Settleability	Daily	
<input checked="" type="checkbox"/> Dissolved Oxygen	Continuously	dissolved oxygen monitor in aeration units
<input type="checkbox"/> Alkalinity		
<input type="checkbox"/> Sludge Blanket	Daily	
<input checked="" type="checkbox"/> Mixed Liquor Suspended Solids (MLSS)	Continuously	Royce meter in aeration units
<input checked="" type="checkbox"/> Mixed Liquor Volatile Suspended Solids (MLVSS)	Occasionally	
<input type="checkbox"/> Microscopic exam of mixed Liquor	1/wk	
<input type="checkbox"/> Color <input type="checkbox"/> Odor	Daily	
<input type="checkbox"/> Other: MCRT and SVI performed daily		

Operators

Total Number of Available Operators at this facility: 2
Does a non-certified operator make process control decisions at this facility: Yes No N/O
Does facility have a written SOP to direct non-certified operator activities: Yes No N/A N/O
Available Operator interviewed has reviewed a copy of the facility NPDES permit: Yes No N/O
Comments

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Other Requirements (NPDES Permit C /WQM Permit)	
<u>Special Conditions:</u> Next submission/action:	Due Date:
<input type="checkbox"/> None <input type="checkbox"/> WETT: <input type="checkbox"/> TRE/TIE: <input type="checkbox"/> EPA Pretreatment Program <input type="checkbox"/> Stormwater requirements: <input type="checkbox"/> Permit Schedule: <input type="checkbox"/> TMDL: <input type="checkbox"/> Other: Comments:	
<u>PPC Plan:</u> on-site: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O Last updated: Comments:	
Compliance History	
<u>Effluent Violation in the last 12 months:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O <u>Recent Compliance Actions:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: April 2024, Fecal coliform exceeded geometric mean , TSS wk. ave. conc., wk&mo. ave. loading	
<u>Legal Agreement:</u> Consent Order and Agreement, consent Decree or Order: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/O Date Executed: In compliance with legal agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Could not confirm during field inspection Obligation due next: Comments: COA conceivable	
Sewage Treatment Plant	
<u>Treatment Plant Design Capacity:</u> Hydraulic (MGD): <u>1.2</u> Organic (PPD): <u>1,100</u>	
<u>High Flow Management / Maintenance Plan available:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Plan implemented at: _____ MGD	
<u>Hauled in wastes:</u> Facility accepts hauled in wastes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reported to DEP on proper forms: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Flow at which facility stops accepting hauled in waste (MGD): _____ <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O Comments:	
<u>Solids Management:</u> Disposal records available: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O Retained for at least five years: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Production for calendar year: Production estimated using EPA Composite Correction Approach: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Disposal within 15% of estimate: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Hauler: Hapchuck Disposal location: Clariton Municipal Authority Comments:	

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Collection System	
<u>Chapter 94 Report:</u> Submitted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> N/O	<u>Hydraulic or Organic Overload:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> N/O
Comments: Hydraulic overloaded and organically overloaded	
<u>Permitted facility receives flow from contributing systems owned/maintained by others:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/O	
Comments: Elizabeth Twp, Forward Twp, Lincoln Boro	
<u>Sanitary Sewer Overflows:</u> Since last inspection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Reported to DEP: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location/cause:	
<u>Collection system:</u> Owned by: <input checked="" type="checkbox"/> Permittee <input checked="" type="checkbox"/> Other: municipalities Maintained by: <input checked="" type="checkbox"/> Permittee <input checked="" type="checkbox"/> Other: municipalities Maintenance performed: <input type="checkbox"/> Regularly scheduled <input type="checkbox"/> As problems occur <input type="checkbox"/> None <input type="checkbox"/> N/A	
Type of maintenance: <input checked="" type="checkbox"/> Televised:	
<input checked="" type="checkbox"/> Jetted/Root Cutting:	
<input type="checkbox"/> Smoke Testing:	
<input checked="" type="checkbox"/> Other:	
<input checked="" type="checkbox"/> Sewer Shed metering:	
<input checked="" type="checkbox"/> Sewers repaired/replaced:	
<u>Inflow and infiltration:</u> Facility reports influences of: <input checked="" type="checkbox"/> Inflow <input checked="" type="checkbox"/> Infiltration	
Detail I & I Detection work performed since last inspection:	
Detail I & I Removal work performed since last inspection:	
Several storm sewer separation projects have been completed over the last 4 years to reduce flow in the EBMA sewer system, however substantial I and I is suspected to originate in the Elizabeth Township collection system	
Comments:	
<u>Pump Stations:</u> Total number: <u>1</u> Inspection frequency: <u>Daily</u>	
Operator Name: <u>Chuck Housholder</u> Client ID: <u>349219</u> Class-Subclasses <u>B-E</u> License Exp. Date: <u>09/30/25</u>	
Flow measurement <input checked="" type="checkbox"/> Metered <input type="checkbox"/> Estimated <input type="checkbox"/> Other	
Pump stations monitored with alarm systems: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Pump stations capable of operation with backup auxiliary power: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> N/O	
Comments:	

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Effluent / Receiving Water Evaluation					
Outfall Number(s)	Stream Name:				
DEP Collector#	Field Measurements	Upstream	Outfall	Downstream	Units
001	Flow				MGD
Sample Date/Time:	Flow				MGD
Sample collection:	pH		7.35		S.U.
	Conductivity				umhos/cm
	Dissolved Oxygen		1.85		mg/L
	Total/Free Chlorine Residual		0.40		mg/L
	Temperature		20.3		C
Upstream Observations: <input type="checkbox"/> Not Observed normal					
Outfall Observations: <input type="checkbox"/> Not Observed submerged discharge					
Downstream Observations: <input type="checkbox"/> Not Observed normal					
Outfall Number(s)	Stream Name:				
DEP Collector#	Field Measurements	Upstream	Outfall	Downstream	Units
	Flow				MGD
Sample Date/Time:	Flow				MGD
Sample collection:	pH				S.U.
	Conductivity				umhos/cm
	Dissolved Oxygen				mg/L
	Total/Free Chlorine Residual				mg/L
	Temperature				
Upstream Observations: <input type="checkbox"/> Not Observed					
Outfall Observations: <input type="checkbox"/> Not Observed					
Downstream Observations: <input type="checkbox"/> Not Observed					
Outfall Number(s)	Stream Name:				
DEP Collector#	Field Measurements	Upstream	Outfall	Downstream	Units
	Flow				MGD
Sample Date/Time:	Flow				MGD
Sample collection:	pH				S.U.
	Conductivity				umhos/cm
	Dissolved Oxygen				mg/L
	Total/Free Chlorine Residual				mg/L
	Temperature				
Upstream Observations: <input type="checkbox"/> Not Observed					
Outfall Observations: <input type="checkbox"/> Not Observed					
Downstream Observations: <input type="checkbox"/> Not Observed					

Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Additional Comments/Photos

[Empty box for additional comments or photos]



ELIZABETH BOROUGH MUNICIPAL AUTHORITY

Members of the Board
Kyle Walk, Chairman
James V. Lesniewski, Vice Chairman
William Boucher, Secretary/Treasurer
Barry Boucher
Andrew Miklos
Charles Smith
Tim Guffey

1 Locust Street
Elizabeth, PA 15037

Office: (412) 384-3686
Fax: (412) 384-3144
E-mail: adminassist@ebmastp.com

Michael J. Moskorisin
Allegheny County Health Department
Public Drinking Water & Waste Management
3901 Penn Avenue, Building #5
Pittsburgh, PA 15224

August 8th, 2022

Mr. Moskorisin:

This letter is in response to the Compliance Evaluation Inspection performed on 6/22/2022. It was noted during the inspection the effluent quality was within the limits specified in your National Pollutant Discharge Elimination System (NPDES) Permit. As a result of conditions noted at the time of the inspection and a review of records and reports submitted to this Department, the following violations of your NPDES Permit PA0028436, the Pennsylvania Clean Streams Law, Act 394, approved June 22, 1937, P.L. 1987, Sections 201 and 202, as amended, 25 P.S. ("Clean Streams Law") and of regulations promulgated under the CSL were noted:

25 PA Code 92a.44; The Discharge Monitoring Reports (DMRs) review for the past twelve months identified Fecal Coliform Bacteria Geometric Mean was exceeded in March and April 2022.

Upon investigation of the March Fecal Coliform sample results from Environmental Service Laboratories (ESL) none of them had a > (greater than) data qualifier associated with them. (See attached lab reports from ESL) It appears that when the the geometric mean was reported for the month of March, it was reported with the > (greater than) data qualifier even though none of the samples had this associated with them. The March exceedance appears to be an error when entering the data.

On April 7, 2022, the sample results from Environmental Service Laboratories (ESL) had a result of > 12100. (See attached lab report from ESL) This was the highest sample count of the month, but the geometric mean for the month was 164 which is below our NPDES Permit limit of 35,000. So, when the geometric mean was reported for the month of April it was reported with the greater than qualifier for the April 7th sample result. At the time this sample was taken, the plant had experienced a 1.52" of rainfall in a 72-hour period and total daily flows at the plant of 1.589 MGD on April 5th, 2022, 2.371 MGD on April 6th, 2022, and 2.460 MGD on April 7th, 2022, with a maximum flow of 2.850 MGD over the 3-day period.



ELIZABETH BOROUGH MUNICIPAL AUTHORITY

According to our NPDES Permit PA0028436, the fecal coliform limits are as follows:

- May 1st to September 30th – Geometric mean of 200/100ml with an instant maximum of 1000/100ml.
- October 1st to April 30th - Geometric mean of 35,000/100ml with no instant maximum of 1000/100ml.

Edwin Watkins of the Allegheny County Health Department was contacted to discuss the 2 violations mentioned in the report since both times the geometric mean for the month was not exceeded according to the NPDES permit requirements. He said that he would investigate this and see what happened to generate these violations.

He called back and stated that when reporting in the eDMR, the system flags these as violations if the greater than (>) data qualifier is used when reporting results. Even though the results reported are within the NPDES permit limits is generated.

EBMA feels that these high sample results were a direct result of the conditions occurring at the treatment plant at the time of sampling on 4/7/2022 as all other sample results do not have the greater than qualifier associated with them and the geometric mean for April was 164 even with the one high reading. . Attached are copies of the Monthly Performance Log for EBMA with the Fecal Coliform sample results for March 2022 and April 2022.

25 PA Code 92a.41(a)(5); Air diffusers in aeration units remain broken or unrepaired.

The Authority is aware of these air diffusers and are in the process of getting prices for cleaning of the aeration tanks and repairs of the defective air diffusers.

If there are any further questions or concerns regarding this matter, please feel free to contact the Authority at adminassist@ebmastp.com or 412-384-3686

Very truly yours,


Michael J. Zrenchak

CC: Stacey Greenwald, PA DEP Clean Water Program
Elizabeth Borough Municipal Authority



ELIZABETH BOROUGH MUNICIPAL AUTHORITY

Members of the Board
Tim Guffy, Chairman
Kyle Walk, Vice Chairman
William Boucher, Secretary/Treasurer
James V. Lesniewski
Charles Smith Jr.
Andrew Miklos
Barry Boucher

1 Locust Street
Elizabeth, PA 15037
Office: (412) 384-3686
Fax: (412) 384-3144
E-mail: adminassist@ebmastp.com

Michael J. Moskorisin
Allegheny County Health Department
Public Drinking Water & Waste Management
3901 Penn Avenue, Building #5
Pittsburgh, PA 15224

September 22nd, 2023

Mr. Moskorisin:

This letter is in response to the Compliance Evaluation Inspection performed on 8/2/2023. It was noted during the inspection the effluent quality was within the limits specified in your National Pollutant Discharge Elimination System (NPDES) Permit. As a result of conditions noted at the time of the inspection and a review of records and reports submitted to this Department, the following violations of your NPDES Permit PA0028436, the Pennsylvania Clean Streams Law, Act 394, approved June 22, 1937, P.L. 1987, Sections 201 and 202, as amended, 25 P.S. ("Clean Streams Law") and of regulations promulgated under the CSL were noted:

25 PA Code 92a.44; The Discharge Monitoring Reports (DMRs) review for the past twelve months identified Fecal Coliform Bacteria Geometric Mean was exceeded in March 2023.

On March 23rd and March 30th, 2023, the sample results from Environmental Service Laboratories (ESL) had a result of >12,100. Both reports of analysis had data qualifiers with them, (AA Estimated value; dilutions utilized for analysis did not produce a countable range of colonies.) See attached lab report from ESL. These were the highest sample counts of the month, but the geometric mean for the month was 383 which is below our NPDES Permit limit of 35,000. So, when the geometric mean was reported for the month of March it was reported with the greater than qualifier for the March 23rd and March 30th, 2023, sample results. At the time the March 23rd sample was taken, the plant had experienced a 1.23" of rainfall and total daily flow at the plant of 2.344 MGD. At the time the March 30th sample was taken, the plant had total daily flow at the plant of 1.034 MGD, but the chlorine residual was 0.28mg/L. On March 29th, 2023, the plant had a chlorine residual of 0.22 mg/L and



ELIZABETH BOROUGH MUNICIPAL AUTHORITY

total daily flow at the plant of 1.117 MGD According to our NPDES Permit PA0028436, the fecal coliform limits are as follows:

- a. 200/100 ml as a monthly geometric mean, nor greater than 1000/100 ml in more than ten percent of the samples examined during any month from May through September
- b. 35,000/100 ml as a monthly geometric mean based on five consecutive samples collected on different days during any month from October through April inclusive.

EBMA feels that these high sample results were a direct result of the conditions occurring at the treatment plant at the time of sampling on 3/23 and 3/30/2023, as all other sample results do not have the greater than qualifier associated with them and are within permit conditions. The geometric mean for March was 383 even with the two high readings.

Attached is a copy of the Monthly Performance Log for EBMA with the Fecal Coliform sample results for March 2023.

25 PA Code 92a.41(a)(S); Air diffusers in aeration units remain broken or unrepaired.

The Authority is aware of these air diffusers on Aeration Tanks 2, 4, and 6, and are in the process of getting prices for cleaning these aeration tanks and to repair the defective air diffusers.

If there are any further questions or concerns regarding this matter, please feel free to contact the Authority at adminassist@ebmastp.com or 412-384-3686

Very truly yours,

A handwritten signature in blue ink, appearing to read "Timothy Guffy", is written over a horizontal line.

Timothy Guffy
Chairman

CC: Stacey Greenwald, PA DEP Clean Water Program
Elizabeth Borough Municipal Authority
Richard Barnett, Senate Engineering