

MCM 3 Illicit Discharge Detection & Elimination (IDD&E) Plan

East Lampeter Sewer Authority (ELSA)

East Lampeter Township

Lancaster County, PA

MS4 Permit #: PAG133541

Permit Cycle: 2018-2023

Revision: 6/18/2021

Annual Reporting Year: 7/1/2020-6/30/2021

Planning Year: 7/1/2021-6/30/2022

IDD&E Written Plan (BMP 1)

Measurable Goal, Assessment Criteria, & Timelines: SWMP Qualitative Goal, see SWMP Section 500.

Rationale: Establish, revise, and integrate a comprehensive plan for pollution identification, response, and prevention activities and mentalities amongst public and private Township TAGs, operations, & education events, towards meeting MS4 permit requirements, preventing further local water quality degradation, and improving overall water quality.

Illicit discharge detection and elimination is a crucial element of the SWMP to protect receiving waterways from concentrated pollutants that may result in the regulated system causing and/or contributing to an impairment. Elimination and/or control of illicit discharges will allow the township to focus on stormwater run-off efforts to protect and/or improve the water quality of receiving waterways. The IDD&E Plan is the portion of the SWMP related to illicit discharge, detection, and elimination efforts. It describes the relevant decision process and procedures for program development and implementation. It is a stand-alone summary that supports SWMP focal areas and goals.

The following are considered the standard baseline considerations that need to be addressed by the IDD&E Plan, per the USEPA "Protocol":

- how a storm sewer map is or will be developed and how it will be updated
- the regulatory mechanism that will be used to prohibit discharges (i.e., ordinance), including:
 - why the mechanism was chosen
 - a description of the plan to develop the mechanism or copy of relevant sections if already developed
 - a description of the plan to ensure compliance of this regulatory mechanism through enforcement procedures and actions
- a plan to detect and address illicit discharges, including:
 - dry weather screening for non-stormwater flows
 - field tests of selected chemical parameters
 - a mechanism to address on-site sewage disposal systems that flow into the storm drainage system
- procedures for:
 - locating priority areas
 - tracing source of discharges (including techniques)
 - removing the source of the illicit discharges
 - program evaluation and assessment
- a plan to inform public employees, businesses, and the general public of the hazards of illegal discharges and improper disposal (including how this will coordinate with public education, pollution prevention/ good housekeeping)
- person(s) responsible for management and implementation of the program/BMPs
- how success of minimum measures is evaluated
- how measurable goals were selected

ELSA will review and update the IDD&E Plan in throughout the Annual SWMP Review and Assessment process. The existing IDD&E Plan is reviewed and assessed with an outline developed of potential changes and modifications during the Annual SWMP Review and Assessment (based on Section 800-1, SMWP goals, and encountered conditions from the previous permit year). Following the annual review (and per the SWMP schedule), the outline is finalized and the IDD&E Plan is updated with primary activities updated/reflected in the SWMP schedule. Section 500-4 summarizes primary activities and items addressed during the IDD&E Plan update and reflected in the SWMP schedule. The following outlines considerations, decision processes and details associated with the primary items updated during each annual IDD&E Plan revision:

- IDD&E Plan annual update
 - follows the Annual SWMP Review and Assessment, which is based on processes described in Sections 500, 800-1, and other section of the SWMP that may have been tied to an individual plan or process described in the IDD&E Plan previously
 - includes:
 - results of the assessment(s)
 - System Map that correctly identifies dry screening locations
 - ordinance that correctly lists prohibited discharges and enforcement actions
 - IDD&E Plan that correctly outlines first-level processes for detecting and eliminating potential illicit discharges and/or pollutants prior to entry into the regulated system, and includes:
 - reporting forms capturing identification and corrective actions and results
 - consideration of construction sites (or similar) that have the potential to discharge to entry points into the regulated system
 - IDD&E Plan that correctly outlines second-level processes when illicit discharges, potential pollutants, dry-weather flows, etc. are encountered in the system (inherently tied to MCM 6 and the O&M Plan), and includes:
 - investigation/reporting forms capturing tracing, identification, and corrective actions and results
 - processes/indicators for tracing
 - IDD&E Plan that correctly outlines third-level (“back-stop”) processes for dry weather screening at outfalls and discharge points when evidence of illicit discharges and dry-weather flows are encountered, and includes:
 - field and laboratory parameters for testing and corresponding indicators to assist tracing and source identification (tied to the Discharge Monitoring Program)
 - processes/indicators for tracing
 - investigation/reporting forms that capture tracing, identification, and corrective actions and results
 - outfall selection for dry-weather screening criteria
 - minimum dry weather period prior to allowing screening activities (e.g. 72 hours)
 - independent goals of the IDD&E Plan (e.g. decreased encounter of potential illicit discharges prior to entry to the regulated system)
 - including measurement thresholds
 - IDD&E Plan is aligned with the USEPA “Protocol” and the issued permit
- Selection of outfalls/discharge points for dry-weather screening.

- This follows the IDD&E Plan update with the date(s) selected denoted in the SWMP schedule.
 - The date may be selected during the IDD&E Plan update process. However, the SWMP defaults to a later selection date to allow any set-up activities that may be required prior to date selection (e.g. Priority Area investigation and re-classification based on results of the annual review).
- High Priority Area/Problem Area outfalls/discharge points are dry-weather screened once annually.
- Low Priority Area outfalls/discharge points are dry-weather screened once a permit cycle.
- The list (dry weather screening inventory) of outfalls/discharge points selected and/or confirmed for screening (and corresponding priority area classification) for the upcoming permit year is updated and inserted into the IDD&E Plan.
- The SWMP schedule is updated to reflect timeframes for dry-weather screening.
- Outfall/discharge point dry-weather screening
 - The PADEP Outfall Screening Form is used.
 - The dry-weather screening inventory is updated to reflect the following for individual outfalls/discharge points for dry-weather screening:
 - Pending
 - denotes dry-weather screening has yet to occur
 - Completed
 - denotes dry-weather screening has been completed, and:
 - no follow-up (Priority Area reclassification, tracing, etc.) is required, and
 - Follow-up activities have been completed.
 - Active
 - denotes dry-weather screening has been completed, and follow-up activities are required or in progress (e.g. tracing investigation, lab results, enforcement, etc.).
 - Excluded
 - denotes the group of outfalls/discharge points within Low Priority Areas is excluded from the current permit year dry-weather screening activities.
 - The screening scheduling process outlined in Section 600 (Discharge Monitoring Program) is followed prior to execution of screening activities.

The following is considered also with IDD&E Plan development, review, and updates:

- SWMP goals will indicate IDD&E BMPs that are/will be used for facilitation of the goal.
 - BMPs included in active SWMP goals will be assessed and measured per Section 800-1, based on the previously established individual measurement reference.
 - BMPs included in new or modified SWMP goals will include an individual measurement reference.
- Measurement references may be included in an overall numeric SWMP goal tied with discharge monitoring and MEP methodology.
 - Successful identification and removal of an illicit discharge (or enforcement) is considered an indicator of an effective IDD&E Plan.

- The map is up to date and shows the locations of outfalls and names and locations of receiving waterbodies.
- MS4 Outfalls and/or applicable discharge points are screened once annually for systems in High Priority Areas or Problem Areas.
- MS4 Outfalls and/or applicable discharge points are screened at a minimum of once a permit cycle in Low Priority Areas.
- Applicable outfalls (if existing) and/or applicable discharge points are screened at a minimum of once a permit cycle in Excluded Areas.
- The IDD&E Plan references SWMP Discharge Monitoring Program (Section 600) for screening and sampling procedures.
- Use the minimum MS4 Permit requirements for selection of BMPs to implement and facilitate a SWMP goal.
 - The MS4 Permit requires the following at a minimum:
 - BMP #1: written plan
 - BMP #2: develop and maintain a map of the regulated system (including all inlets connected to the regulated system) and outfalls
 - BMP #3: update the map
 - BMP #4: screen MS4 Outfalls
 - BMP #5: enact an ordinance that prohibits non-stormwater discharges
 - BMP #6: provide educational outreach to public employees, businesses, property owners, etc. about the IDD&E Plan
 - Example:
 - A delineated MS3 that is primarily comprised of residential land uses is classified as a High Priority Area due to elevated nutrients and sediment in discharges.
 - Indicate in public outreach materials to the Priority TAG the process to report observed sediment at inlets, on roads, or at the outfall/discharge point.
 - Screen the MS4 Outfall and/or discharge point annually during dry weather for dry weather flows, but schedule the next dry weather screening for a different time of the year in the next permit cycle. Complete a field report for each screening.
 - Post a summary of the IDD&E Plan on the website.
 - Discharge monitoring (wet weather screening/sampling) will determine the presence of nutrients and sediment in the system that is being flushed out to receiving waterbodies during rain events.
 - Ensure the System Map reflects field conditions of the High Priority Area.
 - Ensure public educational materials include IDD&E information, and the Annual Employee Training Plan (under MCM #6) includes IDD&E Plan review.

IDD&E Plan Responsible Persons		
Role	Name/Title	Contact
Primary <u>(MS4 Committee)</u> <ul style="list-style-type: none"> • Advises ELSA • Reviews/Revises the IDD&E Plan • Identifies Priority Areas • Ordinance Development, Revision Drafting, Enforcement • MS4 System Map development and revision • Public Education and Outreach on IDD&E • Conducts sampling of outfalls, observation points, & suspected illicit discharges or spill incidents • Desk & field illicit discharge tracing & tracking 	<u>East Lampeter Township Manager</u> Ralph Hutchison	2250 Old Philadelphia Pike, Lancaster, PA 17602 (717) 393-1567 rhutchison@eltwp.org
	<u>East Lampeter Township Director of Public Works</u> Charles Thomas	2250 Old Philadelphia Pike, Lancaster, PA 17602 (717) 393-1567 cthomas@eltwp.org
	<u>East Lampeter Township Assistant Township Manager</u> Tara Hitchens, AICP/ZO	2250 Old Philadelphia Pike, Lancaster, PA 17602 (717) 393-1567 thitchens@eltwp.org
	<u>East Lampeter Township Director of Planning</u> Colin Siesholtz	2250 Old Philadelphia Pike, Lancaster, PA 17602 (717) 393-1567 csiesholtz@eltwp.org
	<u>East Lampeter Township Engineer</u> Scott Hain, PE	<u>David Miller Assoc. Inc.</u> 1075 Centerville Road, Lancaster, PA 17601 (717) 898-3402 shain@dmai.com
	<u>East Lampeter Township Stormwater Coordinator</u> Charles Hayes	2250 Old Philadelphia Pike, Lancaster, PA 17602 (717) 393-1567 chayes@eltwp.org
	<u>East Lampeter Township Stormwater Technician</u> A.J. Wasilewski	2250 Old Philadelphia Pike, Lancaster, PA 17602 (717) 393-1567 awasilewski@eltwp.org
	<u>East Lampeter Township Supervisor of Roads</u> John Brooks	2250 Old Philadelphia Pike, Lancaster, PA 17602 (717) 393-1567 jbrooks@eltwp.org
Secondary <u>(ELSA)</u> <ul style="list-style-type: none"> • Owns, Operates, and Maintains the ELT stormsewer system • NPDES Phase II MS4 Permit Holder • May investigate/ respond to illicit discharges & spill incidents • May perform outfall & observation point screenings 	<u>SWMP Consultant</u> LandStudies, Inc	<u>LandStudies, Inc.</u> 315 North Street, Lititz, Pennsylvania 17543 (717) 627-4440 Mike@landstudies.com
	<u>East Lampeter Sewer Authority (ELSA)</u>	2250 Old Philadelphia Pike, Lancaster, PA 17602 (717) 393-1567
	<u>ELSA Engineer of Record</u> HRG, Inc	<u>HRG, Inc</u> 369 East Park Drive Harrisburg, PA 17111 (717) 564-1121

<ul style="list-style-type: none"> • Inspects and maintains ELSA sanitary & MS4 systems • May enforce Ordinance 345 • Enforces Ordinance 102 		
<p>Secondary (<u>Sewage Enforcement Officer</u>)</p> <ul style="list-style-type: none"> • OLDS new install & regular maintenance Inspections • Enforces Act 537 Provisions 	<p><u>Sewage Enforcement Officer</u> Marvin Stoner</p>	<p>115 Black Bear Road Quarryville, PA 17566 (717) 786-3205 800-243-4374</p>
<p>Secondary</p> <ul style="list-style-type: none"> • Administers the SW Fee & Fee Credit Policy 	<p><u>East Lampeter Township Finance Director</u> Kevin Hostetter</p>	<p>2250 Old Philadelphia Pike, Lancaster, PA 17602 (717) 393-1567 khostetter@eltpw.org</p>
	<p><u>East Lampeter Township Stormwater Coordinator</u> Charles Hayes</p>	<p>2250 Old Philadelphia Pike, Lancaster, PA 17602 (717) 393-1567 chayes@eltpw.org</p>
	<p><u>East Lampeter Township Assistant Township Manager</u> Tara Hitchens, AICP</p>	<p>2250 Old Philadelphia Pike, Lancaster, PA 17602 (717) 393-1567 thitchens@eltpw.org</p>
<p>Secondary</p> <ul style="list-style-type: none"> • Ordinance Adoption & Revision • Project Authorization • Civil Litigation Authorization 	<p><u>Township Board of Supervisors</u></p>	<p>2250 Old Philadelphia Pike, Lancaster, PA 17602 (717) 393-1567</p>
<p>Secondary</p> <ul style="list-style-type: none"> • Legal Representation 	<p><u>Township Solicitor</u> Susan Peipher, Esq.</p>	<p><u>Blakinger Thomas Law Firm</u> 28 Penn Square PO Box 1889 Lancaster, PA 17608-1889 (717) 299-1100</p>

IDD&E Annual Program Review, Assessment, & Schedule Summary		
Component	Assessment	Notes
Ordinance: East Lampeter Township Ordinance 345 <i>Stormwater Management</i>	Maintain	<ul style="list-style-type: none"> • Last Revised 7/20/2020, Located in SWMP Appendix A • Based on Model 2023 Ordinance • Prohibits discharge of non-stormwater to the stormsystem or waterways. • Establishes municipal authority for ordinance enforcement, and provides framework for enforcement
Ordinance: East Lampeter Township Ordinance 102 <i>Sewer Connection</i>	Maintain	<ul style="list-style-type: none"> • Requires abandonment of OLDS, and connection to the sanitary system, in certain circumstances. • Requires regular maintenance and inspections of OLDS by owners, as per PA Act 167. • Prohibits discharge of sanitary effluent, industrial discharges, or untreated commercial discharges to the stormsystem, any waterway, or open air. • Establishes legal authority and framework for ordinance enforcement.
Ordinance: East Lampeter Township Ordinance 293 <i>East Lampeter Township Parks Ordinance</i>	Maintain	<ul style="list-style-type: none"> • Requires animal owners to pick up and properly dispose of animal wastes deposited on township park properties. • Establishes legal authority and framework for ordinance enforcement.
System Map	Modify	<ul style="list-style-type: none"> • Map Development and Priority Area determination processes in SWMP Section 300 were reviewed, no revisions required- 7/7/2020. • System Map Last Revised 6/30/2020, located in SWMP Attachment C. <ul style="list-style-type: none"> ○ Includes MS4, MS3s, known Outfalls & Observation Points, NHD waterways, & PCSMs. An MS3 inventory is located in SWMP Attachment D. ○ Integration of Sanitary System records, OLDS records, & water system records is ongoing. ○ MS3s have been re-coded, full system re-coding is ongoing.
Outfall Screening Schedule	Maintain	<ul style="list-style-type: none"> • Outfall Screenings are on schedule to be completed by the 2023 MS4 Permit deadline. • 153 of the 155 Wet Weather screenings performed. • 137 of the 155 Dry Weather screenings performed, 22% had dry-weather flow. 1 dry-weather flow observed was a suspected illicit discharge. Field investigation and sewer camera determined it to be stream flow from an inline fire pond. • Outfall Screenings are recorded on PADEP forms and are signed.
Written IDD&E Plan	Maintain	<ul style="list-style-type: none"> • The IDD&E Written Plan was reviewed and revised June 2021 • The MS4 System Map was updated throughout the reporting year, the most recent version is included with this Annual Status Report submission. • Ordinance Development & Revision- An amendment to the Stormwater Management Ordinance occurred on 7/20/2020 • IDD&E Education- Education and educational materials on IDD&E & pollution prevention occurred for various TAGs in the last year, and are again planned for the next reporting year. • Outfall Screenings- Dry weather screenings are on track to be completed before the end of the permit cycle. <ul style="list-style-type: none"> ○ No dry-weather flows encountered through outfall screenings during the reporting year were attributed to an illicit discharge.

MS4 System Map (BMP 2 and BMP 3):

Rational: Detect and eliminate identified and potential illicit discharges and/or pollutants prior to entry into the regulated system, the system outside of the Urbanized Area, Waters of the Commonwealth, and Jurisdictional Waters.

Measurable Goal, Assessment Criteria, & Timelines: SWMP Qualitative Goals, see SWMP Section 500.

Rationale:

ELSA has developed, and maintains, an MS4 system map based on the processes outlined in SWMP Section 300 and Section 500. The map is regularly updated as new or additional relevant information is identified. Information on the MS4 map regarding potable water sources and conveyances is under development. Water lines and wells are added to the MS4 master map as information is encountered through the Township's records. The master map is maintained through the Internet, GIS-based program C.S. Datum; which uses a color-coded system of vector graphics to identify different infrastructure components. Up-to-date hardcopies of the system map are located in SWMP Attachment C, a map legend can be found at the end of SWMP Section 300.

ELSA maintains GIS information on the sanitary system through the web-based GIS platform MyGov. Sanitary system information has been compiled through a combination of review of Township records, and field identification via a Trimble mobile GPS plotting unit. Integration of sanitary system information into the MS4 system map is ongoing. ELSA should be contacted for specific information regarding ELSA's data collection, verification, and maintenance procedures.

Municipal Storm Sewershed (MS3) information, including the locations of known Outfalls and Observation Points, is included on the master map. MS3s, Outfalls, and Observation Points were identified following initial drafting of the MS4 system map. An inventory of current Outfalls is located in SWMP Attachment D, MS3s and Outfalls are included on the MS4 system map in Attachment C. Identification and re-coding of MS3s and their associated Outfalls has been completed.

The MS4 system map, MS3 and Outfall inventory, as well as associated development processes are reviewed and, if necessary, revised at least annually; following the annual SWMP review and assessment.

Area Classification

Information compiled for the MS4 system map, areas of historical or environmental concern, and information obtained through wet and dry weather outfall screenings, discussed under Second-Level Processes of this plan, is used to determine the priority ranking of an MS3. Area priority classification procedures are outlined in SWMP Section 300. MS3 priority classifications are indicated in the MS3/Outfall inventory in SWMP Attachment D. Forms associated with, and the results of, Priority Area investigations are located in SWMP Attachment F.

Ordinance Development & Revision (BMP 5)

Measurable Goal: Enact and/or Revise an Ordinance to prohibit and enforce prohibition of non-stormwater discharges to the regulated MS4 system, and local waterways.

Rationale: Enactment of an Ordinance, or similar, that establishes enforceable prohibition of non-stormwater discharges to the regulated MS4 system and waterways meets the minimum requirement of NPDES Phase 2 MS4 Permit MCM 3 BMP 5.

Assessment Criteria: Adoption of an Ordinance, or Ordinances, by the Township Board of Supervisors that meets the Measurable Goal of the BMP.

Responsible Persons: Identified in Table *IDD&E Plan Responsible Persons* of the MCM 3 document.

Timelines/milestones/frequency: Annually assess the regulatory component(s) selected to fulfill the BMP during the annual SWMP review and assessment, and as needed throughout the reporting year. Revised, or new, regulatory documents will be included in SWMP Attachment A and with the next Annual Progress Report.

Regulatory Mechanisms Selected to meet MCM 3 BMP 5:

Township Ordinance 303 *Stormwater Management*, adopted 4/7/2014, last revised 7/26/2020. Ordinance 303 includes prohibitions against non-stormwater discharges to the MS4, or any Post Construction Stormwater Management Facility (PCSMF), requires the use of adequate erosion and sedimentation controls for all regulated activities, and establishes a legal framework for enforcement response if an ordinance violation is encountered. Ordinance 303 was created in accordance with the PA DEP 2022 Model Stormwater Management Ordinance, and has been submitted to PA DEP in a previous MS4 Annual Progress Report.

Township Ordinance 102 *Sewer Connection*, adopted 4/16/1985. Ordinance 102 prohibits discharge of untreated, or improperly treated, sanitary or industrial effluent. Ordinance 102 requires connection to the sanitary system if such is available. Ordinance 102 includes provisions for enforcement response.

Township Ordinance 293 *East Lampeter Township Park Ordinance*, enacted 1/23/2013, requires that animal wastes be collected and properly disposed of from all park properties, and includes provisions for compliance enforcement.

PA Act 537 *Sewage Facilities Planning*. ELSA and East Lampeter Township (ELT) rely on the Sewage Enforcement Officer to review, inspect, and enforce the provisions of PA Act 537 as regards On-Lot Disposal Systems (OLDS).

The above referenced regulatory mechanisms were selected as they meet the minimum requirements of the MS4 Permit MCM 3 BMP 5. The effectiveness of the selected regulatory mechanisms are assessed through the Annual SWMP Review and Assessment. Revisions to the regulatory mechanisms, for which the Township has authority over, are performed in accordance with the minimum standards of the Local Agency Law, and any other applicable regulations. Revisions to the selected regulatory mechanisms that occur during the reporting year will be reported to PA DEP in the following Annual Progress Report. Copies of the most recently revised regulatory mechanisms, for which the Township has authority for, are available in SWMP Attachment A. A summary of IDD&E related reports or cases, and relevant follow-

up actions, that occurred over the most recent Annual Progress Reporting year is attached at the end of this MCM.

IDD&E Plan Educational Outreach (MCM3 BMP 6)

Measurable Goal: At least one educational material is disbursed to the public or an identified TAG on illicit discharges, and at least one dedicated training on illicit discharges is held for Township operators (i.e. Public Works personnel).

Rationale: Education of the public and of municipal operators on and about illicit discharge topics may increase awareness of the impacts of personal behaviors on the watershed at large, may aid in mitigation and early detection of illicit discharge events, and, in the case of municipal operators, may increase Township ability to respond to discharge events while decreasing response times.

Assessment Criteria: (1) If an educational material on illicit discharges is distributed to the public and/or TAG, and (2) if a dedicated illicit discharge training is held for municipal operators within the 2021-2022 Annual Progress Reporting year.

Timelines/Milestones/Frequency: Varies between sub-goals. Please see the MCM 1 PEOP and/or the MCM 2 PIPP individual plans for 2021-2022 planned public education and public involvement events. Please see MCM 6 PPGHP Training Plan for planned municipal operator education events.

The success of the individual educational methods, events, and/or trainings selected are evaluated through their specific MCM plans; and as part of the Annual SWMP Review & Assessment.

Outfall Screenings (MCM 3 BMP 4)

Measurable Goal: Percentage reduction in the number of encountered dry weather outfall discharges, associated to an illicit discharge or illicit connection.

Rationale: A reduction in the number of observed dry weather outfall discharges, associated to an illicit discharge or connection, suggests that the IDD&E plan is capturing and eliminating chronic illicit discharges to the MS4.

Assessment Criteria: 15% reduction in dry weather flows associated to an illicit discharge or illicit connection from the previous Annual Progress Reporting Year.

Timelines/Milestones/Frequency: Program efficiency is annually evaluated through the Annual SWMP Review and Assessment process.

Annual selection of Outfalls dry weather screening follows the Annual SWMP Review and Assessment, as well as the processes outlined in SWMP Section 500. An up-to-date dry weather screening outfall inventory, that identifies outfalls to be screened in the next Annual Progress Reporting Year, is attached at the end of this MCM plan. Outfalls selected in a given year for dry weather screenings are based on:

- Outfall classification, per SWMP Section 300, as a High Priority, or associated with an identified Problem Area, or Low Priority outfall: based on initial MS3 classification, field investigations, or wet-weather discharge re-classification. Additionally, if a new outfall is encountered, or an outfall or MS3 has been modified (e.g. through construction activities), those outfalls would then be scheduled for the next annual dry weather screening period.
 - High Priority Outfalls and Outfalls associated to Priority Area are dry weather screened at least annually.
 - Low Priority Outfalls are dry weather screened at least once per MS4 permit cycle.
- Known history of dry weather discharge, and/or non-stormwater discharges.
- Rotational, geo-geographic inspection area selection.
 - East Lampeter Township has been organized into five inspection areas, known as “quadrants”, where one area is annually selected per MS4 permit year as a focus for dry weather outfall inspections.

Personnel involved in outfall screenings may be trained ELSA or Township personnel, such as members of Public Works, the Stormwater Coordinator, and/or the Stormwater Technician, or qualified representatives of the Township. Public Works training on the processes for Dry Weather Outfall Screenings occurs annually through the PPGHP Training Plan.

Dry weather screenings occur when at least 72 hours has passed since the last runoff producing rainfall event. Initially, ELSA representatives perform field investigations for the following water quality parameters: temperature, pH, nitrates/nitrites, total/free chlorine, ammonia-nitrogen, and phosphate. If parameters or visual indicators suggest an illicit discharge, additional field screenings may be performed for the presence of phenols. If the results of field screenings suggest an illicit discharge, a sample may be collected for laboratory analysis. Parameters and thresholds selected for laboratory analysis follow the water quality criteria listed in Pa Code Chapter 93, and/or those identified by the laboratory project manager.

Outfall screenings are recorded on PADEP Outfall Screening forms, and are reviewed and signed by the Stormwater Coordinator or Stormwater Technician. Copies of completed Outfall Screening Forms from the most recent Annual Progress Reporting Year, are attached at the end of this MCM. The status and results of Dry Weather Outfall Screenings are updated in the Outfall Inventory of SWMP Attachment D, a copy has been attached at the end of this MCM.

Field source tracing requires the MS4 and MS3 system map developed for MCM3, to aid when physically walking and tracing the discharge back to the source. Source tracing activities may include:

- Smoke testing to determine if and where an illicit MS4 system connection may be.
- Dye testing to determine if and where a suspected source is connected to the MS4.
- Sandbagging as a means to dam a low-quantity or intermittent dry weather flow, for subsequent collection and analysis.
- CCTV equipment via ELSA sewer camera or contracted service to attempt to trace a discharge to the origin, and to identify illicit connections to the MS4.

Using a combination of laboratory analysis, visual indicators, knowledge of localized land uses, and the procedures mentioned above, ELSA representatives attempt to physically trace the illicit discharge to the origin.

Following illicit discharge source identification, activities transition to eliminating the illicit discharge and/or spill response to the illicit discharge. The enforcement provisions of Township Ordinance 345 *Stormwater Management* and/or Township Ordinance 102 *Sewer Connection* may be used as appropriate and required. Code Enforcement documentation is tracked through the program MyGov, and a copy of case documentation is included with the field investigation forms, found in SWMP Attachment F, at the end of the MCM 3 plan in the next MS4 Annual Progress Report.

Spill prevention as well as spill response/reporting is an important training topic of the MCM 6 PPGHP with Township personnel properly trained and equipped for spill response activity such as:

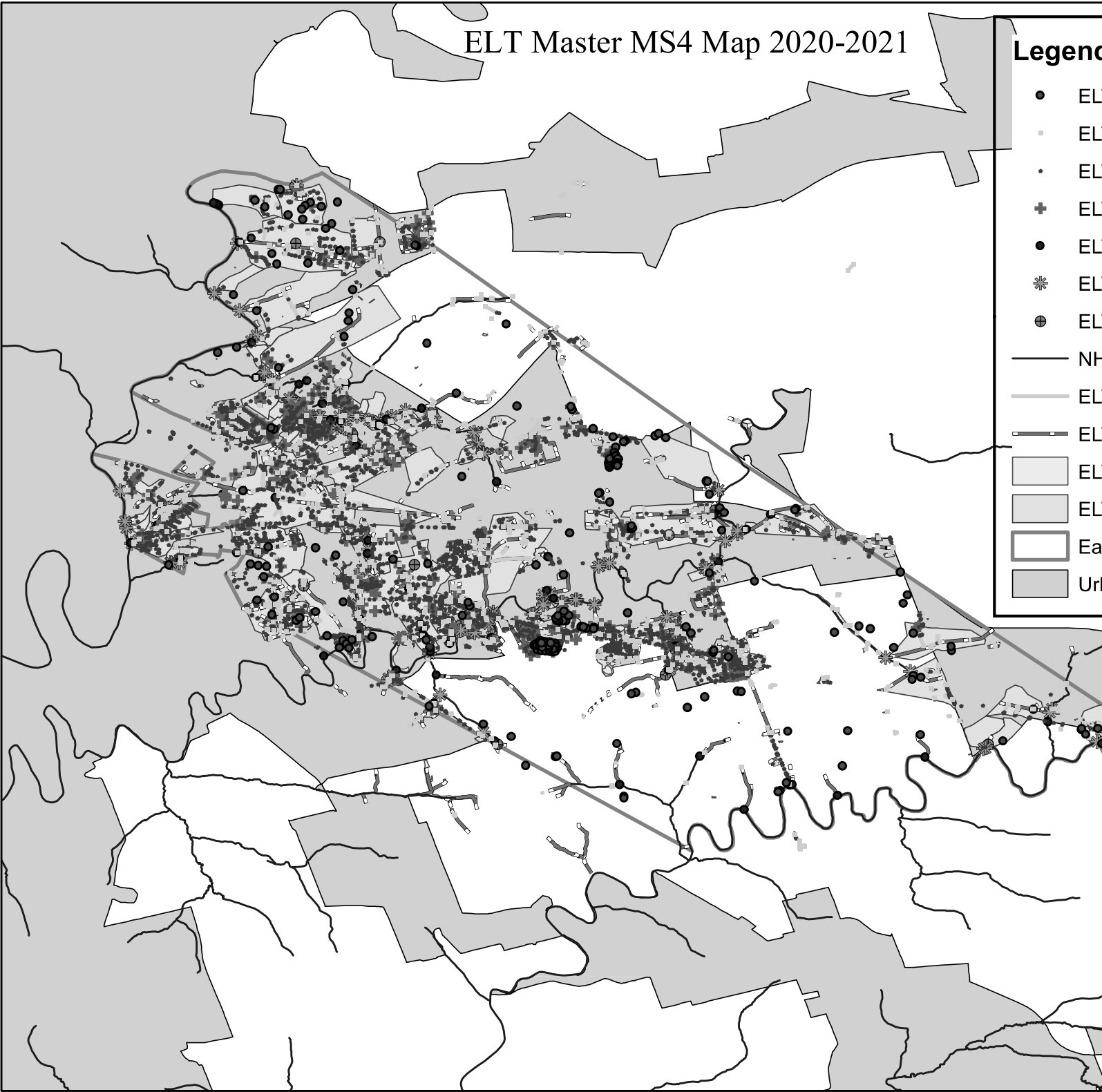
- Prevention of discharge, or mitigation of discharge, to the MS4 or waterbodies.
- Downstream notification.
- Containment.
- Remediation.
- Handling, Storage, Transport, and/or Disposal of contaminated and/or hazardous materials.

Please see the MCM 6 PPGHP O&M Plan and Training Plan for more information regarding Township spill prevention and response protocols and or trainings.

ELT Master MS4 Map 2020-2021

Legend

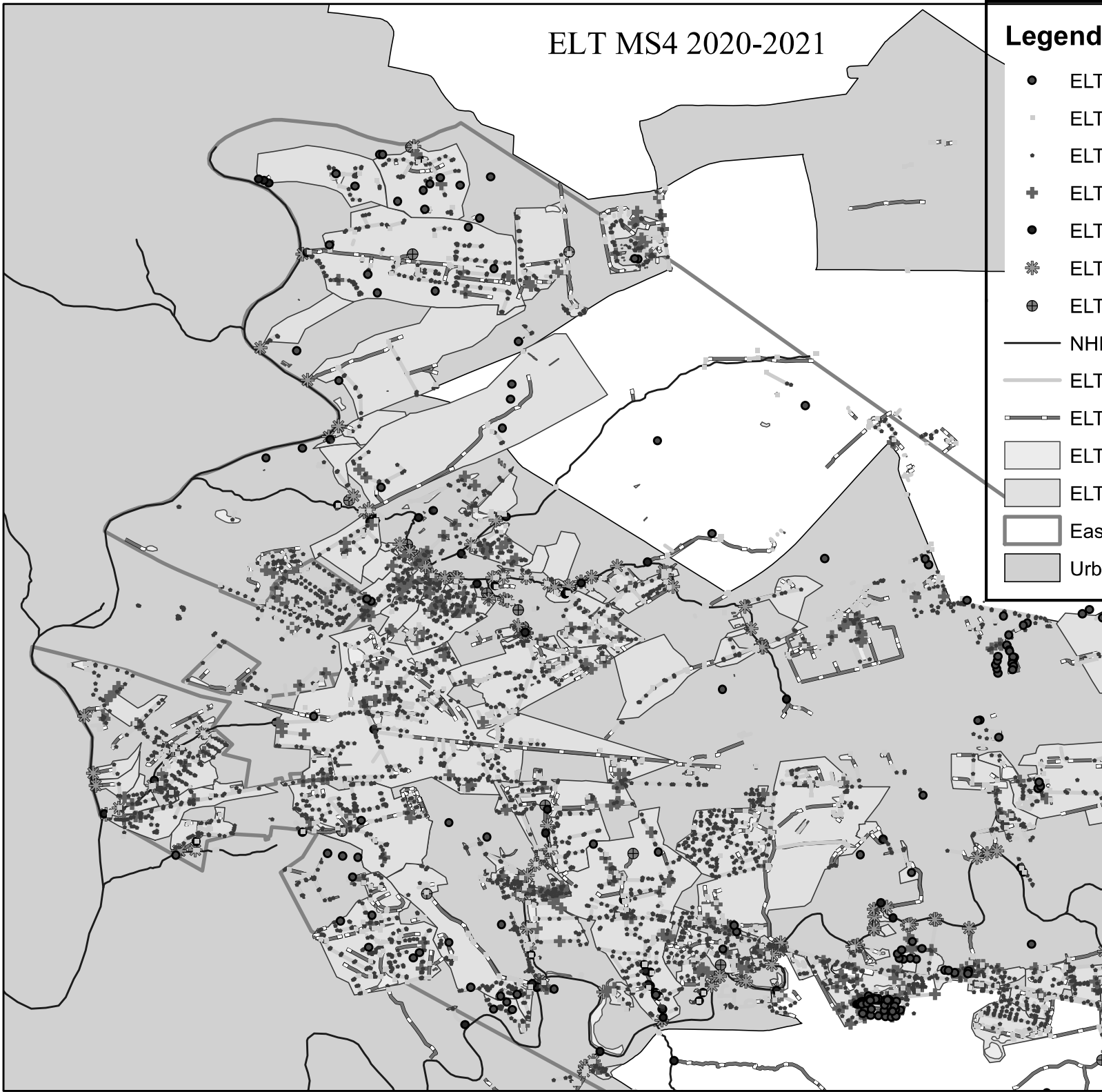
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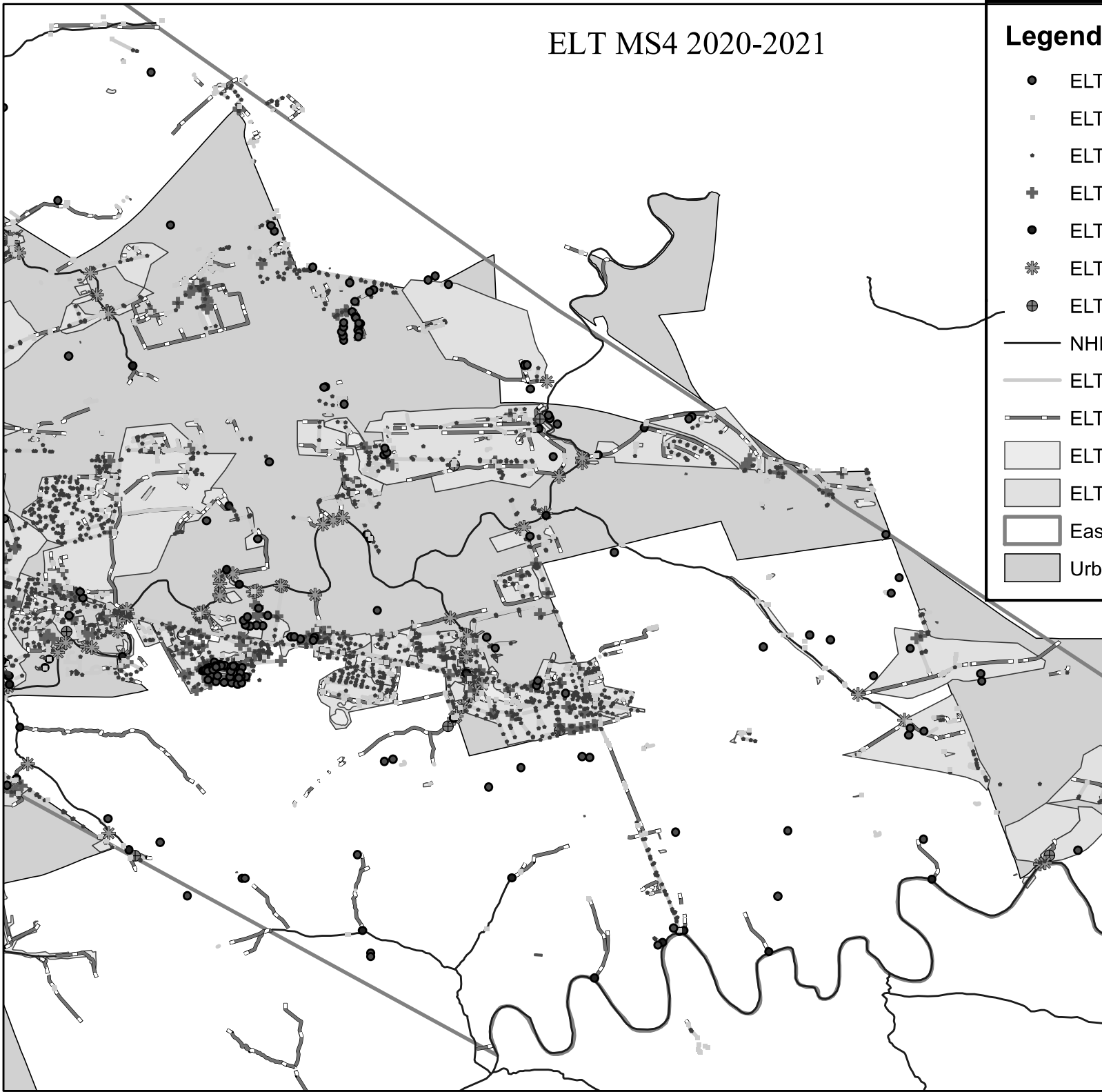
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MCM 3 Outfall Inventory/Schedule

Name/ID	Inspection Area	Dry Weather Outfall Screening	Status	Dry Weather Fow?	Illiciit Discharge?	To Be Done 2021=2022
(High Priority) M-047P	Quadrant 1	10/1/2018	Completed	Yes	No	X
(High Priority) M-060P OBV	Quadrant 1	10/2/2018	Completed	Yes	No	X
M-036P	Quadrant 1	10/1/2018	Completed	No		
M-037	Quadrant 1	10/1/2018	Completed	No		
M-038P	Quadrant 1	10/1/2018	Completed	No		
M-039P	Quadrant 1	10/1/2018	Completed	No		
M-040P	Quadrant 1	10/1/2018	Completed	No		
M-041P	Quadrant 1	10/1/2018	Completed	No		
M-042P	Quadrant 1	10/1/2018	Completed	No		
M-043N OBV	Quadrant 1	5/23/2019	Completed	Yes	No	
M-044N OBV	Quadrant 1	5/23/2019	Completed	Yes	No	
M-055N	Quadrant 1	10/1/2018	Completed	No		
M-056N	Quadrant 1	10/1/2018	Completed	No		
M-057P	Quadrant 1	10/1/2018	Completed	Yes	No	
M-058P	Quadrant 1	10/1/2018	Completed	Yes	No	
M-059N	Quadrant 1	10/1/2018	Completed	No		
M-061	Quadrant 1	10/2/2018	Completed	Yes	No	
M-062P	Quadrant 1	10/2/2018	Completed	Yes	No	
M-074P	Quadrant 1	10/10/2018	Completed	No		
M-075P	Quadrant 1	10/11/2018	Completed	No		
P-001P	Quadrant 1	10/10/2018	Completed	Yes	No	
P-002P	Quadrant 1	10/10/2018	Completed	Yes	No	
P-003P	Quadrant 1	10/22/2018	Completed	No		
P-004P	Quadrant 1	10/10/2018	Completed	No		
P-005P	Quadrant 1	10/10/2018	Completed	No		
P-006P	Quadrant 1	10/10/2018	Completed	Yes	No	
P-007P	Quadrant 1	10/11/2018	Completed	No		
Name/ID	Inspection Area	Dry Weather Outfall Screening	Status	Dry Weather Fow?	Illiciit Discharge?	To Be Done 2021=2022
M-077P	Quadrant 2	5/23/2019	Completed	No		
M-078P	Quadrant 2	5/23/2019	Completed	No		
M-079P	Quadrant 2	5/23/2019	Completed	No		
M-080P	Quadrant 2	5/23/2019	Completed	Yes	No	
M-081P	Quadrant 2	8/19/2019	Completed	No		
M-082P	Quadrant 2	8/19/2019	Completed	Yes	No	
M-019P	Quadrant 2	8/19/2019	Completed	No		
M-020P	Quadrant 2	8/19/2019	Completed	No		
M-021P	Quadrant 2	8/19/2019	Completed	No		
M-022P	Quadrant 2	8/19/2019	Completed	No		
M-024N	Quadrant 2	8/19/2019	Completed	No		

M-025N	Quadrant 2	8/19/2019	Completed	No		
M-026N	Quadrant 2	8/19/2019	Completed	No		
M-027N	Quadrant 2	8/19/2019	Completed	No		
M-028P	Quadrant 2	8/19/2019	Completed	No		
M-029P	Quadrant 2	5/23/2019	Completed	No		
M-030P	Quadrant 2	5/23/2019	Completed	No		
M-031P	Quadrant 2	5/23/2019	Completed	Yes	No	
M-032P	Quadrant 2	5/23/2019	Completed	No		
M-033P	Quadrant 2	5/23/2019	Completed	No		
M-034P	Quadrant 2	5/23/2019	Completed	No		
M-035P	Quadrant 2	5/23/2019	Completed	Yes	No	
M-045N OBV	Quadrant 2	5/23/2019	Completed	Yes	No	
M-046N OBV	Quadrant 2	5/23/2019	Completed	Yes	No	
M-048P	Quadrant 2	5/23/2019	Completed	No		
M-049P	Quadrant 2	5/23/2019	Completed	No		
M-050P	Quadrant 2	5/23/2019	Completed	No		
M-051P	Quadrant 2	5/23/2019	Completed	No		
M-052P	Quadrant 2	5/23/2019	Completed	No		
M-053P	Quadrant 2	5/23/2019	Completed	No		
M-054	Quadrant 2	5/23/2019	Completed	No		
M-063P	Quadrant 2	8/21/2019	Completed	Yes	No	
M-064P	Quadrant 2		Pending			X
M-065P	Quadrant 2		Pending			X
M-066P	Quadrant 2	8/28/2019	Completed	Yes	No	
M-067P	Quadrant 2	8/19/2019	Completed	Yes	No	
M-072P	Quadrant 2	5/23/2019	Completed	No		
M-073P	Quadrant 2	5/23/2019	Completed	No		
PVC playground	Quadrant 2		Pending			X
Name/ID	Inspection Area	Dry Weather Outfall Screening	Status	Dry Weather Fow?	Illiciit Discharge?	To Be Done 2021=2022
C-007P	Quadrant 3	10/22/2020	Completed	No		
C-008P	Quadrant 3	10/22/2020	Completed	No		
C-009P	Quadrant 3	10/22/2020	Completed	No		
C-010P Obv	Quadrant 3	10/22/2020	Completed	Yes	No	
C-011P Obv	Quadrant 3	10/22/2020	Completed	Yes	No	
C-012P	Quadrant 3	10/22/2020	Completed	Yes	No	
C-013P	Quadrant 3	10/22/2020	Completed	No		
C-014P	Quadrant 3	10/22/2020	Completed	No		
C-015P	Quadrant 3	10/23/2020	Completed	No		
C-016P	Quadrant 3	10/23/2020	Completed	No		
C-017P	Quadrant 3	10/23/2020	Completed	No		
C-018P	Quadrant 3	10/23/2020	Completed	No		
M-001P	Quadrant 3	10/22/2020	Completed	Yes	No	
M-002	Quadrant 3	10/22/2020	Completed	No		
M-003P	Quadrant 3		Pending			X

M-004P Obv	Quadrant 3	10/22/2020	Completed	No		
M-005N Obv	Quadrant 3	10/22/2020	Completed	Yes	No	
M-007P Obv	Quadrant 3	10/22/2020	Completed	No		
M-008P	Quadrant 3	10/22/2020	Completed	No		
M-009N	Quadrant 3	10/22/2020	Completed	Yes	No	
M-015P	Quadrant 3	10/23/2020	Completed	Yes	No	
M-016	Quadrant 3	10/22/2020	Completed	Yes	No	
M-017P	Quadrant 3	10/23/2020	Completed	No		
M-018P	Quadrant 3	10/23/2020	Completed	No		
M-068N Obv	Quadrant 3	10/22/2020	Completed	Yes	No	
M-069N Obv	Quadrant 3	10/22/2020	Completed	Yes	No	
M-070P	Quadrant 3	10/22/2020	Completed	Yes	No	
M-071P	Quadrant 3	10/22/2020	Completed	No		
M-076P Obv	Quadrant 3	10/22/2020	Completed	Yes	No	
M-083	Quadrant 3	10/22/2020	Completed	No		
M-084	Quadrant 3	10/22/2020	Completed	No		
M-085P Obv	Quadrant 3	10/22/2020	Completed	Yes	No	
M2 v	Quadrant 3		Pending			X
Name/ID	Inspection Area	Dry Weather Outfall Screening	Status	Dry Weather Fow?	Illiciit Discharge?	To Be Done 2021=2022
M-006P	Quadrant 4	4/6/2021	Completed	Yes	No	
M-010N	Quadrant 4		Pending			X
M-011N	Quadrant 4		Pending			X
M-012N	Quadrant 4	4/8/2021	Completed	Yes	No	
M-013P	Quadrant 4		Pending			X
M-014P	Quadrant 4		Pending			X
S-008P	Quadrant 4	10/23/2020	Completed	No		
S-009P	Quadrant 4	10/23/2020	Completed	No		
S-010P	Quadrant 4		Pending			X
S-011P	Quadrant 4		Pending			X
S-012P	Quadrant 4	10/23/2020	Completed	No		
S-013	Quadrant 4	10/23/2020	Completed	No		
S-014P	Quadrant 4	10/23/2020	Completed	No		
S-015P	Quadrant 4	11/20/2020	Completed	No		
S-016P	Quadrant 4	11/20/2020	Completed	No		
S-017P Obv	Quadrant 4	11/20/2020	Completed	Yes	No	
S-018P Obv	Quadrant 4	11/20/2020	Completed	No		
S-023P	Quadrant 4	11/20/2020	Completed	No		
S-024P	Quadrant 4	11/20/2020	Completed	No		
S-025P	Quadrant 4	11/20/2020	Completed	No		
S-032N	Quadrant 4	11/20/2020	Completed	No		
S-033N	Quadrant 4	11/20/2020	Completed	No		
S-034N	Quadrant 4	11/20/2020	Completed	No		
S-035N	Quadrant 4	11/20/2020	Completed	No		
S-036P	Quadrant 4	11/20/2020	Completed	No		

S-037P	Quadrant 4	11/20/2020	Completed	No		
S-038P	Quadrant 4	10/23/2020	Completed	No		
S-TBD	Quadrant 4	10/30/2020	Completed	Yes	No	
S-TBD2	Quadrant 4	11/20/2020	Completed	Yes	No	
Name/ID	Inspection Area	Dry Weather Outfall Screening	Status	Dry Weather Fow?	Illiciit Discharge?	To Be Done 2021=2022
C-001P OBV	Quadrant 5		Pending			X
C-002P	Quadrant 5		Pending			X
C-003	Quadrant 5		Pending			X
C-004P	Quadrant 5		Pending			X
C-005P	Quadrant 5		Pending			X
C-006P	Quadrant 5		Pending			X
S-001P	Quadrant 5	11/20/2020	Completed	No		
S-002N	Quadrant 5	11/20/2020	Completed	Yes	No	
S-003P	Quadrant 5	11/20/2020	Completed	No		
S-004P	Quadrant 5	11/20/2020	Completed	No		
S-005P	Quadrant 5	11/20/2020	Completed	No		
S-006P	Quadrant 5	11/20/2020	Completed	No		
S-007P	Quadrant 5	10/23/2020	Completed	No		
S-019P	Quadrant 5	11/20/2020	Completed	Yes	No	
S-020P	Quadrant 5	11/20/2020	Completed	Yes	No	
S-021P	Quadrant 5	11/20/2020	Completed	No		
S-022P	Quadrant 5	11/20/2020	Completed	No		
S-026P	Quadrant 5	11/20/2020	Completed	No		
S-027P	Quadrant 5	11/20/2020	Completed	No		
S-028P	Quadrant 5	11/20/2020	Completed	No		
S-029P	Quadrant 5	11/20/2020	Completed	No		
S-030P	Quadrant 5	11/20/2020	Completed	No		
S-031P	Quadrant 5	12/31/2020	Completed	No		
S-039P	Quadrant 5	11/20/2020	Completed	Yes	No	
S-040P	Quadrant 5	11/20/2020	Completed	Yes	No	
S-041P	Quadrant 5		Pending			X



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: C-007P		
Land Use in Outfall Drainage Area (Select All): <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 2 ' 41.4 "		
		Longitude: -76 ° 16 ' 28.1 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
Inspector Name(s): Alexander Wasilewski		Amount of Previous Precipitation: .06 in		
		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No concerns

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 1603371020030703066582.jpg



Photo No. 2: 1603371032137378395787.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: C-009P		
Land Use in Outfall Drainage Area (Select All): <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 2 ' 23.8 "		
		Longitude: -76 ° 16 ' 25.2 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
Inspector Name(s): Alexander Wasilewski		Amount of Previous Precipitation: .02 in		
		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input checked="" type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input checked="" type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No concerns

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 16033725630281239447820.jpg



Photo No. 2: 160337257380369644753.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: C-013P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 2 ' 7.2 "		
		Longitude: -76 ° 16 ' 3.9 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

Standing water from receiving waterway, negative flow.

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 1603375590554129772563.jpg



Photo No. 2: 16033756030722013577670.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: C-014P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 2 ' 7.4 "		
		Longitude: -76 ° 16 ' 0.1 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Circular <input checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: 18.0 in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No concerns

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 20201022_101526.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: M-002		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 1 ' 42.5 "		
		Longitude: -76 ° 14 ' 35.3 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				


Were sample(s) collected of the dry weather flow? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, No. Samples: _____)					
FIELD / LABORATORY ANALYSIS					
PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		
Indicate the parameters above that were analyzed by a DEP-certified laboratory:					
ILLICIT DISCHARGES					
Is the dry weather flow an illicit discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, describe efforts made to determine the source(s) of the illicit discharge.					
Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.					
Inspector Comments: Endwall partially blocked with sediment.					
RESPONSIBLE OFFICIAL CERTIFICATION					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).					
Alexander Wasilewski _____ Responsible Official Name			 _____ Signature		
(717)393-1567 _____ Telephone No.			10/26/2020 _____ Date		

Photo Log

Photo No. 1: 20201022_142440.jpg



Photo No. 2: 20201022_142435.jpg



Photo No. 3: 20201022_142450.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: M-004P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 1 ' 55.7 "		
		Longitude: -76 ° 14 ' 36.8 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

Endwall covered with debris. Outlet structure covered with debris.

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 20201022_144805.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: M-005N		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 1 ' 57.5 "		
		Longitude: -76 ° 14 ' 36.9 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				


Were sample(s) collected of the dry weather flow? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, No. Samples: _____)					
FIELD / LABORATORY ANALYSIS					
PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		
Indicate the parameters above that were analyzed by a DEP-certified laboratory:					
ILLICIT DISCHARGES					
Is the dry weather flow an illicit discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, describe efforts made to determine the source(s) of the illicit discharge.					
Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.					
Inspector Comments: No concerns. Future screenings will be at immediate downstream observation point for safety of operators during wet weather events.					
RESPONSIBLE OFFICIAL CERTIFICATION					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).					
Alexander Wasilewski					
Responsible Official Name					
(717)393-1567					
Telephone No.			10/26/2020		
			Date		

Photo Log

Photo No. 1: 20201022_140923.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: M-007P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 1 ' 56.2 "		
		Longitude: -76 ° 14 ' 37.1 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No flow concerns.

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/28/2020

Date

Photo Log

Photo No. 1: 20201022_144119.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: M-008P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 1 ' 47.8 "		
		Longitude: -76 ° 14 ' 35.8 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				


Were sample(s) collected of the dry weather flow? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, No. Samples: _____)					
FIELD / LABORATORY ANALYSIS					
PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		
Indicate the parameters above that were analyzed by a DEP-certified laboratory:					
ILLCIT DISCHARGES					
Is the dry weather flow an illicit discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, describe efforts made to determine the source(s) of the illicit discharge.					
Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.					
Inspector Comments: No Concerns.					
RESPONSIBLE OFFICIAL CERTIFICATION					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).					
Alexander Wasilewski					
Responsible Official Name					
(717)393-1567					
Telephone No.			10/26/2020		
			Date		

Photo Log

Photo No. 1: 20201022_141829.jpg



Photo No. 2: 20201022_141843.jpg



Photo No. 3: 20201022_141847.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: M-009N		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 1 ' 57.5 "		
		Longitude: -76 ° 14 ' 36.4 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No flow concerns at time of visit. Future screenings will be at immediate downstream observation point for safety during wet weather events.

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 20201022_140632.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: M-068N		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 1 ' 34.4 "		
		Longitude: -76 ° 14 ' 32.9 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				


Were sample(s) collected of the dry weather flow? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, No. Samples: _____)					
FIELD / LABORATORY ANALYSIS					
PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		
Indicate the parameters above that were analyzed by a DEP-certified laboratory:					
ILLICIT DISCHARGES					
Is the dry weather flow an illicit discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, describe efforts made to determine the source(s) of the illicit discharge.					
Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.					
Inspector Comments: No concerns. Outfall will be screened at a nearby downstream observation point in the future, for sake of safety.					
RESPONSIBLE OFFICIAL CERTIFICATION					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).					
Alexander Wasilewski					
Responsible Official Name					
(717)393-1567					
Telephone No.					
			Signature		
			12/16/2020		
			Date		

Photo Log

Photo No. 1: 20201022_104000.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: M-071P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 0 ' 47.1 "		
		Longitude: -76 ° 13 ' 36.2 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				


Were sample(s) collected of the dry weather flow? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, No. Samples: _____)					
FIELD / LABORATORY ANALYSIS					
PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		
Indicate the parameters above that were analyzed by a DEP-certified laboratory:					
ILLCIT DISCHARGES					
Is the dry weather flow an illicit discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, describe efforts made to determine the source(s) of the illicit discharge.					
Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.					
Inspector Comments: No concerns.					
RESPONSIBLE OFFICIAL CERTIFICATION					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).					
Alexander Wasilewski					
Responsible Official Name					
(717)393-1567					
Telephone No.			10/26/2020		
			Date		

Photo Log

Photo No. 1: 20201022_130207.jpg



Photo No. 2: 20201022_130213.jpg



Photo No. 3: 20201022_130211.jpg



Photo No. 4: 20201022_130208.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: M-083		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 1 ' 12.6 "		
		Longitude: -76 ° 14 ' 21.2 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No concerns.

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 20201022_110831.jpg



Photo No. 2: 20201022_110839.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: M-084		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 1 ' 11.3 "		
		Longitude: -76 ° 14 ' 21.4 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
Inspector Name(s): Alexander Wasilewski		Amount of Previous Precipitation: .06 in		
		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

11/10/2020

Date



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: M-085P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 1 ' 14 "		
		Longitude: -76 ° 14 ' 19.1 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 20201022_112048.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/22/20		Outfall ID No.: C-007P		
Land Use in Outfall Drainage Area (Select All): <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 2 ' 41.4 "		
		Longitude: -76 ° 16 ' 28.1 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
Inspector Name(s): Alexander Wasilewski		Amount of Previous Precipitation: .06 in		
		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No concerns

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 1603371020030703066582.jpg



Photo No. 2: 1603371032137378395787.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/23/20		Outfall ID No.: C-016P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 2 ' 32.8 "		
		Longitude: -76 ° 16 ' 5.6 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Charles Hayes		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				


Were sample(s) collected of the dry weather flow? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, No. Samples: _____)					
FIELD / LABORATORY ANALYSIS					
PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		
Indicate the parameters above that were analyzed by a DEP-certified laboratory:					
ILLCIT DISCHARGES					
Is the dry weather flow an illicit discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, describe efforts made to determine the source(s) of the illicit discharge.					
Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.					
Inspector Comments: Looks good					
RESPONSIBLE OFFICIAL CERTIFICATION					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).					
Alexander Wasilewski					
Responsible Official Name					
(717)393-1567					
Telephone No.			12/16/2020		
			Date		

Photo Log

Photo No. 1: 16034586392371326490753.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/23/20		Outfall ID No.: C-017P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 2 ' 32.9 "		
		Longitude: -76 ° 16 ' 5.9 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
Inspector Name(s): Alexander Wasilewski		Amount of Previous Precipitation: .06 in		
		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

Outfall blocked with sediment

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 16034585776182109949595.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/23/20		Outfall ID No.: C-018P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input checked="" type="checkbox"/> Open Space <input checked="" type="checkbox"/> Other: Institutional		Latitude: 40 ° 2 ' 37.2 "		
		Longitude: -76 ° 15 ' 58.1 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
Inspector Name(s): Charles Hayes		Amount of Previous Precipitation: .06 in		
		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

Good

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

12/16/2020

Date

Photo Log

Photo No. 1: 1603459267718605879497.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/23/20		Outfall ID No.: M-017P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 1 ' 33 "		
		Longitude: -76 ° 13 ' 49.1 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No concerns

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 16034642198612052677094.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/23/20		Outfall ID No.: M-018P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 1 ' 35 "		
		Longitude: -76 ° 13 ' 48.1 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 1603464737895877238749.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/23/20		Outfall ID No.: S-007P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 21.2 "		
		Longitude: -76 ° 15 ' 2.4 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/12/20		
Inspector Name(s): Alexander Wasilewski		Amount of Previous Precipitation: .43 in		
		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: 24 in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

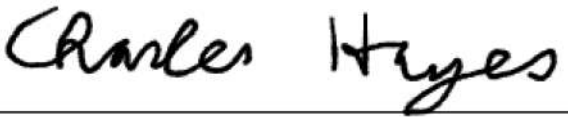
Were sample(s) collected of the dry weather flow? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, No. Samples: _____)					
FIELD / LABORATORY ANALYSIS					
PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		
Indicate the parameters above that were analyzed by a DEP-certified laboratory:					
ILLICIT DISCHARGES					
Is the dry weather flow an illicit discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, describe efforts made to determine the source(s) of the illicit discharge.					
Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.					
Inspector Comments:					
RESPONSIBLE OFFICIAL CERTIFICATION					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).					
Charles Hayes					
Responsible Official Name			Signature		
(717)393-1567			12/17/2020		
Telephone No.			Date		

Photo Log

Photo No. 1: 1603469929352780996583.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/23/20		Outfall ID No.: S-008P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 17.1 "		
		Longitude: -76 ° 14 ' 59.9 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
Inspector Name(s): Alexander Wasilewski		Amount of Previous Precipitation: .06 in		
		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 160346923036246716659.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/23/20		Outfall ID No.: S-009P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 17.1 "		
		Longitude: -76 ° 15 ' 0.1 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: 24 in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 1603469332285424231560.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/23/20		Outfall ID No.: S-012P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 16.3 "		
		Longitude: -76 ° 14 ' 54.1 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input checked="" type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input checked="" type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input checked="" type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 16034686333911460772329.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/23/20		Outfall ID No.: S-013		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 11 "		
		Longitude: -76 ° 14 ' 45.7 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

Standing water, no flow.

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 20201023_113433.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/23/20		Outfall ID No.: S-014P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 10.8 "		
		Longitude: -76 ° 14 ' 41.7 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

Standing water, pond.

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 16034674369171861426422.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/23/20		Outfall ID No.: S-038P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 16.4 "		
		Longitude: -76 ° 14 ' 54.4 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

Unknown origin.

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

11/05/2020

Date

Photo Log

Photo No. 1: 16034687695732031055105.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/23/20		Outfall ID No.: S-TBD		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 10.5 "		
		Longitude: -76 ° 14 ' 40.9 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 16034675453091964712638.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 10/23/20		Outfall ID No.: C-015P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input checked="" type="checkbox"/> Other: Institutional		Latitude: 40 ° 2 ' 23.7 "		
		Longitude: -76 ° 16 ' 10.8 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 10/16/20		
		Amount of Previous Precipitation: .06 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

Outfall blocked with debris.

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

10/26/2020

Date

Photo Log

Photo No. 1: 20201023_092356.jpg



Photo No. 2: 20201023_092347.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-003P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 24.9 "		
		Longitude: -76 ° 15 ' 8.1 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No issues.

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/17/2020

Date

Photo Log

Photo No. 1: 16058805025441209990413.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-004P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 23.2 "		
		Longitude: -76 ° 15 ' 5.7 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No issues.

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/17/2020

Date

Photo Log

Photo No. 1: 16058806308701282272695.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-005P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 23.1 "		
		Longitude: -76 ° 15 ' 5.6 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Circular <input checked="" type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: 18 in	<input checked="" type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.

Charles Hayes

Signature

12/17/2020

Date

Photo Log

Photo No. 1: 16058807957141942225634.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-006P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 22 "		
		Longitude: -76 ° 15 ' 4.7 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: 24 in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No issues, partially submerged in water

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/17/2020

Date

Photo Log

Photo No. 1: 1605881045082155602747.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-015P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 4.3 "		
		Longitude: -76 ° 14 ' 38.1 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Charles Hayes		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

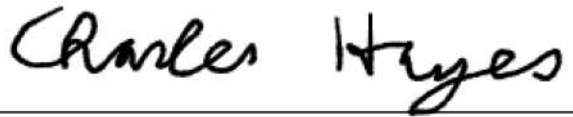
Were sample(s) collected of the dry weather flow? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, No. Samples: _____)					
FIELD / LABORATORY ANALYSIS					
PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		
Indicate the parameters above that were analyzed by a DEP-certified laboratory:					
ILLICIT DISCHARGES					
Is the dry weather flow an illicit discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, describe efforts made to determine the source(s) of the illicit discharge.					
Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.					
Inspector Comments: Pipe rusted out					
RESPONSIBLE OFFICIAL CERTIFICATION					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).					
Charles Hayes					
Responsible Official Name			Signature		
(717)393-1567			12/28/2020		
Telephone No.			Date		

Photo Log

Photo No. 1: 1605888467388723235592.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-016P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 2.4 "		
		Longitude: -76 ° 14 ' 36.7 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No issues

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/28/2020

Date



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-021P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 16.6 "		
		Longitude: -76 ° 14 ' 19.5 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Charles Hayes		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.

Charles Hayes

Signature

12/28/2020

Date



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-022P		
Land Use in Outfall Drainage Area (Select All): <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 19.3 "		
		Longitude: -76 ° 14 ' 13.1 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input checked="" type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input checked="" type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No issues, inspected at upstream headwall, start of flowpath.

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.

Charles Hayes

Signature

12/28/2020

Date

Photo Log

Photo No. 1: 1605887802485211004331.jpg



Photo No. 2: 16058878283451045646105.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-023P		
Land Use in Outfall Drainage Area (Select All): <input checked="" type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 18.1 "		
		Longitude: -76 ° 14 ' 1.3 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Charles Hayes		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: 18.0 in	<input checked="" type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

Good

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/28/2020

Date



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-024P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 14.2 "		
		Longitude: -76 ° 13 ' 59 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No issues

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.

Charles Hayes

Signature

12/28/2020

Date

Photo Log

Photo No. 1: 16058873693331489792294.jpg



Photo No. 2: 16058873848401730587660.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-025P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 17 "		
		Longitude: -76 ° 14 ' 0.5 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Charles Hayes		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

Good

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/28/2020

Date

Photo Log

Photo No. 1: 16058874307551839012140.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-026P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 14.8 "		
		Longitude: -76 ° 14 ' 30.5 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

Sediment at opening.

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/28/2020

Date

Photo Log

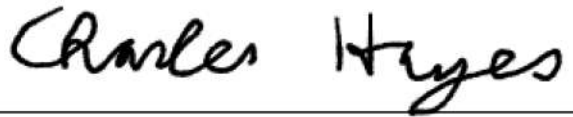
Photo No. 1: 16058836302331860064127.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-027P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 16.4 "		
		Longitude: -76 ° 14 ' 36.1 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
Inspector Name(s): Charles Hayes		Amount of Previous Precipitation: .12 in		
		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No				
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, No. Samples: _____)					
FIELD / LABORATORY ANALYSIS					
PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		
Indicate the parameters above that were analyzed by a DEP-certified laboratory:					
ILLICIT DISCHARGES					
Is the dry weather flow an illicit discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, describe efforts made to determine the source(s) of the illicit discharge.					
Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.					
Inspector Comments: ok					
RESPONSIBLE OFFICIAL CERTIFICATION					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).					
Charles Hayes					
Responsible Official Name			Signature		
(717)393-1567			12/28/2020		
Telephone No.			Date		



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-028P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 24.8 "		
		Longitude: -76 ° 14 ' 50 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Charles Hayes		Were Photographs Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Are Photographs Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

Good

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/28/2020

Date

Photo Log

Photo No. 1: 16058838679661557655250.jpg





MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-029P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 16.6 "		
		Longitude: -76 ° 14 ' 41.9 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Charles Hayes		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

Sediment at outlet

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.

Charles Hayes

Signature

12/28/2020

Date



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-030P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 16.4 "		
		Longitude: -76 ° 14 ' 44.6 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No issues

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/28/2020

Date



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-031P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 22.1 "		
		Longitude: -76 ° 15 ' 2.9 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Charles Hayes		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: 30 in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

All good

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/17/2020

Date



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-031P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 22.1 "		
		Longitude: -76 ° 15 ' 2.9 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Charles Hayes		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: 30 in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

All good

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/17/2020

Date



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-032N		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input checked="" type="checkbox"/> Open Space <input checked="" type="checkbox"/> Other: Agriculture		Latitude: 40 ° 2 ' 59.3 "		
		Longitude: -76 ° 13 ' 36.6 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Charles Hayes		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input checked="" type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/28/2020

Date

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

RESPONSIBLE OFFICIAL CERTIFICATION

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Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/28/2020

Date



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-034N		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input checked="" type="checkbox"/> Other: Agricultural		Latitude: 40 ° 2 ' 58.8 "		
		Longitude: -76 ° 13 ' 36.3 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
Inspector Name(s): Charles Hayes		Amount of Previous Precipitation: .12 in		
		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No				
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/28/2020

Date



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-035N		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input checked="" type="checkbox"/> Other: Agriculture		Latitude: 40 ° 2 ' 58.9 "		
		Longitude: -76 ° 13 ' 36.1 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
Inspector Name(s): Charles Hayes		Amount of Previous Precipitation: .12 in		
		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No				
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/28/2020

Date

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/28/2020

Date



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-037P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input checked="" type="checkbox"/> Open Space <input checked="" type="checkbox"/> Other: Agricultural		Latitude: 40 ° 3 ' 9.1 "		
		Longitude: -76 ° 13 ' 40.7 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: 18.0 in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

RESPONSIBLE OFFICIAL CERTIFICATION

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Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.

Charles Hayes

Signature

12/28/2020

Date



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-018P Obv (Observation Point)		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 2.5 "		
		Longitude: -76 ° 14 ' 36.3 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Alexander Wasilewski		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

No issues partially submerged

RESPONSIBLE OFFICIAL CERTIFICATION

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

Charles Hayes

Responsible Official Name

(717)393-1567

Telephone No.



Signature

12/28/2020

Date



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 11/20/20		Outfall ID No.: S-001P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 37.2 "		
		Longitude: -76 ° 15 ' 19.9 "		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: 11/15/20		
		Amount of Previous Precipitation: .12 in		
Inspector Name(s): Charles Hayes		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input checked="" type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

Ok

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature


06/18/2021

Date



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 12/31/20		Outfall ID No.: S-031P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 22.1 "		
		Longitude: -76 ° 15 ' 2.9 "		
		Dry Weather Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Date of Previous Precipitation: 12/31/20		
Inspector Name(s): Charles Hayes		Amount of Previous Precipitation: .22 in		
		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No				
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input checked="" type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: 30 in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, No. Samples: _____)					
FIELD / LABORATORY ANALYSIS					
PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		
Indicate the parameters above that were analyzed by a DEP-certified laboratory:					
ILLCIT DISCHARGES					
Is the dry weather flow an illicit discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, describe efforts made to determine the source(s) of the illicit discharge.					
Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.					
Inspector Comments: Ph 8.5 Temperature 54.1 F Phosphate 7 ppm Nitrate 10 ppm Nitrite 0 ppm Chlorine total/free 0/0 ppm Ammonia 0 ppm					
RESPONSIBLE OFFICIAL CERTIFICATION					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).					
Alexander Wasilewski					
Responsible Official Name					
(717)393-1567			06/18/2021		
Telephone No.			Date		



MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: EAST LAMPETER TOWNSHIP		NPDES Permit No.: PA G133541		
Date of Inspection: 12/31/20		Outfall ID No.: S-024P		
Land Use in Outfall Drainage Area (Select All): <input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential <input type="checkbox"/> Open Space <input type="checkbox"/> Other:		Latitude: 40 ° 3 ' 14.2 "		
		Longitude: -76 ° 13 ' 59 "		
		Dry Weather Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Date of Previous Precipitation: 12/31/20		
		Amount of Previous Precipitation: in		
Inspector Name(s): Charles Hayes		Were Photographs Taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Are Photographs Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OUTFALL DESCRIPTION				
TYPE	MATERIAL	SHAPE	DIMENSIONS	SUBMERGED
<input type="checkbox"/> Closed Pipe	<input type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input type="checkbox"/> HDPE <input type="checkbox"/> Steel <input type="checkbox"/> Other	<input type="checkbox"/> Circular <input type="checkbox"/> Single <input type="checkbox"/> Elliptical <input type="checkbox"/> Double <input type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: _____ in	<input type="checkbox"/> In Water <input type="checkbox"/> With Sediment:
<input type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: _____ in Top Width: _____ in Bottom Width: _____	
Dry Weather Flow Present at Outfall During Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, skip to Certification Section)				
Description of Flow Rate <input type="checkbox"/> Trickle <input type="checkbox"/> Moderate <input type="checkbox"/> Significant <input checked="" type="checkbox"/> N/A				
DRY WEATHER FLOW EVALUATION				
Does the dry weather flow contain color? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain an odor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Is there an observed change in the receiving waters as a result of the discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				
Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a description below.				

Were sample(s) collected of the dry weather flow? ☐ Yes ☐ No (If Yes, No. Samples: _____)

FIELD / LABORATORY ANALYSIS

PARAMETER	RESULTS	UNITS	PARAMETER	RESULTS	UNITS
Flow Rate		GPM	Fecal Coliform		No./100 mL
pH		S.U.	COD		mg/L
Total Residual Chlorine (TRC)		mg/L	BOD5		mg/L
Conductivity		µmhos/cm	TSS		mg/L
Ammonia-Nitrogen		mg/L	TDS		mg/L
Other: _____			Oil and Grease		mg/L
Other: _____			Other: _____		

Indicate the parameters above that were analyzed by a DEP-certified laboratory:

ILLICIT DISCHARGES

Is the dry weather flow an illicit discharge? ☐ Yes ☐ No

If Yes, describe efforts made to determine the source(s) of the illicit discharge.

Describe corrective actions taken by the permittee in response to the finding of an illicit discharge.

Inspector Comments:

Ph 8.1 Temperature 55.4 F Phosphate 5 ppm Nitrate 5 ppm Nitrite 0 ppm Chlorine total/free 0/0 ppm Ammonia 0 ppm

RESPONSIBLE OFFICIAL CERTIFICATION

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

Alexander Wasilewski

Responsible Official Name

(717)393-1567

Telephone No.

Signature

06/18/2021

Date

MCM 3 IDDE Event Log					
Log Date	ID_1	Event_Type	Level	Status	Notes
8/28/2020	Waterford Dr	Acute	NA	Closed	Dumping landscape waste in floodplain
9/26/2020	LHE	Acute	NA	Closed	spill response-no discharge
10/3/2020	Waterford Dr	Acute	NA	Closed	Dumping to private BMP
10/5/2020	N Ronks Rd	Acute	NA	Closed	spill response-no discharge
10/5/2020	CreekHill/Hatman Sta	Acute	NA	Closed	spill response-no discharge
10/10/2020	S Cherry Lane & Rt 30	Acute	NA	Closed	spill response-no discharge
10/25/2020	S. Willowdale Dr	Acute	NA	Closed	Sanitary overflow, no WOTUS or MS4 impact
10/26/2020	N Ronks Rd	Acute	NA	Closed	spill response-no discharge
11/15/2020	LHE	Acute	NA	Closed	spill response-no discharge
11/17/2020	LHE	Acute	NA	Closed	spill response-no discharge
11/24/2020	Rt. 30 & 896	Acute	NA	Closed	spill response-no discharge
12/4/2020	Rt. 30 & Millcreek	Acute	NA	Closed	spill response-no discharge
12/16/2020	Rt. 30	Acute	NA	Closed	LanCo Hazmat response
1/20/2021	R. 340	Acute	NA	Closed	Sanitary overflow -PennDOT
1/22/2021	William Penn Way	Chronic	NA	Closed	Dry weather flow through MS4. Field tracing and sewer camera determined spring flow through the MS4.
2/16/2021	Rt. 30	NA	NA	Closed	Deceased livestock in fire pond, not
2/24/2021	Hartman Bridge Rd	Acute	NA	Closed	spill response-no discharge
3/22/2021	Millcreek Rd	Acute	NA	Closed	spill response-no discharge
3/23/2021	Hartman Station Rd	Acute	NA	Closed	spill response-no discharge
4/10/2021	Rt. 30	Acute	NA	Closed	spill response-no discharge
4/23/2021	Rt. 340	Acute	NA	Closed	spill response-no discharge
4/30/2021	Horseshoe Rd	Acute	NA	Closed	spill response-no discharge
5/25/2021	Millcross Rd	Acute	NA	Closed	Sanitary overflow to Conestoga River.
5/27/2021	Greenfield	Acute	NA	Closed	Private owner- MS4, no discharge,
5/27/2021	Jarvis Rd	NA	NA	Closed	Resident concern, no MS4 or IDDE.