

# **MS-4 STATUS REPORT**

**POCONO TOWNSHIP  
MONROE COUNTY, PA**

**JULY 1, 2019 TO JUNE 30, 2020**

Project No. 1630022

**Prepared For:**

Pocono Township  
112 Township Drive  
Tannersville, PA 18372

Prepared By:



**Boucher & James, Inc.**  
CONSULTING ENGINEERS

***Corporate Headquarters***  
1456 Ferry Road, Building 500  
Doylestown, PA 18901  
215.345.9400

***Regional Office***  
2756 Rimrock Drive  
Stroudsburg, PA 18360  
570.629.0300

***Regional Office***  
559 Main Street, Suite 230  
Bethlehem, PA 18018  
610.419.9407



## ANNUAL MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) STATUS REPORT

**FOR THE PERIOD JULY 1, 2019 TO JUNE 30, 2020**

GENERAL INFORMATION					
Permittee Name:	Pocono Township	NPDES Permit No.:	PAI132270		
Mailing Address:	112 Township Drive	Effective Date:	12/01/2018		
City, State, Zip:	Tannersville, PA 18372	Expiration Date:	11/30/2023		
MS4 Contact Person:	Taylor Munoz	Renewal Due Date:	12/1/2023		
Title:	Township Manager	Municipality:	Pocono Township		
Phone:	(570)629-1922	County:	Monroe		
Email:	tmunoz@poconopa.gov				
Co-Permittees (if applicable):					
Appendix(ces) that permittee is subject to (select all that apply):					
<input type="checkbox"/> Appendix A <input checked="" type="checkbox"/> Appendix B <input type="checkbox"/> Appendix C <input type="checkbox"/> Appendix D <input checked="" type="checkbox"/> Appendix E <input type="checkbox"/> Appendix F					
WATER QUALITY INFORMATION					
Are there any discharges to waters within the Chesapeake Bay Watershed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Identify all surface waters that receive stormwater discharges from the permittee's MS4 and provide the requested information (see instructions).					
Receiving Water Name	Ch. 93 Class.	Impaired?	Cause(s)	TMDL?	WLA?
UNT to Broadhead Creek	HQ-CWF	Yes	Organic Enrichment/ Low D.O.; Suspended Solids	n/a	n/a
Brodhead Creek	HQ-CWF, TSF	Yes	Pathogens	n/a	n/a
McMichael Creek	HQ-CWF	Yes	Pathogens	n/a	n/a

### GENERAL MINIMUM CONTROL MEASURE (MCM) INFORMATION

Have you completed all MCM activities required by the permit for this reporting period? ☒ Yes ☐ No

List the current entity responsible for implementing each MCM of your SWMP, along with contact name and phone number.

MCM	Entity Responsible	Contact Name	Phone
#1 Public Education and Outreach on Storm Water Impacts	Pocono Township	Taylor Munoz	570-629-1922
#2 Public Involvement/Participation	Pocono Township	Taylor Munoz	570-629-1922
#3 Illicit Discharge Detection and Elimination (IDD&E)	Pocono Township	Taylor Munoz	570-629-1922
#4 Construction Site Storm Water Runoff Control	Pocono Township	Taylor Munoz	570-629-1922
#5 Post-Construction Storm Water Management in New Development and Redevelopment	Pocono Township	Taylor Munoz	570-629-1922
#6 Pollution Prevention / Good Housekeeping	Pocono Township	Taylor Munoz	570-629-1922

### MCM #1 – PUBLIC EDUCATION AND OUTREACH ON STORM WATER IMPACTS

#### BMP #1: Develop, implement and maintain a written Public Education and Outreach Program.

- For new permittees only, has the written PEOP been developed and implemented within the first year of permit coverage?  
☒ Yes ☐ No
- Date of latest annual review of PEOP: 06/30/2020 Were updates made? ☒ Yes ☐ No
- What were the plans and goals for public education and outreach for the reporting period?

1. Develop a "Municipal Stormwater" tab on the Township website for distribution of and access to stormwater related material.

2. Distribute stormwater related material through the new "Municipal Stormwater (MS-4)" tab on the Township website, and through Facebook, the monthly newsletter, and pamphlets in the Municipal Building lobby.

4. Did the MS4 achieve its goal(s) for the PEOP during the reporting period? ☒ Yes ☐ No

5. Identify specific plans and goals for public education and outreach for the upcoming year:

Continue to distribute stormwater related material through the new "Municipal Stormwater (MS-4)" tab on the Township website and the monthly newsletter and begin distribution through Facebook and pamphlets placed in the Municipal Building lobby.

#### BMP #2: Develop and maintain lists of target audience groups present within the areas served by your MS4.

- For new permittees only, have the target audience lists been developed and implemented within the first year of permit coverage?  
☒ Yes ☐ No
- Date of latest annual review of target audience lists: 06/30/2020 Were updates made? ☒ Yes ☐ No

#### BMP #3: Annually publish at least one educational item on your Stormwater Management Program.

- For new permittees only, were stormwater educational and informational items produced and published in print and/or on the Internet within the first year of permit coverage?  
☒ Yes ☐ No

2. Date of latest annual review of educational materials: 06/30/2020 Were updates made? ☒ Yes ☐ No
3. Do you have a municipal website? ☒ Yes ☐ No  
(URL: <https://www.poconopa.gov/>)

If Yes, what MS4-related material does it contain? "Municipal Storm Water (MS4)"

4. Describe any other method(s) used during the reporting period to provide information on stormwater to the public:  
"What is MS-4?"- Pocono Township Email Newsletter
5. Identify specific plans for the publication of stormwater materials for the upcoming year:  
Distribute stormwater related material through the new "Municipal Stormwater" tab/link on the Township website, and through Facebook, the monthly newsletter, and pamphlets in the Municipal Building lobby.

**BMP #4: Distribute stormwater educational materials to the target audiences.**

Identify the two additional methods of distributing stormwater educational materials during the previous reporting period (e.g., displays, posters, signs, pamphlets, booklets, brochures, radio, local cable TV, newspaper articles, other advertisements, bill stuffers, posters, presentations, conferences, meetings, fact sheets, giveaways, or storm drain stenciling).

None at this time. Target June 2021.

**MCM #1 Comments:**

Continue to distribute stormwater related material through the new "Municipal Stormwater" tab/link on the Township website, and through Facebook, the monthly newsletter, and pamphlets in the Municipal Building lobby.

**MCM #2 – PUBLIC INVOLVEMENT/PARTICIPATION**

**BMP #1: Develop, implement and maintain a written Public Involvement and Participation Program (PIPP)**

1. For new permittees only, was the PIPP developed and implemented within one year of permit coverage?  
☒ Yes ☐ No
2. Date of latest annual review of PIPP: 6/30/2020 Were updates made? ☒ Yes ☐ No

**BMP #2: Advertise to the public and solicit public input on ordinances, SOPs, Pollutant Reduction Plans (PRPs) (if applicable) and TMDL Plans (if applicable), including modifications thereto, prior to adoption or submission to DEP:**

1. Was an MS4-related ordinance, SOP, PRP or TMDL Plan developed during the reporting period? ☐ Yes ☒ No
2. If Yes, describe how you advertised the draft document(s) and how you provided opportunities for public review, input and feedback:
3. If an ordinance, SOP or plan was developed or amended during the reporting period, provide the following information:

Ordinance / SOP / Plan Name	Date of Public Notice	Date of Public Hearing	Date Enacted or Submitted to DEP



**BMP #3: Regularly solicit public involvement and participation from the target audience groups using available distribution and outreach methods.**

1. At least one public meeting or other MS4 event must be held during the 5-year permit coverage period to solicit participation and feedback from target audience groups. Was this meeting or event held during the reporting period?

☐ Yes ☒ No

If Yes, Date of Meeting or Event:

2. Report instances of cooperation and participation in MS4 activities; presentations the permittee made to local watershed and conservation organizations; and similar instances of participation or coordination with organizations in the community.

The Township is interested in working with the Brodhead Watershed Association and will coordinate with them by June 2021.

3. Report activities in which members of the public assisted or participated in the meetings and in the implementation of the SWMP, including education activities or efforts such as cleanups, monitoring, storm drain stenciling, or others.

2019 Fall Cleanup - 09/27/2019 and 9/28/2019 advertised on Facebook

Spring Cleanup - 06/04/2020, 6/5/2020, and 6/6/2020 advertised on Facebook, the Township Website, and through the monthly newsletter.

**MCM #2 Comments:**

PIPP to continue to be implemented.

**MCM #3 – ILLICIT DISCHARGE DETECTION AND ELIMINATION (IDD&E)**

**BMP #1: Develop and implement a written program for the detection, elimination, and prevention of illicit discharges into the regulated small MS4.**

1. For new permittees only, was the written IDD&E program developed within one year of permit coverage?

☒ Yes ☐ No

2. Date of latest annual review of IDD&E program: June 30, 2020

Were updates made? ☒ Yes ☐ No

**BMP #2: Develop and maintain map(s) that show permittee and urbanized area boundaries, the location of all outfalls and, if applicable, observation points, and the locations and names of all surface waters that receive discharges from those outfalls. Outfalls and observation points shall be numbered on the map(s).**

1. Have you completed a map(s) that includes all components of BMP #2? ☒ Yes ☐ No

If Yes and you are a new permittee and have not submitted the map(s) previously, attach the map(s) to this report.

If No, date by which permittee expects map(s) to be completed:

2. Date of last update or revision to map(s): 9/5/17

3. Total No. of Outfalls in MS4: 0 Total No. of Outfalls Mapped: 0

4. Total No. of Observation Points: 66 Total No. of Observation Points Mapped: 66

5. During the reporting period, have you identified any existing outfalls that have not been previously reported to DEP in an NOI, application or annual report, or are any new MS4 outfalls proposed for the next reporting period?

☐ Yes ☒ No

If Yes, select: ☐ Existing Outfall(s) Identified ☐ New Outfall(s) Proposed

**BMP #3:** In conjunction with the map(s) created under BMP #2 (either on the same map or on a different map), the permittee shall develop and maintain map(s) that show the entire storm sewer collection system within the permittee's jurisdiction that are owned or operated by the permittee (including roads, inlets, piping, swales, catch basins, channels, and any other components of the storm sewer collection system), including privately-owned components of the collection system where conveyances or BMPs on private property receive stormwater flows from upstream publicly-owned components.

1. Have you completed a map(s) that includes all components of BMP #3? ☒ Yes ☐ No

If Yes and you are a new permittee and have not submitted the map(s) previously, attach the map(s) to this report.

If No, date by which permittee expects map(s) to be completed:

2. If Yes to #1, is the map(s) on the same map(s) as for outfalls and receiving waters? ☒ Yes ☐ No

3. Date of last update or revision to map(s): 9/5/17

**BMP #4:** Conduct dry weather screenings of MS4 outfalls to evaluate the presence of illicit discharges. If any illicit discharges are present, the permittee shall identify the source(s) and take appropriate actions to remove or correct any illicit discharges. The permittee shall also respond to reports received from the public or other agencies of suspected or confirmed illicit discharges associated with the storm sewer system, as well as take enforcement action as necessary. The permittee shall immediately report to DEP illicit discharges that would endanger users downstream from the discharge, or would otherwise result in pollution or create a danger of pollution or would damage property.

For new permittees, all identified outfalls (and if applicable observation points) must be screened during dry weather at least twice within the 5-year period following permit coverage. For existing permittees, all identified outfalls (and if applicable observation points) must be screen during dry weather at least once within the 5-year period following permit coverage and, for areas where past problems have been reported or known sources of dry weather flows occur on a continual basis, outfalls must be screened annually during each year of permit coverage.

1. How many unique outfalls (and if applicable observation points) were screened during the reporting period?
2. Indicate the percentage of all outfalls screened in the past five years.
3. Indicate the percent of outfalls screened during the reporting period that revealed dry weather flows:
4. Did any dry weather flows reveal color, turbidity, sheen, odor, floating or submerged solids? ☐ Yes ☒ No
5. If Yes for #4, attach all sample results to this report with a map identifying the sample location. Explain the corrective action(s) taken in the attachment.
6. Do you use the MS4 Outfall Field Screening Report form (3800-FM-BCW0521) provided in the permit?  
☒ Yes ☐ No

If No, attach a copy of your screening report form.

**BMP #5:** Enact a Stormwater Management Ordinance or SOP to implement and enforce a stormwater management program that includes prohibition of non-stormwater discharges to the regulated small MS4.

1. Do you have an ordinance (municipal) or SOP or other mechanism (non-municipal) that prohibits non-stormwater discharges? ☒ Yes ☐ No  
If Yes, indicate the date of the ordinance or SOP: 6/6/1982
2. If Yes to #1, is the ordinance or SOP consistent with DEP's 2022 Model Stormwater Management Ordinance (3800-PM-BCW0100j) with respect to authorized non-stormwater discharges? ☐ Yes ☒ No

If Yes to #2 and the ordinance or SOP has not been submitted to DEP previously, attach the ordinance or SOP.

3. Were there any violations of the ordinance or SOP during the reporting period? ☒ Yes ☐ No

If Yes to #3, complete the table below (attach additional sheets as necessary).

Violation Date	Nature of Violation	Responsible Party
01/2020	Wash water leaving auto wash garage and spilling through site and into adjacent Pocono Creek. The project site was designed for overflow to leave the facility, enter the storm sewer and underground stormwater management system, and ultimately discharge into a swale leading to Pocono Creek. This design allows for the filtration and settling of the soap and sediment from the wash water prior to it discharging into Pocono Creek.	Shinetime Autowash

4. Did you approve any waiver or variance during the reporting period that allowed an exception to non-stormwater discharge provisions of an ordinance or SOP? ☐ Yes ☒ No

If Yes to #4, identify the entity that received the waiver or variance and the type of non-stormwater discharge approved.

**BMP #6: Provide educational outreach to public employees, business owners and employees, property owners, the general public and elected officials (i.e., target audiences) about the program to detect and eliminate illicit discharges.**

1. Was IDD&E-related information distributed to public employees, businesses, and the general public during the reporting period? ☐ Yes ☒ No

If Yes, what was distributed?

2. Is there a well-publicized method for employees, businesses and the public to report stormwater pollution incidents?  
☐ Yes ☒ No

3. Do you maintain documentation of all responses, action taken, and the time required to take action? ☒ Yes ☐ No

**MCM #3 Comments:**

The IDD&E was developed for implementation.

**MCM #4 – CONSTRUCTION SITE STORMWATER RUNOFF CONTROL**

Are you relying on PA's statewide program for stormwater associated with construction activities to satisfy this MCM?

☒ Yes ☐ No

(If Yes, respond to questions for BMP Nos. 1, 2 and 3 only in this section. If No, respond to questions for all BMPs in this section)

**BMP #1: The permittee may not issue a building or other permit or final approval to those proposing or conducting earth disturbance activities requiring an NPDES permit unless the party proposing the earth disturbance has valid NPDES Permit coverage (i.e., not expired) under 25 Pa. Code Chapter 102.**

During the reporting period, did you comply with 25 Pa. Code § 102.43 (relating to withholding building or other permits or approvals until DEP or a county conservation district (CCD) has approved NPDES permit coverage)?

☒ Yes ☐ No ☐ Not Applicable (no building permit applications received)

**BMP #2: A municipality or county which issues building or other permits shall notify DEP or the applicable CCD within 5 days of the receipt of an application for a permit involving an earth disturbance activity consisting of one acre or more, in accordance with 25 Pa. Code § 102.42.**

During the reporting period, did you comply with 25 Pa. Code § 102.42 (relating to notifying DEP/CCD within 5 days of receiving an application involving an earth disturbance activity of one acre or more)?

☒ Yes ☐ No ☐ Not Applicable (no building permit applications received)

**BMP #3: Enact, implement and enforce an ordinance or SOP to require the implementation and maintenance of E&S control BMPs, including sanctions for non-compliance, as applicable.**

1. Do you have an ordinance (municipal) or SOP or other mechanism (non-municipal) that requires implementation and maintenance of E&S control BMPs? ☒ Yes ☐ No Refer to attached Section 365-15 Erosion and Sedimentation Control requirements.

If Yes, indicate the date of the ordinance or SOP: 11-21-2016

2. If Yes to #1, is the ordinance or SOP consistent with DEP's 2022 Model Stormwater Management Ordinance (3800-PM-BCW0100j)? ☒ Yes ☐ No Provided with Year 1 Status Report

3. If Yes to #2 and the ordinance or SOP has not been submitted previously, attach a copy of the ordinance or SOP.

**BMP #4: Review Erosion and Sediment (E&S) control plans to ensure that such plans adequately consider water quality impacts and meet regulatory requirements.**

Specify the number of E&S Plans you reviewed during the reporting period:

**BMP #5: Conduct inspections regarding installation and maintenance of E&S control measures during earth disturbance activities. Maintain records of site inspections, including dates and inspection results, in accordance with the record retention requirements in this permit.**

Specify the number of E&S inspections you completed during the reporting period:

**BMP #6: Conduct enforcement when installation and maintenance of E&S control measures during earth disturbance activities does not comply with permit and/or regulatory requirements.**

Specify the number of enforcement actions you took during the reporting period for improper E&S:

**BMP #7: Develop and implement requirements for construction site operators to control waste at construction sites that may cause adverse impacts to water quality. The permittee shall provide education on these requirements to construction site operators.**

Specify the method(s) by which you are educating construction site operators on controlling waste at construction sites:

N/A

**BMP #8: Develop and implement procedures for the receipt and consideration of public inquiries, concerns, and information submitted by the public to the permittee regarding local construction activities.**

1. A tracking system has been established for receipt of public inquiries and complaints. ☐ Yes ☐ No

2. Specify the number of inquiries and complaints received during the reporting period:

**MCM #4 Comments:**

The current stormwater management ordinance will be reviewed and updated for consistency with the 2022 model ordinance by 2022.

**MCM #5 – POST-CONSTRUCTION STORM WATER MANAGEMENT IN NEW DEVELOPMENT AND REDEVELOPMENT**

**BMP #1: Enact, implement and enforce an ordinance or SOP to require post-construction stormwater management from new development and redevelopment projects, including sanctions for non-compliance.**

1. Do you have an ordinance (municipal) or SOP or other mechanism (non-municipal) that requires implementation and maintenance of post-construction stormwater management (PCSM) BMPs? ☒ Yes ☐ No

If Yes, indicate the date of the ordinance or SOP: 3/2/2009

2. If Yes to #1, is the ordinance or SOP consistent with DEP's 2022 Model Stormwater Management Ordinance (3800-PM-BCW0100j)? ☒ Yes ☐ No Provided with Year 1 Status Report

1. If Yes to #2 and the ordinance or SOP has not been submitted previously, attach a copy of the ordinance or SOP.

**BMP #2: Develop and implement measures to encourage and expand the use of Low Impact Development (LID) in new development and redevelopment. Measures should also be included to encourage retrofitting LID into existing development. Enact ordinances consistent with LID practices and repeal sections of ordinances that conflict with LID practices.**

1. Do you have an ordinance (municipal) or SOP or other mechanism (non-municipal) that encourages and expands the use of LID in new development and redevelopment? ☐ Yes ☒ No

If Yes, indicate the date of the ordinance or SOP:

2. If Yes to #1, is the ordinance or SOP consistent with DEP's 2022 Model Stormwater Management Ordinance (3800-PM-BCW0100j)? ☐ Yes ☐ No

3. If Yes to #2 and the ordinance or SOP has not been submitted previously, attach a copy of the ordinance or SOP.

**BMP #3: Ensure adequate O&M of all post-construction stormwater management BMPs that have been installed at development or redevelopment projects that disturb greater than or equal to one acre, including projects less than one acre that are part of a larger common plan of development or sale.**

1. Do you have an inventory of all PCSM BMPs that were installed to meet requirements in NPDES Permits for Stormwater Discharges Associated with Construction Activities approved since March 10, 2003? ☐ Yes ☒ No

If Yes to #1, complete Table 1 on the next page. No PCSM BMPs exist within the MS-4 area.

2. Has proper O&M occurred during the reporting period for all PCSM BMPs? ☐ Yes ☐ No

3. If No to #2, explain what action(s) the permittee has taken or plans to take to ensure proper O&M.

*If you are relying on PA's statewide program for stormwater associated with construction activities, you may skip to MCM #6, otherwise complete all questions for BMPs #4 - #6 in this section.*

**BMP #4: Require the implementation of a combination of structural and/or non-structural BMPs that are appropriate to the local community, that minimize water quality impacts, and that are designed to maintain pre-development runoff conditions.**

1. Specify the number of PCSM Plans reviewed during the reporting period for projects disturbing greater than or equal to one acre (including projects less than one acre that are part of a larger common plan of development or sale):

2. Has a tracking system been established and maintained to record qualifying projects and their associated BMPs?

☐ Yes ☐ No

**PCSM BMP INVENTORY**

**Table 1.** To complete the information needed for MCM #5, BMP #3, list all existing structural BMPs that discharge stormwater to the permittee's MS4 that were installed to satisfy PCSM requirements for earth disturbance activities under Chapter 102, and provide the requested information (see instructions).

BMP No.	BMP Name	DA (ac)	Entity Responsible for O&M	Latitude	Longitude	Date Installed	O&M Requirements	NPDES Permit No.
1				0 1 23	0 1 23			
2				0 1 23	0 1 23			
3				0 1 23	0 1 23			
4				0 1 23	0 1 23			
5				0 1 23	0 1 23			
6				0 1 23	0 1 23			
7				0 1 23	0 1 23			
8				0 1 23	0 1 23			
9				0 1 23	0 1 23			
10				0 1 23	0 1 23			
11				0 1 23	0 1 23			
12				0 1 23	0 1 23			
13				0 1 23	0 1 23			
14				0 1 23	0 1 23			
15				0 1 23	0 1 23			
16				0 1 23	0 1 23			

**BMP #5: Ensure that controls are installed that shall prevent or minimize water quality impacts. The permittee shall inspect all qualifying development or redevelopment projects during the construction phase to ensure proper installation of the approved structural PCSM BMPs. A tracking system (e.g., database, spreadsheet, or written list) shall be implemented to track the inspections conducted and to track the results of the inspections (e.g., BMPs were, or were not, installed properly).**

1. During the reporting period have you inspected all qualifying development and redevelopment projects during the construction phase to ensure proper installation of approved structural BMPs?

☐ Yes ☐ No ☐ Not Applicable (no qualifying projects during reporting period)

2. Has a tracking system been established and maintained to record results of inspections?

☐ Yes ☐ No

**BMP #6: Develop a written procedure that describes how the permittee shall address all required components of this MCM.**

Have you developed a written plan that addresses: 1) minimum requirements for use of structural and/or non-structural BMPs in plans for development and redevelopment; 2) criteria for selecting and standards for sizing stormwater BMPs; and 3) implementation of an inspection program to ensure that BMPs are properly installed? ☐ Yes ☐ No

**MCM #5 Comments:**

The current stormwater management ordinance will be reviewed and updated for consistency with the 2022 model ordinance by 2022.

**MCM #6 – POLLUTION PREVENTION / GOOD HOUSEKEEPING**

**BMP #1: Identify and document all operations that are owned or operated by the permittee and have the potential for generating pollution in stormwater runoff to the MS4. This includes activities conducted by contractors for the permittee.**

1. Have you identified all facilities and activities owned and operated by the permittee that have the potential to generate stormwater runoff into the MS4? ☒ Yes ☐ No The township public works building and other facilities have been identified. Additional facilities will be identified during the permit period. Refer to the Pocono Township MS-4 Facilities Map, dated April 29, 2020.
2. When was the inventory last reviewed? 6/30/2020
3. When was it last updated? 6/30/2020

**BMP #2: Develop, implement and maintain a written O&M program for all operations that could contribute to the discharge of pollutants from the MS4, as identified under BMP #1. This program shall address stormwater collection or conveyance systems within the regulated MS4.**

1. Have you developed a written O&M program for the operations identified in BMP #1? ☐ Yes ☒ No
2. Date of last review or update to written O&M program: N/A

**BMP #3: Develop and implement an employee training program that addresses appropriate topics to further the goal of preventing or reducing the discharge of pollutants from operations to the regulated small MS4. All relevant employees and contractors shall receive training.**

1. Have you developed an employee training program? ☒ Yes ☐ No
2. Date of last review or update to training program: 6/25/2020 Date of latest training: 6/25/2020

See attached.

4. Name(s) of training presenter(s):

See attached.

5. Names of training attendees:

See attached.

**MCM #6 Comments:**

Public works training will continue during the Year 3 reporting period and an operation and maintenance program will be discussed.

**POLLUTANT CONTROL MEASURES (PCMs)**

Indicate the status of implementing PCMs in Appendices A, B and/or C by completing the table below. Skip this section if PCMs are not applicable.

Task	Date Completed	Attached	Anticipated Completion Date
Storm Sewershed Map(s)	9/5/17	<input checked="" type="checkbox"/>	
Source Inventory		<input type="checkbox"/>	9/30/2021
Investigation of Suspected Sources		<input type="checkbox"/>	9/30/2022
Ordinance/SOP for Controlling Animal Wastes		<input type="checkbox"/>	9/30/2022

**PCM Comments:**

**POLLUTANT REDUCTION PLANS (PRPs) AND TMDL PLANS**

1. Complete this section if the development and submission of a PRP and/or TMDL Plan was required as an attachment to the latest NOI or application or was required by the permit, regardless of whether DEP has approved the plan(s).

Type of Plan	Submission Date	DEP Approval Date	Surface Waters Addressed by Plan
<input type="checkbox"/> Chesapeake Bay PRP (Appendix D)			
<input checked="" type="checkbox"/> Impaired Waters PRP (Appendix E)	06/20/18	11/20/18	Brodhead Creek
<input type="checkbox"/> TMDL Plan (Appendix F)			
<input type="checkbox"/> Combined Chesapeake Bay / Impaired Waters PRP			
<input type="checkbox"/> Combined PRP / TMDL Plan			

- ☐ Joint Plan (if checked, list the name of the MS4 group or names of all entities participating in the joint plan below)  
Joint Plan Participants:

2. Identify the pollutants of concern and pollutant load reduction requirements under the permit (see instructions).

Type of Plan	TSS Load Reduction (lbs/yr)	TP Load Reduction (lbs/yr)	TN Load Reduction (lbs/yr)
<input type="checkbox"/> Chesapeake Bay PRP (Appendix D)			



<input checked="" type="checkbox"/> Impaired Waters PRP (Appendix E)	467		
<input type="checkbox"/> TMDL Plan (Appendix F)			
<input type="checkbox"/> Combined Chesapeake Bay / Impaired Waters PRP			
<input type="checkbox"/> Combined PRP / TMDL Plan			

3. Date Final Report Demonstrating Achievement of Pollutant Load Reductions Due: 11/30/2023

4. Have any modifications to the plan(s) occurred since DEP approval? ☐ Yes ☒ No

If Yes to #4, was the updated plan(s) submitted to DEP? ☐ Yes ☐ No

If Yes to #4, did you comply with the public participation requirements of the applicable appendix? ☐ Yes ☐ No

If Yes to #4, describe the plan modifications.

5. Summary of progress achieved during reporting period.

6. Anticipated activities for next reporting period.

Investigation of potential sites for best management practices required to reduce the sediment load will be completed.

**PRP/TMDL Plan Comments:**

### NEW BMPs FOR PRP/TMDL PLAN IMPLEMENTATION

**Table 2.** List all new structural BMPs installed and ongoing non-structural BMPs implemented during the reporting period that are being used toward achieving load reductions in the permittee's PRP and/or TMDL Plan (see instructions).

BMP No.	BMP Name	DA (ac)	% Imp.	BMP Extent	Units	Latitude	Longitude	Date Installed or Implemented	Planning Area?	Ch. 102?	Annual Sediment Load Reduction (lbs/yr)
						0 1 2	0 1 2		<input type="checkbox"/>	<input type="checkbox"/>	
						0 1 2	0 1 2		<input type="checkbox"/>	<input type="checkbox"/>	
						0 1 2	0 1 2		<input type="checkbox"/>	<input type="checkbox"/>	
						0 1 2	0 1 2		<input type="checkbox"/>	<input type="checkbox"/>	
						0 1 2	0 1 2		<input type="checkbox"/>	<input type="checkbox"/>	

### BMP INVENTORY FOR PRP/TMDL PLAN IMPLEMENTATION

**Table 3.** List all existing structural BMPs that have been installed in prior reporting periods and are eligible to use toward achieving load reductions in the permittee's PRP and/or TMDL Plan (see instructions).

BMP No.	BMP Name	DA (ac)	% Imp.	BMP Extent	Units	Latitude	Longitude	Date Installed	Annual Sediment Load Reduction (lbs/yr)	Date of Latest Inspection	Satisfactory?
						0 1 2	0 1 2				<input type="checkbox"/>
						0 1 2	0 1 2				<input type="checkbox"/>
						0 1 2	0 1 2				<input type="checkbox"/>
						0 1 2	0 1 2				<input type="checkbox"/>
						0 1 2	0 1 2				<input type="checkbox"/>

### CERTIFICATION

**For PAG-13 Permittees:** I have read the latest PAG-13 General Permit issued by DEP and agree and certify that (1) the permittee continues to be eligible for coverage under the PAG-13 General Permit and (2) the permittee will continue to comply with the conditions of that permit, including any modifications thereto. I understand that if I do not agree to the terms and conditions of the PAG-13 General Permit, I will apply for an individual permit within 90 days of publication of the General Permit. I also acknowledge that any facility construction needed to comply with the General Permit requirements shall be designed, built, operated, and maintained in accordance with operative laws and regulations.

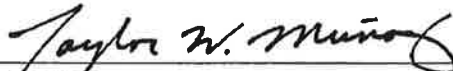
**For All Permittees:** I certify under penalty of law that this report was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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 knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Taylor Munoz

Name of Responsible Official

(570) 629-1922

Telephone No.

  
Signature

9 - 18 - 2020

Date

## **Minimum Control Measure #1**

### **Public Education and Outreach on Stormwater Impacts**

**Minimum Control Measure #1**  
**Public Education and Outreach on Stormwater Impacts**

Pocono Township  
1630022  
June 30, 2020

Communication Channels

1. Pocono Township has included a Municipal Stormwater (MS4) link under Resources on the Township website. Pocono Township will provide municipal stormwater related material for residents, homeowners, and business owners within the Township through this designated tab.
2. Pocono Township shall provide copies of educational material related to Municipal Stormwater within their Municipal Building lobby. These documents may include brochures, pamphlets, fact sheets, and/or recreational guides not only related to municipal stormwater, but also related to golfing, hiking, climbing, fishing, camping, etc.
3. Pocono Township will distribute municipal stormwater related material in the Municipal Building lobby, through social media outlets, via the Township newsletter and website, and by text/email alerts.
4. A list of distributed public educational materials will be provided with each yearly report.

Proof of the Municipal Stormwater documents distributed via the Township's website and newsletter, within the Municipal Building's lobby, through social media, and by text/email alerts will be provided with each annual MS-4 report. The above items shall be completed prior to June 30<sup>th</sup> of each year.

Target Audience

The target audience includes all residents, homeowners, and business owners that have signed up for and/or have access to the Municipal Building lobby, the Township website and newsletter, social media, and email/text alerts.

Information Sources and Distribution

1. Pocono Township Website – [www.poconopa.gov](http://www.poconopa.gov)
2. Pocono Township Municipal Building lobby  
112 Township Drive, Tannersville, PA 18372
3. Pocono Township Facebook

[illegible]



# Municipal Storm Water (MS4)

Polluted stormwater runoff is quite often transported to local rivers and streams by municipal separate storm sewer systems, or MS-4's. When pollutants are deposited into nearby rivers and streams through MS-4 discharges, the pollutants can impair the waterways, and thereby result in fish kills, destruction of wildlife habitats, and contamination of drinking water and recreational waterways. In addition, sediment from yard debris and construction sites can cause stream bank erosion, vegetation destruction, and flooding.


Pocono Township's storm sewer system is an integral part of controlling stormwater runoff and reducing the occurrence of roadway flooding and property damage. However, the storm sewer system needs to remain an open and clean transport for stormwater runoff.

Pocono Township is now required by the Pennsylvania Department of Environmental Protection to provide educational materials related to stormwater pollution to its residents, business owners, and visitors. It is the hope that, through this public education, the nearby rivers and streams can be maintained in their existing condition, if not improved.

## [MS-4 Status Report](#)



### ADDRESS

 Pocono Township Municipal Building,  
112 Township Drive,  
Tannersville, Pa. 18372

### FOLLOW US ON



### WORKING HOURS



**570-629-1922** Phone  
**570-629-7325** Fax



Mon-Fri 8:00AM - 4:30PM

### SOME HELPFUL LINKS

[Budgets](#)  
[Board of Commissioners](#)  
[Permits & Documents](#)  
[Ordinances/E-Code](#)  
[Police](#)  
[Right to Know](#)  
[Tax Information](#)

### CONTACT US

Email

Message

Submit

Minimum Control Measure #2  
Public Involvement/Participation



**Melissa Prugar**

---

**From:** Pocono Township <tmunoz@poconopa.gov>  
**Sent:** Wednesday, May 13, 2020 10:28 AM  
**To:** Melissa Prugar  
**Subject:** Township Spring Cleanup - June 4-6



## Pocono Township Spring Cleanup - June 4-6

Pocono Township residents are invited to take part in this year's Spring Cleanup from Thursday, June 4 through Saturday, June 6. The cleanup will run 7:30 a.m. through 3:00 p.m. each day.

Please note the flyer below for specific information and details for each item accepted. Proof of Pocono Township residency is required.

For any further questions, please contact the Township office directly at 570-629-1922.



## 2020 SPRING CLEANUP

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June 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup>

7:30 am – 3:00 pm

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Requiring freon removal	

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**FOR RESIDENTIAL  
USERS ONLY**

### POCONO TOWNSHIP

112 Township Drive  
Tannersville PA 18372  
(570) 629-1922  
Poconopa.gov  
Thursday, June 4<sup>th</sup>  
Friday, June 5<sup>th</sup>  
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What is MS-4?

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A separate storm sewer system is a collection of structures, including retention basins, ditches, roadside inlets and underground pipes, designed to gather stormwater from built-up areas and discharge it, without treatment, into local streams. It's called a separate system because it is not connected to the sanitary sewer system which drains wastewater from inside a home to a sewage treatment facility or private septic system.

Many rural developments have stormwater management structures, not only communities that the United States Census Bureau classifies as Urbanized Areas based on population density, are required to become part of the MS-4 program. Urbanized Areas contain plenty of commercial and residential development which produce large amounts of stormwater runoff. Large institutions, like college campuses and hospital complexes, are also part of the MS-4 program because they also contain the type of dense development that produces concentrated stormwater flows. Finally, PennDOT and the Pennsylvania Turnpike Commission are in the MS-4 program because of the many separate storm sewer systems they maintain along roads and highways.

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The authorization that MS-4 communities get from PADEP to legally discharge stormwater into local streams is called a NPDES permit, which stands for National Pollution Discharge Elimination System. These particular NPDES permits are also commonly called MS-4 Permits. To meet the terms of the NPDES Permit, the Township needs to develop what is called a Stormwater Management Program (SWMP). Communities that discharge into any water that PADEP identifies as impaired are also required to develop a Pollutant Reduction Plan (PRP).

Because every MS-4 faces unique stormwater challenges, each management plan is unique. But every SWMP includes the same six focus areas that the EPA considers essential for success. These areas are called Minimum Control Measures (MCM) and include the following:

- MCM #1 – Public Education and Outreach
- MCM #2 – Public Participation and Involvement
- MCM #3 – Illicit Discharge Detection and Elimination
- MCM #4 – Construction Site Erosion Control
- MCM #5 – Post Construction Stormwater Management
- MCM #6 – Pollution Prevention and Good Housekeeping

Please stay tuned for further information as we unpack each of these areas in the near future. As always, if you have any further questions, please do not hesitate to reach out to the Township Office directly.



### **Savvy Citizen - Community Calendar and Notification System**

Please take a moment to sign up for Pocono Township's community notification system - Savvy Citizen. Get real-time updates of what's happening in your neighborhood by simply downloading the app or signing up online!

[Read more](#)  
[savvycitizenapp.com](http://savvycitizenapp.com)

**Pocono Township**  
**112 Township Drive**  
**Tannersville, PA**  
[www.poconopa.gov](http://www.poconopa.gov)  
570-629-1922

---

**Pocono Township** | [Website](#)



Pocono Township | 112 Township Drive, Tannersville, PA 18372

[Unsubscribe mprugar@bjengineers.com](mailto:mprugar@bjengineers.com)

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Sent by [tmunoz@poconopa.gov](mailto:tmunoz@poconopa.gov) in collaboration with

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**Minimum Control Measure #2**  
**Public Involvement and Participation**

Pocono Township  
1630022  
June 30, 2020

1. Pocono Township shall discuss Municipal Stormwater during one (1) public meeting during the 5-year permit period.

The Township Planning Commission meets on the 2<sup>nd</sup> and 4<sup>th</sup> Monday of the month and the Board of Commissioners meets on the 1<sup>st</sup> and 3<sup>rd</sup> Mondays of the month. All meetings provide an opportunity for the public to comment on Township business, including Municipal Stormwater.

Proof of the Municipal Stormwater discussions during an advertised meeting will be provided during the permit period.

2. Pocono Township will illicit participation throughout the year via social media, the Township website and newsletter, pamphlets and flyers placed in the Municipal Building lobby, and text/email alerts. A list of events involving public participants will be provided with each yearly report.
3. Each annual MS-4 Report will be provided on the Township website.

## Minimum Control Measure #2

### Public Involvement and Participation

Pocono Township  
1630022  
June 30, 2020

[illegible]



Pocono Township  
@poconotownship

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Community

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Write a comment



Pocono Township

September 26, 2019

Fall clean up starts tomorrow at 7:30 am.



## 2019 FALL CLEANUP

### Pocono Township Clean Up Days

It is that time of the year when everyone is prepping for winter. If you have bulky items taking too much room in your garage or shed, Pocono Township will be collecting them. The items will need to be brought to the township building on Friday, September 27<sup>th</sup> and Saturday, September 28<sup>th</sup> from 7:30 am to 1:00 pm.

- Proof of Pocono Township Residency required
- Limit one load per family per day
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7

Like

Comment

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Most Relevant

### PRICES

Car load	\$ 5
Small Pickup	\$10
Small SUV	\$10
Minivan	\$10
Full Size Pickup	\$20
Large SUV	\$20
Utility Van	\$20
Trailer up to 6 ft.	\$20
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Tires	\$ 5
Appliances	\$40

Requiring freon removal  
Electronics are collected  
at no charge

\*Anything larger than  
the above loads will be  
subject to a \$100 charge  
or higher.

### FOR RESIDENTIAL USERS ONLY

POCONO TOWNSHIP  
112 Township Drive  
Tannersville PA 18372  
(570) 629-1922  
PoconoPA.gov

Friday September 27<sup>th</sup>  
Saturday September 28<sup>th</sup>  
7:30 am to 1:00 pm

1 Comment 19 Shares

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112 Township Drive (29.98 mi)  
Tannersville, Pennsylvania 18372  
Get Directions

(570) 629-1922

Send Message

www.poconopa.gov

Government Organization

Hours 7:30 AM - 5:00 PM  
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Page created - March 13, 2019

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(570) 629-1922  
Poconopa.gov

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Saturday September 28<sup>th</sup>  
7:30 am to 3:00 pm**



## 2020 SPRING CLEANUP

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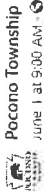
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#### POCONO TOWNSHIP

112 Township Drive  
Tannersville PA 18372  
(570) 629-1972  
poconopa.gov

Thursday, June 4<sup>th</sup>  
Friday, June 5<sup>th</sup>  
Saturday, June 6<sup>th</sup>  
7:30 am to 3:00 pm



Pocono Township  
June 1 at 9:00 AM

This coming Thursday, June 4 through Saturday, June 6 Pocono Township residents are invited to take part in this year's Spring Cleanup. The cleanup will run 7:30 a.m. through 3:00 p.m. each day.

Please note the flyer below for specific information and details for each item accepted. Proof of Pocono Township residency is required.

For any further questions, please contact the Township office directly at 570-629-1922.



3 Comments 8 Shares

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JeanAnn Uvino

what is the price for a tv or a microwave

Like Reply 3w



Pocono Township

Hello! Electronics (TVs) are collected at no charge. The microwave would be part of whatever load is being brought down - there would not be an additional charge.

Like Reply 2w

Most Relevant is selected. All other comments may have been filtered out.



Write a comment...



Published on *Pocono Township Pennsylvania* (<https://www.poconopa.gov>)

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## POCONO TOWNSHIP

### SEALED BIDS 2020

Pocono Township is accepting sealed bids for the following:

- Spring and Fall Clean Up
- Road materials
- Seal Coat
- Road Paving

Anyone interested in bidding can contact The Township at (570) 629-1922 for more information.

**Source URL:** <https://www.poconopa.gov/home/news/pocono-township-0>

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112 Township Drive, Tannersville, Pa. 18372

[570-629-1922](tel:570-629-1922)

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# SPRING CLEAN UP 2020

[← Go Back](#)

## SPRING CLEAN UP 2020

Mark your Calendars – Pocono Township Spring Cleanup, June 4-6

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[2020 Spring Cleanup](#)

### ADDRESS



Pocono Township Municipal  
Building,  
112 Township Drive,  
Tannersville, Pa. 18372

### FOLLOW US ON



### WORKING HOURS



[570-629-1922](tel:570-629-1922) Phone  
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[Permits & Documents](#)  
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[Police](#)  
[Right to Know](#)  
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Message

Submit



**Pocono Township**

...

May 13 · 🌐

Please take a moment to read Pocono Township's latest newsletter! As always, residents are encouraged to call the Township Office directly at 570-629-1922 with any questions or concerns.

?

MYEMAIL.CONSTANTCONTACT.COM

**Township Spring Cleanup - June 4-6**



4

4 Shares



Like



Comment



Share



Write a comment...



## Melissa Prugar

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- MCM #1 – Public Education and Outreach
- MCM #2 – Public Participation and Involvement
- MCM #3 – Illicit Discharge Detection and Elimination
- MCM #4 – Construction Site Erosion Control
- MCM #5 – Post Construction Stormwater Management
- MCM #6 – Pollution Prevention and Good Housekeeping

Please stay tuned for further information as we unpack each of these areas in the near future. As always, if you have any further questions, please do not hesitate to reach out to the Township Office directly.



### **Savvy Citizen - Community Calendar and Notification System**

Please take a moment to sign up for Pocono Township's community notification system - Savvy Citizen. Get real-time updates of what's happening in your neighborhood by simply downloading the app or signing up online!

[Read more](#)  
[savvycitizenapp.com](http://savvycitizenapp.com)

**Pocono Township**  
**112 Township Drive**  
**Tannersville, PA**  
[www.poconopa.gov](http://www.poconopa.gov)  
570-629-1922

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**Pocono Township** | [Website](#)



Pocono Township | 112 Township Drive, Tannersville, PA 18372

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**Minimum Control Measure #3**  
**Illicit Discharge Detention and Elimination**

**Minimum Control Measure #3**  
**Illicit Discharge Detection and Elimination**

Pocono Township  
1630022  
June 30, 2020

1. The MS-4 Mapping will be updated as needed to include any newly constructed or newly found storm sewer collection and conveyance systems, or newly constructed or newly found stormwater management facilities.
2. All identified outfalls and observation points must be screened during dry weather conditions twice during the 5-year permit period. Documentation of all screenings, findings, and action taken, if any shall be kept.
  - a. Priority areas shall be identified based upon observation at outfalls and observation points. Should any color, odor, floating solids, scum, sheen, or substances be observed at an outfall or observation point then it shall be identified as a priority area.
  - b. When any color, odor, floating solids, scum, sheen, or substances are observed, a sample of the water shall be collected for analysis.
  - c. The source of the color, odor, floating solids, scum, sheen, or substances shall be investigated and identified. Steps to eliminate the illicit discharge must be taken.
  - d. All observations, testing results, investigations, and elimination shall be documented.
3. Any reports from the public or other agencies for suspected or confirmed illicit discharges shall be responded to and any required action shall be taken. All reports of illicit discharges must be investigated, documented with response, and resolved by eliminating the illicit discharge.
4. All illicit discharges that may endanger users downstream, or may create pollution or danger of pollution or property damage shall be reported to the Pennsylvania Department of Environmental Protection. These discharges shall also be investigated and documented.
5. Identification of existing sewage disposal systems that may attribute to any observed illicit discharge shall be documented.
6. Review Stormwater Management Ordinance and update as required to include the prohibition of non-stormwater discharges within the regulated MS-4.
7. Prepare and distribute materials educating residents, property owners, business owners, and employees of illicit discharges.
8. All reports and occurrences of illicit discharges must be documented with response and action taken, if any.

Pocono Township Dry Weather Outfall Screenings

Observation Point/Outfall	Description of Discharge	Location	Near Physical Address	Accessible from Public Lands or Right-of-Way	Year 2 Observation			Year 4 Observation		
					Date	Dry Weather Flow Present	Dry Weather Flow Contain Color, Odor, Solids, Scum, Sheen	Date	Dry Weather Flow Present	Dry Weather Flow Contain Color, Odor, Solids, Scum, Sheen
002	storm sewer crossing 314	Route 314, Clubhouse Road	2282 Clubhouse Road, Henryville	Yes	May 11, 2020	X				
003	storm sewer crossing 314	Route 314, Clubhouse Road	2283 Clubhouse Road, Henryville	Yes	May 11, 2020	X				
004	stream crossing 314 (may be piped)	Route 314, Clubhouse Road	2283 Clubhouse Road, Henryville	Yes	May 11, 2020	X				
005	storm sewer crossing 314	Route 314, Clubhouse Road	2283 Clubhouse Road, Henryville	Yes	May 11, 2020					
006	storm sewer crossing Hunters Farm Road	along Hunters Farm Road	3558 PA-715 (nearest physical address @inters w/ Hunters Farm	Yes	May 11, 2020					
007	storm sewer crossing PA-715, Sylvan Cascade Road	northern side of/near intersection with PA-715 and Clubhouse Road	3437 PA-715, Henryville	Yes	May 11, 2020	X				
008	storm sewer crossing PA-715, Sylvan Cascade Road	southern side of/near intersection with PA-715 and Clubhouse Road	3424 PA-715, Henryville	Yes	May 11, 2020	X				
009	stream crossing PA-715 (may be piped), Sylvan Cascade Road	southern side of/near intersection with PA-715 and Clubhouse Road	3399 PA-715, Henryville	Yes	May 11, 2020					
010	stream crossing PA-715 (may be piped), Sylvan Cascade Road	along PA-715	3300 PA-718, Henryville	Yes	May 29, 2020	X				
011	stream crossing PA-715 (may be piped), Sylvan Cascade Road	along PA-715	3300 PA-718, Henryville	Yes	May 29, 2020	X				
012	storm sewer crossing Hallet Road	along Hallet Road	121 Hallet Road, East Stroudsburg	Yes	May 11, 2020					
013	storm sewer crossing Hallet Road	along Hallet Road	121 Hallet Road, East Stroudsburg	Yes	May 11, 2020					
014	storm sewer crossing Hallet Road	along Hallet Road	121 Hallet Road, East Stroudsburg	Yes	May 11, 2020	X				
015	storm sewer crossing Hallet Road	along Hallet Road	121 Hallet Road, East Stroudsburg	Yes	May 11, 2020	X				
016	storm sewer crossing Hallet Road	along Hallet Road	696 Hallet Road, East Stroudsburg	Yes	May 11, 2020	X				
017	storm sewer crossing Hallet Road	along Hallet Road	696 Hallet Road, East Stroudsburg	Yes	May 20, 2020	X				
018	storm sewer crossing Hallet Road	along Hallet Road	696 Hallet Road, East Stroudsburg	Yes	May 20, 2020	X				
019	storm sewer crossing Hallet Road	along Hallet Road	696 Hallet Road, East Stroudsburg	Yes	May 20, 2020	X				
020	storm sewer crossing Hallet Road	along Hallet Road	696 Hallet Road, East Stroudsburg	Yes	May 20, 2020	X				
021	storm sewer crossing Wilke Road	along Wilke Road	223 Wilke Road, Tannersville	Yes	May 29, 2020	X				
022	storm sewer crossing Wilke Road	along Wilke Road	223 Wilke Road, Tannersville	Yes	May 29, 2020	X				
023	storm sewer or swale along Wilke Road	along Wilke Road	223 Wilke Road, Tannersville	Yes	May 29, 2020					
024	storm sewer crossing Cobble Creek Drive	along Cobble Creek Drive	51 Cobble Creek Drive, Tannersville	Yes	May 29, 2020					
025	storm sewer crossing Cobble Creek Drive	along Cobble Creek Drive	51 Cobble Creek Drive, Tannersville	Yes	May 29, 2020					
026	storm sewer crossing Cobble Creek Drive	along Cobble Creek Drive	14 Cobble Creek Drive, Tannersville	Yes	May 29, 2020					
027	storm sewer crossing Cobble Creek Drive	along Cobble Creek Drive	186 Cobble Creek Drive, Tannersville	Yes	May 29, 2020					
028	storm sewer crossing Cobble Creek Drive	along Cobble Creek Drive	130 Cobble Creek Drive, Tannersville	Yes	May 29, 2020					
029	storm sewer crossing Sullivan Trail	along Sullivan Trail	1586 Sullivan Trail, Tannersville	Yes	May 29, 2020					
030	storm sewer crossing Sullivan Trail	along Sullivan Trail	1570 Sullivan Trail, Tannersville	Yes	May 29, 2020					
031	storm sewer/stream crossing Camelback Road	along Camelback Road	1399 Camelback Road	Yes	May 29, 2020	X				

Observation Point/Outfall	Description of Discharge	Location	Near Physical Address	Accessible from Public Lands or Right-of-Way	Year 2 Observation			Year 4 Observation		
					Date	Dry Weather Flow Present	Dry Weather Flow Contain Color, Odor, Solids, Scum, Sheen	Date	Dry Weather Flow Present	Dry Weather Flow Contain Color, Odor, Solids, Scum, Sheen
032	storm sewer/stream crossing Camelback Road	along Camelback Road	139 Camelback Road	Yes	May 29, 2020	X				
033	storm sewer/stream crossing Camelback Road	along Camelback Road	103 Camelback Road	Yes	June 10, 2020					
034	storm sewer/stream crossing Camelback Road	along Camelback Road	103 Camelback Road	Yes	June 10, 2020					
035	storm sewer crossing Farber Circle	along Farber Circle	45 Farber Circle	Yes	June 3, 2020					
036	storm sewer crossing Farber Circle	along Farber Circle	45 Farber Circle	Yes	June 3, 2020					
037	storm sewer crossing Farber Circle	along Farber Circle	32 Farber Circle	Yes	June 3, 2020					
038	storm sewer crossing Pin Oak Lane	along Pin Oak Lane	602 Pin Oak Lane	Yes	May 29, 2020					
039	storm sewer crossing Route 715	along PA-715 south of intersection with Salzer Way	102 Salzer Way, Henryville	Yes	May 29, 2020					
040	stream crossing Cherry Lane Church Road	Cherry Lane Church Road west of intersection with Fish Hill Road	4242 Cherry Lane Church Road, Henryville	Yes	May 29, 2020	X				
041	stream crossing Abeel Road	along Abeel Road	39 Abeel Road, East Stroudsburg	Yes	May 29, 2020	X				
042	stream crossing Bon Sher Drive	along Bon Sher Drive	120 Bon Sher Drive, Tannersville	Yes	May 29, 2020					
043	storm sewer crossing Cherry Lane Road	along Cherry Lane Road	183 Cherry Lane Road	Yes	June 5, 2020					
044	storm sewer crossing Cherry Lane Road	along Cherry Lane Road	515 Cherry Lane Road	Yes	June 5, 2020					
045	storm sewer crossing Cherry Lane Road	along Cherry Lane Road	515 Cherry Lane Road	Yes	June 5, 2020					
046	storm sewer crossing Cherry Lane Road	along Cherry Lane Road	515 Cherry Lane Road	Yes	June 5, 2020					
047	storm sewer crossing Beechwood Lane	along Beechwood Lane	2 Beechwood Lane	Yes	June 5, 2020					
048	storm sewer crossing Cherry Lane Road	along Cherry Lane Road	452 Cherry Lane Road	Yes	June 3, 2020	X				
049	storm sewer crossing Cherry Lane Road	along Cherry Lane Road	124 Cherry Lane Road	Yes	June 5, 2020	X				
050	storm sewer crossing Cranberry Road	along Cranberry Road	758 Cranberry Road	Yes	June 3, 2020					
051	storm sewer crossing Cranberry Road	along Cranberry Road	758 Cranberry Road	Yes	June 3, 2020					
052	storm sewer crossing Cranberry Road	along Cranberry Road	758 Cranberry Road	Yes	June 3, 2020					
053	Pocono Creek crossing Rimrock Drive	along Rimrock Drive	2780 Rimrock Drive	Yes	June 3, 2020	X				
054	Pocono Creek crossing Bartonsville Avenue	along Bartonsville Avenue	2975 Bartonsville Avenue	Yes	June 3, 2020	X				
055	storm sewer crossing Route 611	along Route 611	3180 Route 611	Yes	June 3, 2020	X				
056	storm sewer crossing Route 611	along Route 611	3160 Route 611	Yes	June 3, 2020	X				
057	storm sewer crossing Route 611	along Route 611	3152 Route 611	Yes	June 3, 2020	X				
058	storm sewer crossing Route 611	along Route 611	3101 Route 611	Yes	June 3, 2020	X				
059	storm sewer crossing Route 611	along Route 611	3054 Route 611	Yes	June 3, 2020					
060	storm sewer crossing Fish Hill Road	along Fish Hill Road	117 Fish Hill Road	Yes	June 3, 2020					
061	Scot Run crossing Warner Road	along Warner Road	350 Warner Road	Yes	June 3, 2020	X				
062	storm sewer/swale along Shady Tree Drive	along Shady Tree Drive	123 Shady Tree Drive	Yes	May 20, 2020	X				

[illegible]



## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 11, 2020</b>	Outfall ID No.: <b>002 - 2282 Clubhouse Rd.</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 5' 07"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 16' 46"</b>
<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>5-08-2020</b>
	Amount of Previous Precipitation: <b>0.56 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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: <b>18</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

M. Prugen

Signature

9/15/2020

Date

**MS-4 Outfall ID No. 002**

May 11, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 11, 2020</b>	Outfall ID No.: <b>003 - 2279 Clubhouse Rd.</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 5' 05"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 16' 42"</b>
<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>5-08-2020</b>
	Amount of Previous Precipitation: <b>0.56 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>sediment build-up</b>	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 checked="" 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: <b>15</b> in	<input checked="" type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Bouchard James, Inc

Responsible Official Name

(570) 629-0300

Telephone No.

M. Prager

Signature

09/15/2020

Date



**MS-4 Outfall ID No. 003**

May 11, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 11, 2020</b>	Outfall ID No.: <b>004 - 2015 Clubhouse Rd.</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 5' 01"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 16' 34"</b>
<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>5-08-2020</b>
	Amount of Previous Precipitation: <b>0.56 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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: <b>18</b> in	<input checked="" type="checkbox"/> In Water <input checked="" 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☒ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

M. P. Ruger

Signature

09/15/2020

Date

**MS-4 Outfall ID No. 004**

May 11, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 11, 2020</b>	Outfall ID No.: <b>005 - Near snowfall Rd.</b>
Land Uses 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:	Latitude: <b>41° 4' 60"</b>
	Longitude: <b>75° 16' 28"</b>
	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Previous Precipitation: <b>5-08-2020</b>
	Amount of Previous Precipitation: <b>0.56 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Clogged pipe with sediments upstream</b>	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 checked="" 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: <b>18</b> in	<input checked="" type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

M. P. Ruger

Signature

09/15/2020

Date



**MS-4 Outfall ID No. 005**

May 11, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 11, 2020</b>	Outfall ID No.: <b>006 - Hunters Farm Rd.</b>
Land Uses 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: <b>41° 5' 09"</b>
	Longitude: <b>75° 15' 45"</b>
	Dry Weather Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Date of Previous Precipitation: <b>5-08-2020</b>
	Amount of Previous Precipitation: <b>0.56 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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: <b>30</b> 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☒ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

M. Prugen

Signature

(570) 629-0300

Telephone No.

09/15/2020

Date

**MS-4 Outfall ID No. 006**

May 11, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 11, 2020</b>	Outfall ID No.: <b>007 - Along SR 715</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 4' 49"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 16' 04"</b>
<input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input checked="" type="checkbox"/> Other:	Date of Previous Precipitation: <b>5-08-2020</b>
	Amount of Previous Precipitation: <b>0.56 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Pipe clogged upstream</b>	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 checked="" 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: <b>15</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

*Boucher & James, Inc.*

Responsible Official Name

*(570) 629-0300*

Telephone No.

*M. Prager*

Signature

*09/15/2020*

Date



**MS-4 Outfall ID No. 007**

May 11, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 11, 2020</b>	Outfall ID No.: <b>008</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 4' 48"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 16' 09"</b>
<input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>5-08-2020</b>
	Amount of Previous Precipitation: <b>0.56 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>pipe clogged upstream</b>	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 checked="" 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: <b>15</b> in	<input checked="" type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-9300

Telephone No.

M. Pugen

Signature

09/15/2020

Date



**MS-4 Outfall ID No. 008**

May 11, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 11, 2020</b>	Outfall ID No.: <b>009 - SR 715</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 4' 47"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 16' 14"</b>
<input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>5-08-2020</b>
	Amount of Previous Precipitation: <b>0.56 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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 checked="" type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: <b>72</b> 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☒ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

M. Prugen

Signature

09/15/2020

Date

**MS-4 Outfall ID No. 009**

May 11, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>010 - 3300 - SR 0715</b>
Land Uses 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: <u>41° 4' 24"</u> Longitude: <u>75° 16' 44"</u> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>5-28-2020</b> Amount of Previous Precipitation: <b>0.01</b> in
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: <u>8</u> in Top Width: <u>156</u> in Bottom Width: <u>156</u>	

Dry Weather Flow Present at Outfall During Inspection? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☒ Trickle ☐ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

9/15/2020

Date

**MS-4 Outfall ID No. 010**

May 29, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PA132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>011 - Princess Pine Lane/SR715 int</b>
Land Uses 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: <b>41° 4' 21"</b> Longitude: <b>75° 16' 46"</b> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>5-28-2020</b> Amount of Previous Precipitation: <b>0.01 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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: <b>48</b> 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☒ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

9/15/2020

Date



**MS-4 Outfall ID No. 011**

May 29, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 11, 2020</b>	Outfall ID No.: <b>012 - Hallet Rd.</b>
Land Uses 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: <b>41° 3' 57"</b>
	Longitude: <b>75° 14' 44"</b>
	Dry Weather Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Date of Previous Precipitation: <b>5-08-2020</b>
	Amount of Previous Precipitation: <b>0.56 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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: <b>15</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.  
Responsible Official Name

[Signature]  
Signature

(570) 629-0300  
Telephone No.

09/15/2020  
Date



**MS-4 Outfall ID No. 012**

May 11, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 11, 2020</b>	Outfall ID No.: <b>013 - Hallet Rd.</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 3' 55"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 14' 42"</b>
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>5-08-2020</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>clogged with leaves debris DS</b>	Amount of Previous Precipitation: <b>0.56 in</b>
	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 checked="" 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: <b>15</b> in	<input checked="" type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

M. Pugen

Signature

09/15/2020

Date

**MS-4 Outfall ID No. 013**

May 11, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 11, 2020</b>	Outfall ID No.: <b>014 - Hallet Rd.</b>
Land Uses 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: <b>41° 3' 53"</b>
	Longitude: <b>75° 14' 40"</b>
	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Previous Precipitation: <b>5-08-2020</b>
	Amount of Previous Precipitation: <b>0.56 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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: <b>15</b> in	<input checked="" type="checkbox"/> In Water <input checked="" 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☒ Trickle ☐ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

[Signature]

Signature

(570) 629-0300

Telephone No.

09/15/2020

Date



**MS-4 Outfall ID No. 014**

May 11, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 11, 2020</b>	Outfall ID No.: <b>015 - Hallet Rd.</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 3' 50"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 14' 39"</b>
<input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input checked="" type="checkbox"/> Other: <b>Forest</b>	Date of Previous Precipitation: <b>5-08-2020</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Pipe damaged UP end</b>	Amount of Previous Precipitation: <b>0.56 in</b>
	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 checked="" 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: <b>15</b> in	<input checked="" type="checkbox"/> In Water <input checked="" 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☒ Trickle ☐ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

M. P. Ruger

Signature

09/15/2020

Date



**MS-4 Outfall ID No. 015**

May 11, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 11, 2020</b>	Outfall ID No.: <b>016 - Hallet Rd.</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 3' 48"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 14' 40"</b>
<input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input checked="" type="checkbox"/> Other: <b>Forest</b>	Date of Previous Precipitation: <b>5-08-2020</b>
	Amount of Previous Precipitation: <b>0.56 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Pipe damage upstream end</b>	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 checked="" 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: <b>15</b> 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc

Responsible Official Name

(570) 629-0300

Telephone No.

M. Pungen

Signature

09/15/2020

Date

**MS-4 Outfall ID No. 016**

May 11, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 20, 2020</b>	Outfall ID No.: <b>017 - Adj to 178 Hallet Rd.</b>
Land Uses 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: <b>41° 3' 46"</b> Longitude: <b>75° 14' 41"</b> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>5-11-2020</b> Amount of Previous Precipitation: <b>0.2 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Pipe damage upstream end. Unable to locate downstream flow</b>	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 checked="" 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: <b>15</b> 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Brouche & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

M. Prager

Signature

09/15/2020

Date

**MS-4 Outfall ID No. 017**

May 20, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 20, 2020</b>	Outfall ID No.: <b>018 - Adj to 192 Hallet Rd.</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 3' 42"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 14' 42"</b>
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>5-11-2020</b>
	Amount of Previous Precipitation: <b>0.2 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>US</b> <b>filled with sediments, unable to locate DS outfall</b>	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 checked="" 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: <b>15</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

M. Dugan

Signature

09/15/2020

Date



**MS-4 Outfall ID No. 018**

May 20, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 20, 2020</b>	Outfall ID No.: <b>019 - Adj to 224 Hallet Rd.</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 3' 35"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 14' 45"</b>
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>5-11-2020</b>
Inspector Name(s): <b>Kevin Thomas</b>	Amount of Previous Precipitation: <b>0.2 in</b>
	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 checked="" 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: <b>15</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

M. Pugen

Signature

09/15/2020

Date



**MS-4 Outfall ID No. 019**

May 20, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 20, 2020</b>	Outfall ID No.: <b>020 - Adj to 232 Hallet Rd.</b>
Land Uses 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: <b>41° 3' 32"</b> Longitude: <b>75° 14' 46"</b> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>5-11-2020</b> Amount of Previous Precipitation: <b>0.2 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Pipe buried. Unable to verify pipe description</b>	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 checked="" 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

M. Ruger

Signature

09/15/2020

Date



**MS-4 Outfall ID No. 020**

May 20, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>021 - 260 Wilke Rd.</b>
Land Uses 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: <b>41° 3' 37"</b> Longitude: <b>75° 21' 52"</b> Dry Weather Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of Previous Precipitation: <b>5-28-2020</b> Amount of Previous Precipitation: <b>0.01 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Rock upstream and brush debris downstream</b>	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 checked="" 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: <b>15</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 021**

May 29, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>022 - 260 Wilke Rd.</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <u>41° 3' 39"</u>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <u>75° 21' 48"</u>
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>5-28-2020</b>
Inspector Name(s): <b>Kevin Thomas</b>	Amount of Previous Precipitation: <b>0.01 in</b>
	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 checked="" 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: <u>18</u> 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☒ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

  
Signature

09/15/2020

Date



**MS-4 Outfall ID No. 022**

May 29, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PA1132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>023 - 223 Wilke Rd.</b>
Land Uses 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: <b>41° 3' 41"</b> Longitude: <b>75° 21' 40"</b> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>5-28-2020</b> Amount of Previous Precipitation: <b>0.01</b> in
Inspector Name(s): <b>Kevin Thomas</b>	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 type="checkbox"/> Rip-Rap <input checked="" type="checkbox"/> Other	<input type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input checked="" type="checkbox"/> Other	Depth: <b>12</b> in Top Width: <b>84</b> in Bottom Width: <b>84</b>	

Dry Weather Flow Present at Outfall During Inspection? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 023**

May 29, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>024 - 257 Cobble Creek Dr.</b>
Land Uses 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: <b>Private Develop. Cobble Creek Estates</b>	Latitude: <b>41° 3' 37"</b> Longitude: <b>75° 20' 57"</b> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>5-28-2020</b> Amount of Previous Precipitation: <b>0.01 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>leaves noted upstream, rocks DS. Outfall drains to res. property front entrance</b>	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 checked="" 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: <b>18</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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

's 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

Signature

09/15/2020

Date



**MS-4 Outfall ID No. 024**

May 29, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION					
Permittee Name: <b>Pocono Township</b>			NPDES Permit No.: <b>PAI132270</b>		
Date of Inspection: <b>May 29, 2020</b>			Outfall ID No.: <b>025 - 244 Cobble Creek Dr.</b>		
Land Uses 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: <b>Private Develop. Cobble Creek Estates</b>			Latitude: <u>41° 3' 37"</u> Longitude: <u>75° 20' 56"</u> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>5-28-2020</b> Amount of Previous Precipitation: <b>0.01 in</b>		
Inspector Name(s): <b>Kevin Thomas</b>			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 checked="" 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: <u>18</u> 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 <i>(If No, skip to Certification Section)</i>					
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

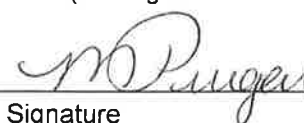
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date



**MS-4 Outfall ID No. 025**

May 29, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>026 - 183 Cobble Creek Dr.</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 3' 28"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 20' 37"</b>
<input type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input checked="" type="checkbox"/> Other: <b>Private Develop. Cobble Creek Estates</b>	Date of Previous Precipitation: <b>5-28-2020</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Upstream leaves debris observed</b>	Amount of Previous Precipitation: <b>0.01 in</b>
	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 checked="" 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: <b>24</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

  
Signature

09/15/2020

Date

**MS-4 Outfall ID No. 026**

May 29, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>027 - 169 Cobble Creek Dr.</b>
Land Uses 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: <b>Private Develop. Cobble Creek Estates</b>	Latitude: <b>41° 3' 30"</b>
	Longitude: <b>75° 20' 33"</b>
	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Previous Precipitation: <b>5-28-2020</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Upstream leaves debris observed</b>	Amount of Previous Precipitation: <b>0.01 in</b>
	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 checked="" 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: <b>24</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

9/15/2020

Date

**MS-4 Outfall ID No. 027**

May 29, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

BACKGROUND INFORMATION				
Permittee Name: <b>Pocono Township</b>		NPDES Permit No.: <b>PAI132270</b>		
Date of Inspection: <b>May 29, 2020</b>		Outfall ID No.: <b>028 - 120 Cobble Creek Dr.</b>		
Land Uses 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: <b>Private Develop. Cobble Creek Estates</b>		Latitude: <b>41° 3' 37"</b>		
		Longitude: <b>75° 20' 25"</b>		
		Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
		Date of Previous Precipitation: <b>5-28-2020</b>		
		Amount of Previous Precipitation: <b>0.01 in</b>		
Inspector Name(s): <b>Kevin Thomas</b> <b>Upstream and downstream filled with debris.</b>		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 checked="" 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: <b>18</b> in	<input type="checkbox"/> In Water <input checked="" 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 <i>(If No, skip to Certification Section)</i>				
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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date



**MS-4 Outfall ID No. 028**

May 29, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PA132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>029 - 1586 Sullivan Trail</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 3' 30"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 20' 24"</b>
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>5-28-2020</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>DS visible soil build up. Upstream inlet grate. Unable to verify condition.</b>	Amount of Previous Precipitation: <b>0.01 in</b>
	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 checked="" 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: <b>18</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

  
Signature

09/15/2020

Date



**MS-4 Outfall ID No. 029**

May 29, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>030 - 1570 Sullivan Trail</b>
Land Uses 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: <u>41° 3' 34"</u> Longitude: <u>75° 20' 21"</u> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>5-28-2020</b> Amount of Previous Precipitation: <b>0.01</b> in
Inspector Name(s): <b>Kevin Thomas</b> <b>HDPE pipe upstream inlet. RCP downstream filled with leaves debris.</b>	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 checked="" type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input checked="" 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: <u>18</u> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 030**

May 29, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PA1132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>031 - 139 Camelback Rd.</b>
Land Uses 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: <b>41° 3' 06"</b> Longitude: <b>75° 19' 56"</b> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>5-28-2020</b> Amount of Previous Precipitation: <b>0.01 in</b>
Inspector Name(s): <b>Kevin Thomas 18" RCP upstream filled with sediments. combined with 24" HDPE.</b>	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 checked="" type="checkbox"/> RCP <input type="checkbox"/> CMP <input type="checkbox"/> PVC <input checked="" 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: <b>18</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☒ Trickle ☐ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 031**

May 29, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>032 - 145 Camelback Rd.</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 3' 06"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 19' 53"</b>
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>5-28-2020</b>
	Amount of Previous Precipitation: <b>0.01 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>unable to verify pipe discharge location across the st.</b>	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 checked="" 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: <b>24</b> 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☒ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date



**MS-4 Outfall ID No. 032**

May 29, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 10, 2020</b>	Outfall ID No.: <b>033 - 103 Camelback Road</b>
Land Uses 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: <b>41° 3' 07"</b>
	Longitude: <b>75° 19' 45"</b>
	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Previous Precipitation: <b>6-5-2020</b>
	Amount of Previous Precipitation: <b>0.11 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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: <b>18</b> 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date



**MS-4 Outfall ID No. 033**

June 10, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PA1132270</b>
Date of Inspection: <b>June 10, 2020</b>	Outfall ID No.: <b>034 - 103 Camelback Road</b>
Land Uses 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: <u>41° 3' 07"</u> Longitude: <u>75° 19' 42"</u> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>6-5-2020</b> Amount of Previous Precipitation: <b>0.11 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Rock build-up. DS steep depression unable to verify outfall location</b>	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 checked="" 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: <b>18</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 034**

June 10, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>035 - Faber Circle</b>
Land Uses 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: <u>41° 2' 37"</u> Longitude: <u>75° 18' 18"</u> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>6-2-2020</b> Amount of Previous Precipitation: <b>0.11 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Leaves and debris noted DS of pipe</b>	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 checked="" 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: <u>24</u> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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

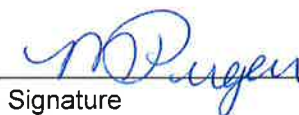
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 035**

June 3, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>036 - 171 Faber Circle</b>
Land Uses 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: <b>41° 2' 42"</b>
	Longitude: <b>75° 18' 9"</b>
	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Previous Precipitation: <b>6-2-2020</b>
	Amount of Previous Precipitation: <b>0.11 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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: <b>18</b> 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

Signature

09/15/2020

Date



**MS-4 Outfall ID No. 036**

June 3, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>037 - 205 Faber Circle</b>
Land Uses 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: <u>41° 2' 46"</u> Longitude: <u>75° 17' 59"</u> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>6-2-2020</b> Amount of Previous Precipitation: <b>0.11 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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: <u>18</u> 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date



**MS-4 Outfall ID No. 037**

June 3, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>038 - 135 Pin Oak Lane</b>
Land Uses 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: <u>41° 3' 12"</u> Longitude: <u>75° 17' 33"</u> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>5-28-2020</b> Amount of Previous Precipitation: <b>0.01</b> in
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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: <u>24</u> 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

  
Signature

09/15/2020

Date



**MS-4 Outfall ID No. 038**

May 29, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PA1132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>039 - 102 Salzer</b>
Land Uses 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: <b>41° 3' 46"</b> Longitude: <b>75° 17' 45"</b> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>5-28-2020</b> Amount of Previous Precipitation: <b>0.01 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>DS pipe submerged in water</b>	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 checked="" 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: <b>18</b> 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 039**

May 29, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>040 - 4242 Cherry Lane Church Rd</b>
Land Uses 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: <b>41° 3' 46"</b>
	Longitude: <b>75° 16' 26"</b>
	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Previous Precipitation: <b>5-28-2020</b>
	Amount of Previous Precipitation: <b>0.01 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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: <b>48</b> 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☒ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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

's 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

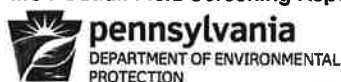
Date



**MS-4 Outfall ID No. 040**

May 29, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>041 - 235 Abeel Rd.</b>
Land Uses 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: <b>41° 3' 22"</b>
	Longitude: <b>75° 16' 18"</b>
	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Previous Precipitation: <b>5-28-2020</b>
	Amount of Previous Precipitation: <b>0.01 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" type="checkbox"/> Concrete <input 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: <b>8</b> in Top Width: <b>72</b> in Bottom Width: <b>72"</b>	

Dry Weather Flow Present at Outfall During Inspection? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☒ Trickle ☐ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date



**MS-4 Outfall ID No. 041**

May 29, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 29, 2020</b>	Outfall ID No.: <b>042 - 120 Bon Sher Drive</b>
Land Uses 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: <b>41° 3' 5"</b>
	Longitude: <b>75° 16' 35"</b>
	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Previous Precipitation: <b>5-28-2020</b>
	Amount of Previous Precipitation: <b>0.01 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" type="checkbox"/> Concrete <input 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: <b>48</b> in Top Width: <b>168</b> in Bottom Width: <b>168</b>	

Dry Weather Flow Present at Outfall During Inspection? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 042**

May 29, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 5, 2020</b>	Outfall ID No.: <b>043 - 573 Cherry Lane Road</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 3' 43"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 16' 59"</b>
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>6-4-2020</b>
	Amount of Previous Precipitation: <b>0.55 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Pipe partially submerged in water</b>	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 checked="" 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: <b>18</b> 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

Signature

09/15/2020

Date

**MS-4 Outfall ID No. 043**

June 5, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PA132270</b>
Date of Inspection: <b>June 5, 2020</b>	Outfall ID No.: <b>044 - 653 Cherry Lane Road</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 2' 36"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 16' 2"</b>
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>6-4-2020</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Upstream and DS pipe noted with soil debris</b>	Amount of Previous Precipitation: <b>0.55 in</b>
	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 checked="" 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: <b>18</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date



**MS-4 Outfall ID No. 044**

June 5, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 5, 2020</b>	Outfall ID No.: <b>045 - 515 Cherry Lane Road</b>
Land Uses 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: <b>41° 2' 30"</b> Longitude: <b>75° 16' 5"</b> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>6-4-2020</b> Amount of Previous Precipitation: <b>0.55 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Upstream and DS pipe noted with soil debris</b>	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 checked="" 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: <b>18</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 045**

June 5, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 5, 2020</b>	Outfall ID No.: <b>046 - 515 Cherry Lane Road</b>
Land Uses 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: <b>41° 2' 24"</b> Longitude: <b>75° 16' 09"</b> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>6-4-2020</b> Amount of Previous Precipitation: <b>0.55 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Upstream grate unable to verify pipe condition. DS pipe as debris</b>	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 checked="" 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: <b>18</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

  
Signature

09/15/2020

Date

**MS-4 Outfall ID No. 046**

June 5, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 5, 2020</b>	Outfall ID No.: <b>047 - 5 Beechwood Lane</b>
Land Uses 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: <b>41° 2' 21"</b> Longitude: <b>75° 16' 20"</b> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>6-4-2020</b> Amount of Previous Precipitation: <b>0.55 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Upstream filled with sediments. DS pipe partially submerged</b>	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 checked="" 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: <b>18</b> in	<input checked="" type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 047**

June 5, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>048 - 452 Cherry Lane Road</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 2' 12"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 16' 17"</b>
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>6-2-2020</b>
Inspector Name(s): <b>Kevin Thomas</b>	Amount of Previous Precipitation: <b>0.11 in</b>
	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 checked="" 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: <b>18</b> 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☒ Trickle ☐ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date



**MS-4 Outfall ID No. 048**

June 3, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PA1132270</b>
Date of Inspection: <b>June 5, 2020</b>	Outfall ID No.: <b>049 - 431 Cherry Lane Road</b>
Land Uses 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: <b>41° 2' 08"</b> Longitude: <b>75° 16' 21"</b> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>6-4-2020</b> Amount of Previous Precipitation: <b>0.55 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>DS pipe unable to verify location. Permission required access back of owners property.</b>	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 checked="" 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: <b>24</b> 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☒ Trickle ☐ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

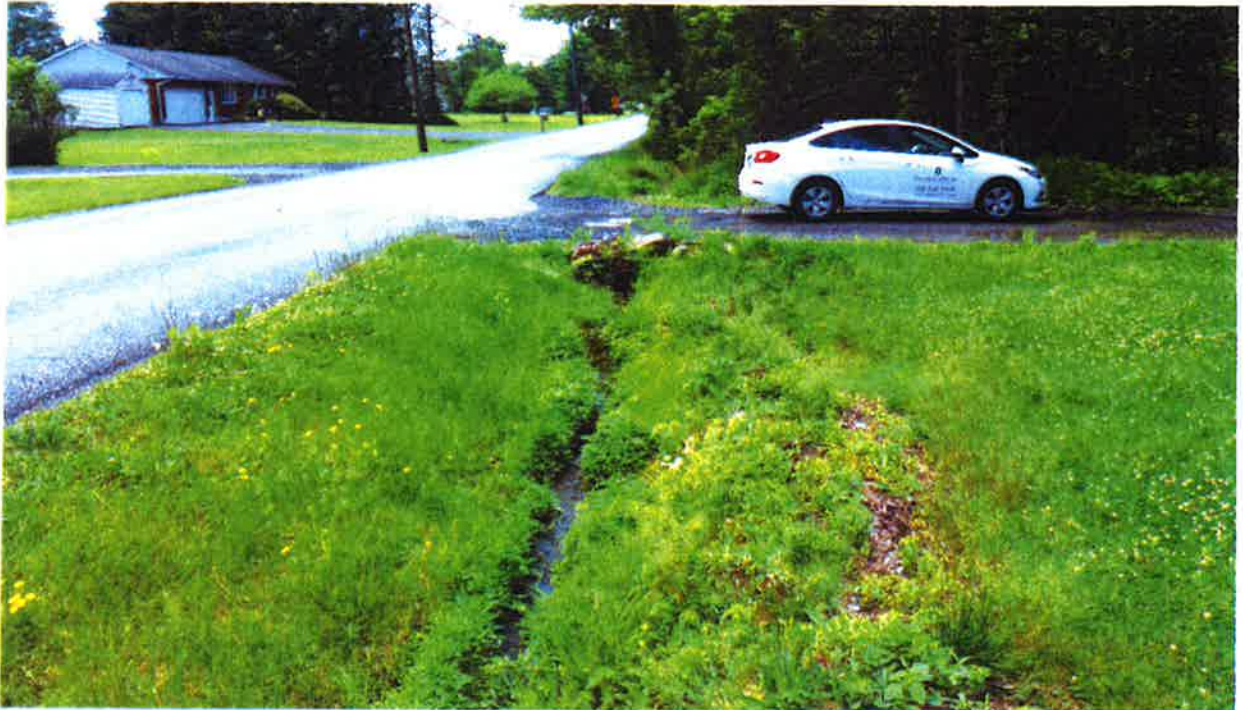
09/15/2020

Date



**MS-4 Outfall ID No. 049**

June 5, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>050 - 758 Cranberry Road</b>
Land Uses 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: <b>41° 1' 39"</b> Longitude: <b>75° 16' 15"</b> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>6-2-2020</b> Amount of Previous Precipitation: <b>0.11 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Upstream and DS pipe has sediment debris</b>	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 checked="" 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: <b>15</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 050**

June 3, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>051 - 767 Cranberry Road</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 1' 35"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 16' 14"</b>
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>6-2-2020</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>leaves debris noted DS of pipe</b>	Amount of Previous Precipitation: <b>0.11 in</b>
	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 checked="" 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: <b>15</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 051**

June 3, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>052 - 754 Cranberry Road</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 1' 34"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 16' 13"</b>
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>6-2-2020</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Soil build-up noted DS of pipe</b>	Amount of Previous Precipitation: <b>0.11 in</b>
	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 checked="" 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: <b>15</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date



**MS-4 Outfall ID No. 052**

June 3, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>053 - 2780 Rimrock Road</b>
Land Uses 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: <b>41° 0' 13"</b>
	Longitude: <b>75° 16' 47"</b>
	Dry Weather Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Date of Previous Precipitation: <b>6-2-2020</b>
	Amount of Previous Precipitation: <b>0.11 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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 checked="" type="checkbox"/> Box <input type="checkbox"/> Triple <input type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: <b>1200</b> 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☒ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date



**MS-4 Outfall ID No. 053**

June 3, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>054 - 2975 Bartonsville Ave</b>
Land Uses 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: <u>41° 0' 47"</u> Longitude: <u>75° 17' 25"</u> Dry Weather Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date of Previous Precipitation: <b>6-2-2020</b> Amount of Previous Precipitation: <b>0.11 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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 checked="" type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: <u>72</u> 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☒ Trickle ☐ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

  
Signature

09/15/2020

Date

**MS-4 Outfall ID No. 054**

June 3, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>055 - 3180 - PA 0611</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 1' 10"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 17' 49"</b>
<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>6-2-2020</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>DS outfall unable to locate covered w/ rocks downstream</b>	Amount of Previous Precipitation: <b>0.11 in</b>
	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 checked="" 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: <b>15</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☒ Trickle ☐ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 055**

June 3, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>056 - 3160 - PA 0611</b>
Land Uses 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: <b>41° 1' 12"</b>
	Longitude: <b>75° 17' 50"</b>
	Dry Weather Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Date of Previous Precipitation: <b>6-2-2020</b>
	Amount of Previous Precipitation: <b>0.11 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Unable to verify DS outfall. Covered with heavy vegetation</b>	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 checked="" 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: <b>18</b> in	<input type="checkbox"/> In Water <input checked="" 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☒ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date



**MS-4 Outfall ID No. 056**

June 3, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PA132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>057 - 3152 - PA 0611</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 1' 15"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 17' 51"</b>
<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>6-2-2020</b>
	Amount of Previous Precipitation: <b>0.11</b> in
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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: <b>15</b> 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☒ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 057**

June 3, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>058 - 3101 - PA 0611</b>
Land Uses 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: <b>41° 1' 26"</b>
	Longitude: <b>75° 17' 54"</b>
	Dry Weather Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Date of Previous Precipitation: <b>6-2-2020</b>
	Amount of Previous Precipitation: <b>0.11 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Unable to verify structure due to heavy vegetation</b>	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 checked="" 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 checked="" type="checkbox"/> Other <input type="checkbox"/> Other	Diameter: <b>168</b> 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☒ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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

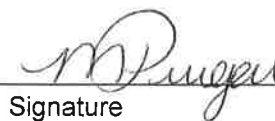
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 058**

June 3, 2020

Access limited to due slopes and overgrowth.



## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>059 - 3054 - PA 0611</b>
Land Uses 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: <b>41° 1' 38"</b>
	Longitude: <b>75° 17' 59"</b>
	Dry Weather Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Date of Previous Precipitation: <b>6-2-2020</b>
	Amount of Previous Precipitation: <b>0.11 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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: <b>18</b> in	<input checked="" type="checkbox"/> In Water <input checked="" 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 059**

June 3, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>060 - 117 Fish Hill Road</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 2' 26"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 18' 19"</b>
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>6-2-2020</b>
Inspector Name(s): <b>Kevin Thomas</b>	Amount of Previous Precipitation: <b>0.11 in</b>
	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 checked="" 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: <b>48</b> 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

  
Signature

09/15/2020

Date



**MS-4 Outfall ID No. 060**

June 3, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>061 - 350 Warner Road</b>
Land Uses 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: <u>41° 1' 51"</u> Longitude: <u>75° 18' 13"</u> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>6-2-2020</b> Amount of Previous Precipitation: <b>0.11</b> in
Inspector Name(s): <b>Kevin Thomas</b>	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 type="checkbox"/> Rip-Rap <input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: <u>24</u> in Top Width: <u>324</u> in Bottom Width: <u>324</u>	

Dry Weather Flow Present at Outfall During Inspection? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☒ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

  
Signature

09/15/2020

Date



**MS-4 Outfall ID No. 061**

June 3, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 20, 2020</b>	Outfall ID No.: <b>062 - 123 Shady Tree Dr.</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 3' 07"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 14' 24"</b>
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>5-11-2020</b>
	Amount of Previous Precipitation: <b>0.2 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>some</b> <b>leaved and debris present</b>	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 checked="" type="checkbox"/> With Sediment
<input checked="" type="checkbox"/> Open Channel	<input type="checkbox"/> Concrete <input type="checkbox"/> Earthen <input type="checkbox"/> Rip-Rap <input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/> Trapezoid <input type="checkbox"/> Parabolic <input type="checkbox"/> Other	Depth: <b>24</b> in Top Width: <b>48</b> in Bottom Width: <b>48"</b>	

Dry Weather Flow Present at Outfall During Inspection? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Bouche & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

M. Ruger

Signature

09/15/2020

Date

**MS-4 Outfall ID No. 062**

May 20, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>June 3, 2020</b>	Outfall ID No.: <b>063 - 3180 - PA 0611</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 1' 3"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 17' 46"</b>
<input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>6-2-2020</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Unable to locate DS outfall due to heavy brush</b>	Amount of Previous Precipitation: <b>0.11 in</b>
	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 checked="" 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: <b>18</b> 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? ☒ Yes ☐ No (If No, skip to Certification Section)

Description of Flow Rate: ☒ Trickle ☐ Moderate ☐ Significant ☐ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☒ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☒ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☒ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☒ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.



Signature

09/15/2020

Date

**MS-4 Outfall ID No. 063**

June 3, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 20, 2020</b>	Outfall ID No.: <b>064 - 1326 Cherry Lane Rd.</b>
Land Uses 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: <b>41° 3' 46"</b> Longitude: <b>75° 14' 10"</b> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>5-11-2020</b> Amount of Previous Precipitation: <b>0.2 in</b>
Inspector Name(s): <b>Kevin Thomas</b>	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 checked="" 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: <b>36</b> 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 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 639-0300

Telephone No.

M. P. Ruger

Signature

09/15/2020

Date



**MS-4 Outfall ID No. 064**

May 20, 2020





## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 20, 2020</b>	Outfall ID No.: <b>065 - Adj to Cherry Wood Court</b>
Land Uses 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: <b>41° 3' 44"</b> Longitude: <b>75° 14' 05"</b> Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date of Previous Precipitation: <b>5-11-2020</b> Amount of Previous Precipitation: <b>0.2 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>Downstream pipe covered</b>	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 checked="" 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: <b>24</b> in	<input type="checkbox"/> In Water <input checked="" 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 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

M. P. Ruger

Signature

(570) 629-0300

Telephone No.

09/15/2020

Date

**MS-4 Outfall ID No. 065**

May 20, 2020







## MS4 OUTFALL FIELD SCREENING REPORT

### BACKGROUND INFORMATION

Permittee Name: <b>Pocono Township</b>	NPDES Permit No.: <b>PAI132270</b>
Date of Inspection: <b>May 20, 2020</b>	Outfall ID No.: <b>066 - Adj to Above ground Basin</b>
Land Uses in Outfall Drainage Area (Select All):	Latitude: <b>41° 3' 42"</b>
<input type="checkbox"/> Industrial <input type="checkbox"/> Urban Residential	Longitude: <b>75° 13' 58"</b>
<input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Suburban Residential	Dry Weather Inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Open Space <input type="checkbox"/> Other:	Date of Previous Precipitation: <b>5-11-2020</b>
	Amount of Previous Precipitation: <b>0.2 in</b>
Inspector Name(s): <b>Kevin Thomas</b> <b>unable to verify upstream pipe connection</b>	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 checked="" 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: <b>18</b> 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 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? ☐ Yes ☒ No (If No, skip to Certification Section)

Description of Flow Rate: ☐ Trickle ☐ Moderate ☐ Significant ☒ N/A

### DRY WEATHER FLOW EVALUATION

Does the dry weather flow contain color? ☐ Yes ☐ No If Yes, provide a description below.

Does the dry weather flow contain an odor? ☐ Yes ☐ No If Yes, provide a description below.

Is there an observed change in the receiving waters as a result of the discharge? ☐ Yes ☐ No  
If Yes, provide a description below.

Does the dry weather flow contain floating solids, scum, sheen or substances that result in deposits? ☐ Yes ☐ 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).

Boucher & James, Inc.

Responsible Official Name

(570) 629-0300

Telephone No.

M. P. Ruger

Signature

09/15/2020

Date



**MS-4 Outfall ID No. 066**

May 20, 2020



## Melissa Prugar

---

**From:** Melissa Prugar  
**Sent:** Monday, January 27, 2020 3:50 PM  
**To:** Donna Asure  
**Subject:** RE: Shine Time Auto Wash, Across from insurance company

Donna,

I took a look at the approved Land Development and Building Permit plans and there are three (3) water recycling tanks shown. The files make no indication if these were installed or not. We will perform a site visit this week to see if there is evidence of the tanks and write a letter with our recommendation.

Jon has the files to return to you tonight.

Missy

Melissa E. Prugar, P.E.  
Boucher & James, Inc.

**From:** Donna Asure <[dasure@poconopa.gov](mailto:dasure@poconopa.gov)>  
**Sent:** Monday, January 27, 2020 2:18 PM  
**To:** Melissa Prugar <[mprugar@bjengineers.com](mailto:mprugar@bjengineers.com)>  
**Subject:** RE: Shine Time Auto Wash, Across from insurance company

Hi –  
Any update on this?  
Thanks

Donna M. Asure  
Pocono Township Manager  
[dasure@poconopa.gov](mailto:dasure@poconopa.gov)  
*Please note new address*  
112 Township Drive  
Tannersville, PA 18372  
570-629-1922 X212

**From:** Melissa Prugar <[mprugar@bjengineers.com](mailto:mprugar@bjengineers.com)>  
**Sent:** Thursday, January 23, 2020 2:37 PM  
**To:** Donna Asure <[dasure@poconopa.gov](mailto:dasure@poconopa.gov)>  
**Subject:** RE: Shine Time Auto Wash, Across from insurance company

Hi Donna. Do you mind if I stop by this afternoon?

nt from my T-Mobile 4G LTE Device



----- Original message -----

From: Donna Asure <[dasure@poconopa.gov](mailto:dasure@poconopa.gov)>

Date: 1/23/20 14:24 (GMT-05:00)

To: Melissa Prugar <[mprugar@bjengineers.com](mailto:mprugar@bjengineers.com)>

Subject: RE: Shine Time Auto Wash, Across from insurance company

I have the plans out

Donna M. Asure  
Pocono Township Manager  
[dasure@poconopa.gov](mailto:dasure@poconopa.gov)  
Please note new address  
112 Township Drive  
Tannersville, PA 18372  
570-629-1922 X212

**From:** Melissa Prugar <[mprugar@bjengineers.com](mailto:mprugar@bjengineers.com)>

**Sent:** Thursday, January 23, 2020 9:40 AM

**To:** Donna Asure <[dasure@poconopa.gov](mailto:dasure@poconopa.gov)>

**Cc:** Mike Gable <[mgable@bjengineers.com](mailto:mgable@bjengineers.com)>; Jon Tresslar <[jtresslar@bjengineers.com](mailto:jtresslar@bjengineers.com)>

**Subject:** Shine Time Auto Wash, Across from insurance company

Donna,

Michael mentioned to Jon and me the complaint regarding discharge from the Shine Time Auto Wash. We would like to view the land development plans to see what was approved with respect to stormwater controls and the storm sewer system. Can you pull those plans for us to review?



**Melissa E. Prugar, P.E.**  
Project Engineer  
**Boucher & James, Inc.**

[mprugar@bjengineers.com](mailto:mprugar@bjengineers.com) • [www.bjengineers.com](http://www.bjengineers.com)

1456 Ferry Road, Building 500 • Doylestown, PA 18901 • 215-345-9400

2756 Rimrock Drive • Stroudsburg, PA 18360 • *Mailing:* P.O. Box 699, Bartonsville, PA 18321 • 570-629-0300

559 Main Street, Suite 230 • Bethlehem, PA 18018 • 610-419-9407

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**Boucher & James, Inc.**  
CONSULTING ENGINEERS

Fountainville Professional Building  
1456 Ferry Road, Building 500  
Daylestown, PA 18901  
215-345-9400  
Fax 215-345-9401

2756 Rimrock Drive  
Straudsburg, PA 18360  
570-629-0300  
Fax 570-629-0306

Mailing:  
P.O. Box 699  
Bartonsville, PA 18321

559 Main Street, Suite 230  
Bethlehem, PA 18018  
610-419-9407  
Fax 610-419-9408

[www.bjengineers.com](http://www.bjengineers.com)

EMPLOYEE OWNED COMPANY  
INNOVATIVE ENGINEERING

February 3, 2020

Donna Asure, Manager  
Pocono Township  
112 Township Drive  
Tannersville, PA 18372

**SUBJECT: SHINETIME AUTO WASH – ILLICIT DISCHARGE RESPONSE  
POCONO TOWNSHIP, MONROE COUNTY, PENNSYLVANIA  
PROJECT NO. 1630000**

Dear Ms. Asure:

As requested by the Township and following a submitted complaint, we have investigated the Shinetime Auto Wash. The complaint detailed the observation of wash water leaving the auto wash garage and spilling through the site and into the adjacent Pocono Creek.

Upon review of the approved land development plans prepared by Pennoni Associates, Inc., dated May 22, 2009, last revised September 21, 2009, the auto wash included a wash water recycling system with an overflow tank as required by the Township Zoning Ordinance. The project site was designed for any overflow to leave the facility, enter the storm sewer and underground stormwater management system, and ultimately discharge into a swale leading to Pocono Creek. This design allows for the filtration and settling of the soap and sediment from the wash water prior to it discharging into Pocono Creek.

Upon a site investigation on January 30, 2020, there was evidence that the wash water recycling system was installed. No apparent overflow was occurring during this investigation.

Based upon the description of the complaint, we believe there was a high volume of vehicle washing on the day of the complainant's observation. At this time, we recommend that the Township perform periodic site investigations on anticipated high wash days (i.e., after snow events) and document any overflows observed.

If you should have any questions regarding the above, please call me.

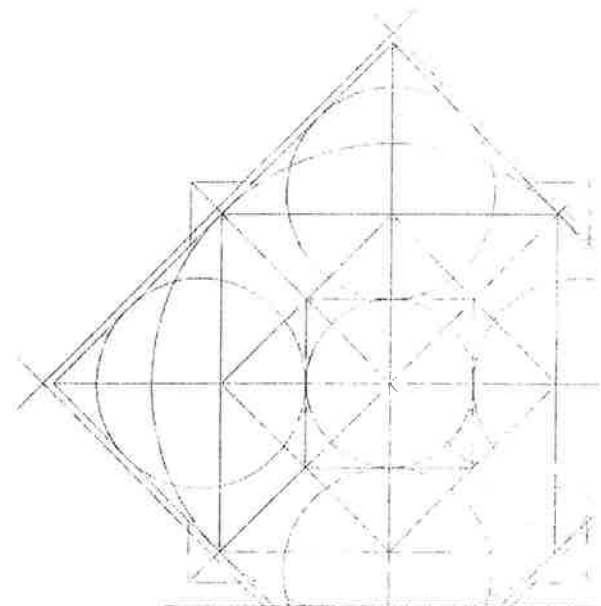
Sincerely,

Jon S. Tresslar, P.E., P.L.S.  
Township Engineer

JST/mep/cg

cc: Leo DeVito, Esquire – Township Solicitor  
Lisa Pereira, Broughal & DeVito, LLP  
Melissa E. Prugar, P.E. – Boucher & James, Inc.

S:\2016\1630000\Documents\Shine Time Auto\Ltr.D.Asure\_02.2020.docx



**Minimum Control Measure #4**  
**Construction Site Stormwater Runoff Control**

Pocono Township  
1630022  
June 30, 2020

[illegible]





**Boucher & James, Inc.**  
CONSULTING ENGINEERS

Fountainville Professional Building  
1456 Ferry Road, Building 500  
Doylestown, PA 18901  
215-345-9400  
Fax 215-345-9401

2756 Rimrock Drive  
Stroudsburg, PA 18360  
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610-419-9407  
Fax 610-419-9408

[www.bjengineers.com](http://www.bjengineers.com)

EMPLOYEE OWNED COMPANY

INNOVATIVE ENGINEERING

June 19, 2020

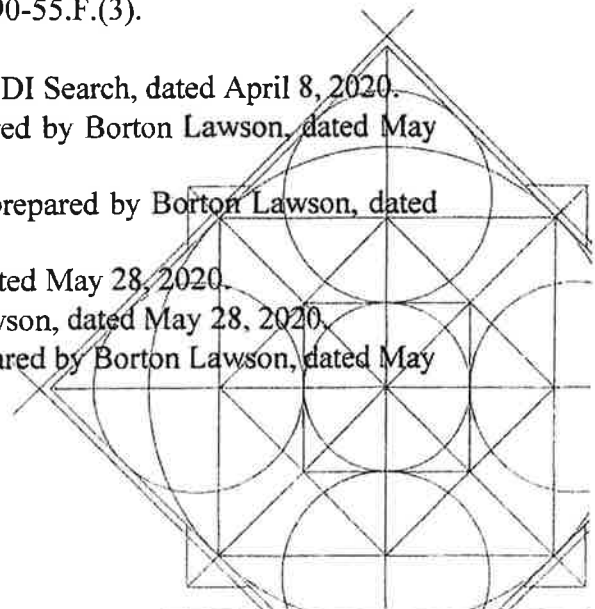
Pocono Township Planning Commission  
112 Township Drive  
Tannersville, PA 18372

**SUBJECT: SANOFI PASTEUR, INC. – B-85 SOLID WASTE AND RECYCLING BUILDING  
PRELIM/FINAL LAND DEVELOPMENT PLAN REVIEW NO. 1  
POCONO TOWNSHIP, MONROE COUNTY, PENNSYLVANIA  
PROJECT NO. 2030105R**

Dear Planning Commission Members:

Pursuant to the Township's request, we have completed our first review of the Preliminary/Final Land Development Plan Application for the Sanofi Pasteur, Inc. B-85 Solid Waste and Recycling Building. The submitted information consists of the following items.

- Submission Transmittal prepared by Borton Lawson, dated May 29, 2020.
- Pocono Township Land Development Application.
- Professional Services Escrow Agreement.
- Appendix G, Request for Modification, SWMO Section 365-14.A.
- Appendix G, Request for Modification, SALDO Section 390-29.G.(7).
- Appendix G, Request for Modification, SALDO Section 390-29.J.(6).
- Appendix G, Request for Modification, SALDO Section 390-32.B.
- Appendix G, Request for Modification, SALDO Section 390-35.
- Appendix G, Request for Modification, SALDO Section 390-41.
- Appendix G, Request for Modification, SALDO Section 390-48.W.(1).
- Appendix G, Request for Modification, SALDO Section 390-50.D.
- Appendix G, Request for Modification, SALDO Section 390-55.F.(3).
- Property Deed, Deed Book 2370, Page 6096.
- PA Department of Conservation and Natural Resources PNDI Search, dated April 8, 2020.
- Erosion & Sediment Pollution Control Plan Report prepared by Borton Lawson, dated May 28, 2020.
- Post Construction Stormwater Management Plan Report prepared by Borton Lawson, dated May 28, 2020.
- Site Context Map (1 sheet) prepared by Borton Lawson, dated May 28, 2020.
- Existing Resources Map (3 sheets) prepared by Borton Lawson, dated May 28, 2020.
- Preliminary/Final Land Development Plan (17 sheets) prepared by Borton Lawson, dated May 28, 2020.



## **BACKGROUND INFORMATION**

The Applicant, Sanofi Pasteur, Inc. is proposing to construct a waste and recycling building on its existing property.

The existing property is located within the I, Industrial, C, Commercial, and R-1, Residential Zoning Districts, has an area of approximately 189 acres and consists of medical laboratories, medical manufacturing, and office buildings with associated parking. Swiftwater Creek traverses the northern portion of the site and areas of wetlands exist throughout the property.

The proposed development will include the removal of several accessory buildings and structures. A 12,150 square foot waste and recycling building, including concrete pads for tractor trailer loading, compactors and dumpsters, and storage will be constructed. Access to the new facility will be by an existing driveway located within the project site. Storm sewer and stormwater management, and water, fire, and sanitary sewer services are also proposed.

Based on our review of the above information, we offer the following comments and/or recommendations for your consideration.

## **ZONING ORDINANCE COMMENTS**

1. In accordance with Section 470-71.C.(1) and Attachment 2, the required septic setback in the R-1, Low Density Residential Zoning District is 10-feet. *The required septic setback shall be listed under the R-1 Zoning Data on Sheet CS1.*
2. In accordance with Sections 470-21.C.(3)(a), the maximum principal building height is 50-feet, however in accordance with Section 470-26.C, “the maximum height of nonresidential structures in C and I Districts may be increased up to 96-feet, provided the side and rear setbacks for the structure are not less than 50% of the height of the structure or the setback required for the district, whichever is greater.” *The proposed building height must be provided under the I, Industrial Zoning Data on Sheet CS-1.*
3. In accordance with Section 470.21.F.(1)(a), “no emission of unpleasant gases or other odorous matter shall be permitted in such quantity as to be offensive outside the lot lines of the tract.” *The applicant shall address any odor emissions associated with the proposed solid waste and recycling building.*
4. All signs shall be in accordance with Article VII. *Any new sign or changes to the existing signage shall follow the regulations set forth in Article VII.*

## **SUBDIVISION AND LAND DEVELOPMENT ORDINANCE COMMENTS**

5. In accordance with Section 390-19.F.(6)(c), “the applicant shall be responsible for submission of the plan and all required supporting documentation to the Monroe County Planning Commission, the Monroe County Conservation District, PennDOT, and all other governing agencies.” *The proposed Land Development requires the following agency approvals.*

- a. *Pocono Township – Land Development Plan approval*
  - b. *Pocono Township – Fire Company*
  - c. *Monroe County Planning Commission – County Planning review*
  - d. *Monroe County Conservation District/Pennsylvania Department of Environmental Protection – Erosion and sedimentation control and Individual NPDES permitting (Major Modification to existing NPDES Permit)*
6. In accordance with Section 390-29.G.(7), “a viewshed analysis using GIS or other suitable methodology showing the location and extent of views into the property and along ridgelines from critical points along adjoining public roads and how the views will be affected by the proposed development and what design elements will be used to minimize the visual effects” must be submitted. *A waiver from Section 390-29.G.(7) is requested. The request states that the location of the proposed building is more than 2,000-feet and 1,000-feet from State Routes 0611 and 0314, respectively. Additionally, the proposed project is on an existing developed portion of the project site and the view of the proposed building from each of these roads is obstructed by existing buildings and trees. The Township shall determine if they will require a viewshed analysis.*
7. In accordance with Section 390-29.I.(32)(m), the plan shall include “a listing of any subdivision/land development waivers or modifications, zoning variances, special exceptions and/or conditional uses that have been granted, including the date of the order of the Pocono Township Zoning Hearing Board or Board of Commissioners granting the same.” *The requested waivers from Sections 390-50.D and 390-55.F.(3) of the Subdivision and Land Development Ordinance and Section 365-14.A of the Stormwater Management Ordinance shall also be included under the list of SALDO Modifications on Sheet CS1.*
8. In accordance with Section 390-29.J.(1)(c), “truck turning movement diagrams for at least a WB-50 truck” must be provided. *Truck turning diagrams showing access through the project site and to the proposed building must be provided for a WB-50 truck and a fire truck.*
9. In accordance with Section 390-29.J.(2), “exterior elevations of the proposed buildings including at least the front and side elevations” must be provided. *Building elevations of the proposed building must be submitted.*
10. In accordance with Section 390-29.J.(6), “proof of legal interest in the property, a copy of the latest deed of record and a current title search report” must be provided. *A property deed has been provided. A title search must be performed, and a copy must be submitted. A waiver from Section 390-29.J.(6) is requested. The request states Sanofi Pasteur, Inc. has been the owner of record for more than 20 years.*
11. In accordance with Section 390-29.J.(7)(a), “a statement from a professional engineer of the type and adequacy of any community water supply system proposed to serve the project” must be submitted and per Section 390-52.E.(4)(c), “where water is to be provided

by means other than by private wells owned and maintained by the individual owners of lots within the subdivision or land development, the applicant shall present evidence to the Township that the subdivision or land development is to be supplied by a certified public utility, a bona fide cooperative association of lot owners, or by a municipal corporation, authority or utility. A copy of a certificate of public convenience from the Pennsylvania Public Utility Commission or an application for such certificate, a cooperative agreement or a commitment or agreement to serve the area in question, whichever is appropriate, shall be acceptable evidence. Such evidence shall be provided prior to recording of the final plan.” *A new water lateral is proposed as part of this project. The plan notes that the Brodhead Creek Regional Authority supplies water to the project site and exceeding the current allocation of water is not anticipated. Additionally, the plan notes that the proposed building will connect to an existing 16-inch domestic water main capable of distributing 2,000 GPM, and the peak building flow is estimated at 88 GPM. A copy of a will-serve letter is required and must be submitted upon receipt.*

12. In accordance with Section 390-29.J.(8)(a), “completed sewage facilities planning module(s) for land development and other required sewage planning documents as required by the Pennsylvania Sewage Facilities Act<sup>27</sup> and PADEP” must be submitted. In addition and in accordance with Section 390-29.J.(8)(c), “if service by the Township, a sewer authority or a public utility is proposed, a letter or other written certification from the Township, the authority or the public utility stating that it will provide the necessary sewer service and verifying that its system has adequate capacity to do so” must also be submitted. *A new sanitary sewer lateral is proposed as part of this project. The plan notes that Sanofi Pasteur owns and operates its own industrial wastewater treatment plant (IWTP). The IWTP was permitted to discharge up to 900,000 GPD of treated wastewater to Swiftwater Creek, spray irrigate up to 313,000 GPD of treated wastewater, and reuse up to 50,000 GPD of treated wastewater. In 2014, Sanofi Pasteur connected to the Pocono Township sewer system and secured authorization to discharge an average daily flow of 350,000 GPD of treated wastewater into the Pocono Township Sanitary Sewer System. The plan indicates that per 2015 reports, the IWTP average daily flow to Swiftwater Creek and the Pocono Township Sanitary Sewer System combined is between 140,000 and 240,000 GPD. The plan further indicates that the proposed project estimates an increase in average daily flows by 80 GPD (8 employees times 10 gpd/employee).*

*Sheet CS1 indicates that no new employees will result from the proposed development. The Applicant shall clarify the 8 employees utilized in the calculation above.*

13. In accordance with Sections 390-29.J.(10) and 390-51.A, “confirmation that the soil erosion and sedimentation control plan has been accepted for review by the Monroe County Conservation District.” In addition, “all soil erosion and sedimentation control plans shall meet the specifications of the Monroe County Conservation District and PADEP, and shall comply with Commonwealth of Pennsylvania, Title 25, Chapter 102 Department of Environmental Protection regulations for soil erosion and sedimentation control.” *The proposed area of disturbance is greater than 1 acre, and a review by the Monroe County Conservation District is required. All correspondences, reviews, and permits from the Conservation District must be provided to the Township. The following comments are*



*related to our review of the submitted Erosion and Sediment Control Plan, Notes and Details.*

- a. Tree protection fence shall be provided along the proposed tree line. A detail shall also be provided on the plan.*
- b. Step 21 of the Sequence of Construction Activities references pipe P-14 twice and should be revised to reference P-15.*

14. In accordance with Section 390-32.B, “no final plan shall be signed by the Board of Commissioners for recording in the office of the Monroe County Recorder of Deeds until:

- A. All improvements required by this chapter are installed to the specifications contained in Article VI of this chapter and other Township requirements and such improvements are certified by the applicant’s engineer; or
- B. Proposed developer’s agreements and performance guarantee in accord with §390-35 and the Pennsylvania Municipalities Planning Code, Act 247 of 1968 as amended, have been accepted by the Board of Commissioners.”

*A performance guarantee, per Section 390-35, must be provided prior to plan recordation. A construction cost estimate shall be submitted for review.*

*Waivers from Sections 390-32.B and 390-35 are requested. The requests state no public improvements are proposed and that the Applicant will coordinate executing an indemnification with the Township prior to commencing construction.*

15. In accordance with Sections 390-38.B and 390-38.C, “the developer shall provide a plan for the succession of ownership, operation and maintenance prepared by the applicant for consideration and approval by the Township, and such plan shall be made part of the development deed covenants and restrictions.” “In the case of land developments such provision shall be in the form of deed covenants and restrictions clearly placing the responsibility of maintenance of all development improvements with the owner of the land development” *The required plan shall be completed and submitted. In addition, ownership and maintenance of the proposed improvements must be in the form of deed covenants and restrictions.*

16. In accordance with Section 390-41, “all applicants proposing any subdivision and/or land development requiring the installation of improvements as required by this chapter shall, prior to final plan approval by the Board of Commissioners, and if so directed by the Board of Commissioners, enter into a legally binding development agreement with the Township whereby the developer guarantees the installation of the required improvements in accord with the approved plan and all Township requirements.” *A development agreement must be executed prior to plan recordation. A waiver from Section 390-41 is requested. The request states no public improvements are proposed, and that the Applicant will coordinate executing an indemnification with the Township prior to commencing construction.*

17. In accordance with Section 390-43.A.(14), “lots and/or parcels shall be laid out and graded to provide positive drainage away from buildings and to prevent damage to neighboring lots, tracts, or parcels. Stormwater management shall be provided in accord with Township stormwater regulations.” *The proposed slope to the northwest of the proposed building between spot elevation 1168.95 and toward spot elevation 1168.75 at the edge of pavement is less than 0.5%. We suggest a minimum 1% slope be provided.*
18. In accordance with Section 390-48.W.(1), “the maximum slope of any earth embankment or excavation shall not exceed one foot vertical to three feet horizontal unless stabilized by a retaining wall or cribbing, except as approved by the Board of Commissioners for special conditions.” *A waiver is from Section 390-48.W.(1) is requested. Section 390-48.W.(1) is related to the construction of roads, therefore we do not believe the request is applicable and may be removed.*
19. *No detention basins are proposed as a result of this submission; however, a rain garden is proposed. We have reviewed the rain garden and find it in conformity with accepted engineering practices. We suggest the applicant request waivers from the following sections to permit construction of the rain garden as designed and submitted.*
  - a. Section 390-50.D.(5) to permit for a slope greater than 4 to 1. A slope of 3 to 1 is proposed.
  - b. Section 390-50.D.(7) to permit a top of berm width less than 10-feet. The proposed berm width is 2-feet.
  - c. Section 390-50.D.(11)(j) to not require an emergency spillway with 1-foot of freeboard.
  - d. Section 390-50.D.(12)(a) to not require anti-seep collars along the discharge pipe and through the rain garden berm.
  - e. Section 390-50.D.(13) to permit the discharge pipe to be plastic pipe and not reinforced concrete pipe with watertight joints.
20. In accordance with Sections 390-52.A.(3) and 390-52.A.(4), Water and Sewage Disposal, three copies of all correspondence, supporting documentation, applications for permits and certificates for operation submitted to the Pennsylvania Department of Environmental Protection and/or the Pennsylvania Public Utilities Commission for the right to provide such services shall be forwarded to the Township as a part of the public record. One copy of the permit and/or certificate of convenience issued by the Pennsylvania Department of Environmental Protection and/or the Pennsylvania Public Utilities Commission authorizing such services shall be forwarded upon receipt to the Township as part of the public record. *All correspondence and associated permits must be submitted to the Township upon receipt.*
21. In accordance with Section 390-52.E.(4)(f)[6][a], “for purposes of fire protection in commercial and industrial uses, the system shall be capable of providing fire-flow and flow

duration based on the type of use, hazard, and construction as specified in the Pennsylvania Uniform Construction Code as amended from time to time; however, the fire flow shall not be less than 1,500 gallons per minute.” In addition, and in accordance with Section 390-52.E.(4)(f)[6][b], “a reduction in the required fire flow by 50% may be permitted when all buildings within a development are provided with an approved automatic sprinkler system in accordance with the International Fire Code as adopted by the Pennsylvania Uniform Construction Code as amended.” *Notes to this effect must be placed on the plan, and evidence of fire flow must be provided to the Township.*

22. In accordance with Section 390-55.B, “unless other provisions of this chapter require more trees or vegetation, each development site shall include a minimum of 12 deciduous or evergreen trees for each one acre. Each deciduous tree shall be 2.5 inch caliper or greater and each evergreen tree shall be six to seven feet in height or greater. As an alternate, 10 trees for each one acre shall be required if deciduous trees are four inches in caliper or greater and evergreen trees are eight feet to 10 feet in height or greater. Five shrubs, 2.5 feet in height, or greater, may be substituted for one tree of 2.5 inch caliper for a maximum of 20% of the tree requirement.” *Two thousand five hundred fifty-six (2,556) deciduous or evergreen trees are required on the 213 acre project site.*

*Per Section 390-55.B.(3), “if healthy, existing trees will be preserved which will generally meet the requirements of this section, the Township may, in its discretion, permit the existing tree(s) to serve as a credit toward the number of shade trees required to be planted. In addition, the Township, in its discretion, may permit existing trees which would otherwise be required to be maintained by this chapter to be removed in exchange for the developer planting replacement trees in accord with this section. To be eligible for use as credit toward a required tree, a preserved tree shall be maintained in such a manner that a minimum of 50% of the ground area under the tree’s dripline shall be maintained in natural ground cover and at the existing ground level. The applicant may provide a sample plot representative of the trees on the parcel to determine the credit.”*

*Upon review of aerial photography, established woodlands exist on the site and could be counted toward the required number of trees. No landscaping is proposed as part of this project.*

*The Planning Commission and Board of Commissioners have previously agreed that the existing woodland and vegetation satisfies this condition. If either wishes to revisit this criteria they should address it with the Applicant.*

23. In accordance with Section 390-55.F.(3)(a) and Table 390-55-1, property line and road right-of-way buffers are required for all multifamily development.

In accordance with Section 390-55.F.(3)(g), “existing healthy trees, shrubs, or woodlands may be substituted for part or all of the required plants with the approval of the Township. The minimum quantities and/or visual effect of the existing vegetation shall be equal to or exceed that of the required buffer as determined by the Township.”

- a. *A 10-foot wide, low intensity buffer consisting of 348 canopy trees and 35*

*ornamental trees are required along the 3,482.55-foot southern property line and adjacent to an existing industrial zoned property.*

- b. A 20-foot wide, high intensity buffer consisting of 79 evergreen trees, 32 ornamental trees, and 32 canopy trees are required along the 1,580.4-foot eastern property line and adjacent to an existing residential development.*
- c. A 20-foot wide, high intensity buffer consisting of 32 evergreen trees, 13 ornamental trees, and 13 canopy trees are required along the 647.46-foot northern property line and adjacent to existing residential zoned properties.*

*No buffer landscaping is proposed. A waiver is requested from Section 390-55.F.(3). We believe the density of the existing woodlands can satisfy the buffer requirements. The Township shall also determine if the existing woodlands can satisfy the buffer requirements.*

- 24. In accordance with Section 390-56.A.(2)(a), “the requirements herein apply to outdoor lighting for uses including the following: business, personal service, multifamily residential, commercial, industrial, public recreational and institutional, except Subsections A.(6) and (7), which apply to all uses, except for outdoor athletic facility lighting fixtures. [See §390-56.A.(8)(c)]” *Lighting is shown on the Layout Plan and a light post detail is provided. A lighting design plan showing light intensities and with supporting notes and additional details must be provided.*
- 25. In accordance with Section 390-58.B.1, common open spaces, recreation areas, and/or in-lieu-of fees “shall apply to any subdivision for which a preliminary plan or a combined preliminary/final plan and any land development for which a plan is submitted after the effective date of this Section 390-58.” In addition, and in accordance with Section 390-58.E.(5), “if a non-residential subdivision or land development is required to dedicate common open space, the following amounts of common open space shall be required, unless revised by resolution of the Board of Commissioners.” *Common open space and recreation areas shall be provided, or if agreed upon by the Board of Commissioners and Applicant per Section 390-58.F, a fee in-lieu-of dedicating open space as determined by the Township Fee Schedule may be provided. The calculated fee in-lieu-of for 2.5 acres of development is \$3,500.*

### **STORMWATER MANAGEMENT ORDINANCE COMMENTS**

The project site is located within the B-1 Stormwater Management District of the Brodhead Creek watershed. The project site discharges to Swiftwater Creek which has a Chapter 93 classification of High Quality, Cold Water Fishery with Migratory Fishes (HQ-CWF, MF).

*The plan shows proposed storm sewer connecting to existing storm sewer. An overall plan must be provided showing where the proposed storm sewer discharge will occur. Upon review of the storm sewer discharge additional design criteria may be required and may be related to peak flow rates, and/or water quality, and/or groundwater recharge.*



26. In accordance with Section 365-8.M, “all stormwater runoff, other than rooftop runoff discussed in Subsection L above, shall be treated for water quality prior to discharge to surface or groundwater.” *Water quality devices, such as snouts, shall be provided. The devices shall be shown in plan and profiles views with any required sump elevation listed, and associated details must also be provided on the plan.*
27. In accordance with Section 365-11.A.(2)(a), “a minimum depth of 24 inches between the bottom of the BMP and the limiting zone” must be provided. *A separation of less than one (1) foot is provided between the encountered limiting zone and proposed bottom of the rain garden. The rain garden must be revised accordingly.*
28. In accordance with Section 365-14.A, “any stormwater management facility (i.e., BMP, detention basin) designed to store runoff and requiring a berm or earthen embankment required or regulated by this chapter shall be designed to provide an emergency spillway to handle flow up to and including the one-hundred-year proposed conditions. The height of embankment must provide a minimum 1.0 foot of freeboard above the maximum pool elevation computed when the facility functions for the one-hundred-year proposed conditions inflow. Should any stormwater management facility require a dam safety permit under PA DEP Chapter 105, the facility shall be designed in accordance with Chapter 105 and meet the regulations of Chapter 105 concerning dam safety which may be required to pass storms larger than the one-hundred-year event.” *We have reviewed the proposed rain garden and find it in conformity with accepted engineering practices. We suggest the applicant request a waiver from this section to permit construction of the rain garden as designed and submitted.*
29. In accordance with Sections 365-15.A and 365-19.A.(4), any earth disturbance must be conducted in conformance with Pennsylvania Title 25, Chapter 102, Erosion and Sediment Control. *The proposed area of disturbance is greater than 1 acre, and a review by the Monroe County Conservation District is required. All correspondences, reviews, and permits from the Conservation District must be provided to the Township. Refer to Comment 13 for our comments related to our review of the submitted Erosion and Sediment Control Plan, Notes and Details.*

#### **STORMWATER MANAGEMENT AND STORM SEWER DESIGN COMMENTS**

30. It does not appear that the lengths and flow types utilized in the time of concentration calculations for drainage area Post D.1d are correct when compared to the path shown in plan view and the calculations should be revised accordingly.
31. The pipe lengths of P-12 and P-11 utilized in the time of concentration calculation for drainage area Post D.1j are inconsistent with those shown in the Storm Pipe P-10 to Storm Pipe P-15 profile on Sheet C701. The time of concentration calculation or profile shall be revised.
32. The invert up elevation listed at P-19 in the Pipe Calculations is inconsistent with that shown in the Storm Pipe P-19 profile on Sheet C701. The Pipe Calculations or profile shall be revised.

33. RD-18 must be labeled in the Storm Pipe RD-16 to RD-18 profile on Sheet C701.
34. Pipes RD-18, RD-17, and RD-16 are located under paved area with less than 2-feet of cover. The pipes shall be revised to maximize the cover over the pipe.
35. The storm sewer pipe crossing with a concrete encasement shall be labeled in the Fire Water Line detail on Sheet C702.
36. Due to the pipe angle entering inlet I-2 it appears a standard inlet box is not feasible, and the box type listed in the Structure Schedule on Sheet C905 should be revised.
37. A detail for the proposed outlet structure including the proposed Z-pipe and any orifice and discharge pipe shall be provided on the plan.

#### **MISCELLANEOUS COMMENTS**

38. A 4-inch sanitary sewer lateral with a 0.5% slope is proposed. Due to the proposed development being nonresidential, a sanitary sewer lateral having a minimum diameter of 6-inches with a minimum slope of 1.0% shall be provided.
39. Asphalt curb is shown northwest of the proposed building and along the perimeter of the dumpster area. The lifespan of an asphalt curb is low when compared to concrete. The Applicant should consider the use of concrete curb where curb is proposed on the project site.
40. Note 14 on Sheet CS1 indicates the peak building water flow is estimated to be 88 gallons per minute while Note 9.4 on Sheet C301 indicates the flow is estimated to be 30 gallons per minute. The notes must be revised for consistency and accuracy.
41. On Sheet C301, it appears the top of wall and bottom of wall elevations are transposed and should be revised.
42. On Sheet C301, additional spot elevations shall be provided along the proposed concrete ramps to confirm ramp and landing area slopes.
43. The height of the proposed concrete curb must be specified by spot elevations on Sheet C301 or the Concrete Curb Detail on Sheet C904 must be revised accordingly.
44. The plan view does not dictate the curb taper length as noted in the Curb Termination Detail on Sheet C904. The plan view or detail must be revised accordingly.
45. On Sheet C904, the type of concrete must be specified in the Loading Area Concrete Slab Detail.
46. Retaining walls are proposed and structural calculations shall be provided prior to construction. A note to this effect must be provided in the Concrete Wall Detail on Sheet C904.

47. On Sheet C905, a Type C frame is referenced as an alternative in the Type M Inlet Adjacent to Curb detail. A detail for a Type C frame shall be provided on the plan.

48. A detail of the proposed guiderail must be provided on the plan.

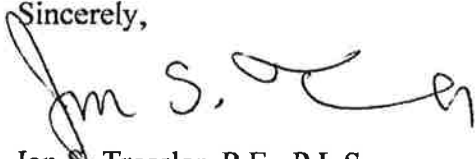
The above comments represent a thorough and comprehensive review of the information submitted with the intent of giving the Township the best direction possible. However, due to the number and nature of the comments, the receipt of a revised plan submission may generate new comments.

In order to facilitate an efficient re-review of revised plans, the Design Engineer shall provide a letter, addressing item by item, their action in response to each of our comments.

We recommend the above comments be addressed to the satisfaction of Pocono Township prior to approval of the proposed Preliminary/Final Land Development Plan.

If you should have any questions regarding the above comments, please call me.

Sincerely,



Jon S. Tresslar, P.E., P.L.S.  
Township Engineer

JST/cg

cc: Taylor Munoz – Township Manager  
Shawn McGlynn – Township Zoning Officer  
Leo DeVito, Esquire – Township Solicitor  
Lisa Pereira, Broughal & DeVito, LLP  
Aaron M. Sisler, P.E., Borton-Lawson – Applicant's Engineer  
Sanofi Pasteur, Inc. – Owner/Applicant  
Lori Kerrigan – Monroe County Conservation District  
Melissa E. Prugar, P.E. – Boucher & James, Inc.

## **Minimum Control Measure #5**

### **Post Construction Stormwater Management in New Development and Redevelopment**



**Minimum Control Measure #5****Construction Site Stormwater Runoff Control****Pocono Township****1630022****June 30, 2020**

<b>Project</b>	<b>NPDES Permit No.</b>	<b>BMP Type</b>	<b>Township Approval Status</b>	<b>Construction Status</b>
Sanofi Pasteur, Inc. - B-85 Solid Waste and Recycling Building		Rain Garden, Swale	Under Review	Pending

**Minimum Control Measure #6**  
**Pollution Prevention/Good Housekeeping**







**MS-4 NPDES PERMITTING YEAR 2 PUBLIC WORKS DEPARTMENT  
OPERATIONS & MAINTENANCE TRAINING SESSION  
POCONO TOWNSHIP, MONROE COUNTY, PENNSYLVANIA  
PROJECT NO. 1630022**

DATE: 6/25/20 TIME: 2:30 pm

*Ni*

	PRINTED NAME	SIGNATURE
1.	EDGETZ	<i>Edgetz</i>
2.	<i>Jim Lopez</i>	<i>Jim Lopez</i>
3.	Dean Hartshorn	<i>Dean Hartshorn</i>
4.	Tom SHICK	<i>Tom Shick</i>
5.	<i>Mitch Saito</i>	<i>Mitch Saito</i>
6.	KEVIN LAUTER	<i>Kevin Lauter</i>
7.	<i>Ryan Huey</i>	<i>Ryan Huey</i>
8.	Corey Sayre	<i>Corey Sayre</i>
9.	<i>Donna J. McCre</i>	<i>Donna J. McCre</i>
10.	<i>Robert + [unclear]</i>	<i>Robert + [unclear]</i>
11.	JACK MANUOK	<i>Jack Manuok</i>



## POCONO TOWNSHIP PUBLIC WORKS DEPARTMENT

### OPERATIONS & MAINTENANCE TRAINING SESSION

To be reviewed by all Public Works Employees

#### Introduction:

Pocono is considered a Municipal Separate Storm Sewer System or MS4 and must report to the Pennsylvania Department of Environmental Protection (PADEP) on a regular basis on specific criteria. One such requirement, under the program's Minimum Control Measure (MCM) #6: Pollution Prevention/Good Housekeeping, is that all employees of a Public Works Department receive associated periodic training. Employees are to be trained to perform their jobs while being mindful of preventing pollution from entering the Township's stormwater system.

Many of the points made in the Operations & Maintenance plans are common sense practices that should be followed for pollution prevention as well as for maintaining a safe working environment. The PADEP noted in a recent seminar that the EPA considers the efforts taken on Pollution Prevention/Good Housekeeping by the various Public Works Departments to be one of the most important parts of the prevention of stormwater pollution.

One of the main points to remember as part of the Public Works Department, and as a consumer of drinking water, is that any substance that is discharged, by whatever means, onto an impervious surface will almost always end up in the stormwater system and ultimately our drinking water supply source.

Although many of the pollutant sources that we will review may seem trivial, but when you multiply these various sources by the municipality's, or even the country's population, the effects are significantly greater.

Another point to be made is that, in general, the prevention of pollution is usually easier, and less costly, than cleaning it up later.

#### Plans to Be Reviewed and Updated as Necessary:

- Note that an updated Stormwater Management Ordinance, consistent with the DEP's 2022 Model Stormwater Management Ordinance is required to be adopted prior to June 2022.

#### Topics to Be Reviewed:

- Illicit Discharges and Possible Sources
  - Being aware to watch for illicit discharges as you perform your regular duties;
  - Construction Sites

- Excessive sediment on roads at construction entrance (or elsewhere that could easily enter the storm sewer system) Construction sediment may carry pollutants from the machinery into the storm sewer system.
  - Silt fence or sediment filter socks in need of repair; siltation is considered to be one of the greatest pollutants to our streams as it affects the aquatic life and can also contribute to flooding and/or flood patterns
  - Improper containment of trash-excessive litter
- Industrial/Businesses
  - Illegal dumping into storm system
  - Improper storage of materials
  - Improper containment of trash – excessive litter
- Private Swimming Pools (Chlorinated)
  - PADEP's Swimming Pool Guidelines: Residents should follow the guidelines outlined on the PA DEP's Fact Sheet under, "What if no public sewer is available?"
- Existing Stormwater Facilities
  - Being aware of the various stormwater management best management practices that you encounter, ESPECIALLY immediately after a storm event
  - Note and report if you observe any stormwater management best management practices that have structures that are clogged and/or require cleaning and/or repair
  - Be aware if you think any facility appears to have been altered without the proper authority
  - Items to note/report at any stormwater outfall as the following may be an indication of an illicit discharge:
    - Discoloration
    - Odor
    - Turbidity (cloudiness or haziness of a fluid)
    - Sheen or residue

- Floating or Submerged Solids
  - Soap bubbles
  - Adverse effects on plants/animals near outfall
  - Build Up of Sediment at end of outfall
- Although the following Sources of Stormwater Pollution may not specifically be issues that the Public Works Department needs to deal with on the job, these are issues that we all should be aware of in our daily lives. Please review and share with family and friends:
    - Pet Waste – An average size dog dropping contains 3 billion fecal coliform bacteria which can be harmful to your health. Pocono Township has approximately 3,734 households (2013-2017) and typically 40% of homes have a dog who could average two (2) poops/day. Doing the math, that works out to 8.9 billion fecal coliform bacteria per day that, if not picked up, could end up in the storm sewer system, especially if it is left in areas where it is easily washed into the system such as by the grassy areas near sidewalks where people tend to walk their dogs. Besides, it's just the right thing to do!
    - Over-use of Fertilizers – Always use the manufacturer's recommended amount of fertilizer as excess fertilizer is easily washed into the storm sewer system and can be detrimental to the aquatic life and our drinking water supplies. Make sure the fertilizers and herbicides are kept on grass surfaces and not spread onto driveways and sidewalks.
    - Grass clippings - While decomposing, grass clippings will use the available oxygen and produce carbon dioxide. If this process occurs in our streams and lakes, oxygen is being depleted from the waters and suffocating the aquatic life. Note that an average 1,000 square foot lawn can generate up to 500 pounds of grass clippings per year. Consider using your mulched grass clippings as a natural fertilizer or try time-released, water insoluble nitrogen fertilizers. Note that corn gluten can be used as a substitute for both weed control and herbicide.
    - Over-use of Deicing Agents – If possible, try to remove the snow before it turns to ice to eliminate using any chemicals at all. If deicing agents are necessary, apply deicing agents according to the manufacturer's recommendations or use alternatives to rock salt such as CMA deicer (Calcium Magnesium Acetate). If possible, clean up the deicing agents before they have a chance to be washed into the storm system.
    - Vehicle Maintenance – As with your work vehicles, personal vehicles should be maintained to prevent leaking motor oil or other fluids from entering the storm sewer system. Any leaks should be repaired as quickly as possible. If

changing your own oil, make sure to use a drip pan, clean up any spills, and always dispose of the used oil properly. Did you know that four (4) quarts of oil can form an eight (8) acre oil slick if dumped or spilled down a storm drain? It is recommended that cars are washed at commercial car washes where the wash water is filtered and recycled. If washing your car at home, do so on the lawn where the dirt and wash water can be naturally filtered. Make sure you use phosphate-free biodegradable detergents.

- Hazardous Materials – Dispose of hazardous materials properly – never into a storm drain. Government agencies typically have periodic hazardous material collection days. (Search “Hazardous Waste Collection Monroe County PA” to find a list of these dates.) Additionally, anything stored outdoors which could contain, or be covered in, any type of pollutant (such as oils, etc.) should be protected by a tarp so that in a rain event these pollutants are not washed into the storm system and ground water.
- No Dumping! – One of the initial catch phrases for the MS4 program is “Only Rain Down the Drain”. The main thing to remember is that only stormwater should be allowed to enter the storm sewer system, whether it is by storm inlets, or any other entry point of the system. Littering can be one of the main sources of pollution washed into the storm sewer system. Dispose of trash properly.