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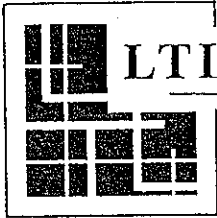
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LTL CONSULTANTS, LTD. • ENGINEERS & CODE OFFICIALS

PO BOX 241 • ONE TOWN CENTRE DRIVE • OLEY, PA 19547
(610) 987-9290 • FAX: (610) 987-9288

November 13, 2002

Amity Township Board of Supervisors
2004 Weavertown Road
Douglassville, PA 19518

As part of LTL Consultants' work on updating Amity Township's "Act 537 Plan," we are planning to conduct a survey of approximately 20% of the Township's residents who live in areas without sewer. This is a requirement of the plan. The survey consists of a brief questionnaire that asks about both the water and on-lot sewage disposal systems on the property. The survey should take less than 5 minutes for each property. In addition to the survey, we ask the property owner for permission to do a brief visual inspection in order to verify the information on the survey. Our staff who will be conducting the surveys are certified Sewage Enforcement Officers, and with their training, may be able to spot problems that the property owner was unaware of. We will also be requesting a water sample. That sample will be tested for the presence of coliform bacteria and nitrates. There is no charge to the property owner, and we will share the results with them. All other information will be kept confidential.

Since we are conducting this survey on your behalf, we would appreciate it if you would sign the attached letter that we will send to the residents whom we have identified as our target population. The letter assures them that we are working on your behalf, briefly explains the purpose of the survey, and tells them how to identify our staff.

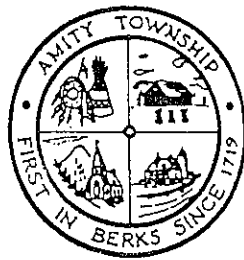
We also request permission to utilize the Township's bulk mailing permit to mail these letters to the Township residents.

Thank you in advance for your cooperation.

Sincerely,

Paul L. Schwartz, AICP
LTL Consultants, Ltd.
Senior Planner

Township Office:
2004 Weavertown Road
Douglassville, PA 19518-8971



Phone: 610-689-6000
Fax: 610-689-9870

AMITY TOWNSHIP
Board of Supervisors

Dear Amity Township Resident:

Amity Township is currently in the process of preparing a plan for the future sewage disposal needs of the Township. An important part of this plan is information on the condition of existing on-lot sewage disposal systems. In order to obtain this information, LTL Consultants the Township's engineering consultant, on behalf of the Amity Township Board of Supervisors, will be conducting a door-to-door survey in the near future.

A representative of LTL Consultants may come to your home to ask you a few questions, to take a brief look at your septic system (with your permission), and obtain a water sample, if you're willing to give one. The results of the water sample will be provided to you at no cost. The individuals conducting this survey will be wearing LTL Consultants photo identification badges.

Your anticipated cooperation in this matter is greatly appreciated. Detailed information concerning the condition of sewage systems in the Township is very important in planning for the future. Presentation of detailed information to the Pennsylvania Department of Environmental Protection will also improve the chances of obtaining state and federal grants and low interest loans for upgrading the sewage treatment facilities in the Township, where required.

Sincerely,

Amity Township Board of Supervisors
F. Eric Sills, Chairman

LTL CONSULTANTS LTD
P.O. Box 241, One Towns Centre Dr.
Oley, PA 19547
610-987-9290

Survey Number _____ - _____

Amity Township

Date ___/___/200___ Weather Conditions _____ LTL Employee _____

Good morning. My name is _____. I'm with LTL Consultants in Oley. We're conducting a survey on behalf of Amity Township to determine whether there are any problems with the on-lot sewage disposal systems in this area. The information will be used in planning for improvements to the sewage treatment plant, and in determining where sewer lines may be extended in the future. This survey will take about 5 minutes. Would you be willing to participate?

Name: _____ Address _____ (Locate property on map, if possible)

Phone () _____ Own Rent Number of people living here _____

ABOUT YOUR DRINKING WATER

1. What kind of water system do you have?
 Well Spring Cistern Public water Other _____

2. If you have a well: Is it DUG or DRILLED? How deep? _____ ft. Cased Y / N

3. How far is the well or spring from the drain field? _____ ft. Is it UPHILL or DOWNHILL?

4. Do you treat your water? Y / N

5. If YES,
 Chlorine UV Softener Ion Exchange
 Reverse Osmosis Other _____

6. Was the water ever tested? Y / N When was it last tested? _____

7. Any contamination? Y / N Total Coliform Fecal Coliform Nitrates
 Other _____

ABOUT YOUR SEWAGE DISPOSAL SYSTEM

8. How large is your lot? _____ sq. ft. or _____ acres

9. Number of homes on the lot _____

10. Number of sewage systems _____

11. The property is used for RESIDENTIAL COMMERCIAL

12. What kind of sewage system do you have? (Check all that apply)
 Septic Tank Inground Bed Community Sewer Cesspool
 Inground Trench Storm Sewer Old Well Elevated Sand Mound
 Pipe to Ditch Holding Tank Seepage Pit Pipe to Stream
 Privy Bore Hole Pipe to Surface
 Other _____

13. Where does your laundry and/or sink water go? (Check all that apply)
 Septic Tank Inground Bed Community Sewer Cesspool
 Inground Trench Storm Sewer Old Well Elevated Sand Mound
 Pipe to Ditch Holding Tank Seepage Pit Pipe to Stream
 Privy Bore Hole Pipe to Surface
 Other _____

14. How old is your system? _____ Was it permitted? Y / N When? _____

15. Have you ever noticed any of the following near your septic system?
 Lush green grass Wetness or spongy areas Odors Water ponding or surfacing
 System overflow Sluggish drains Wastewater backing into home
 Other _____

16. If you noticed any of the above, are they seasonal or year-round? (Circle)

17. Have you ever had your system pumped out? Y / N How often? _____ Last time? _____

18. If it was pumped, was it inspected for cracks or broken baffles? Y / N

19. Has the system ever been repaired? Y / N When? _____ By permit? Y / N
What part? Tank Repaired Replaced
 Line Repaired Replaced
 Drain Field Repaired Replaced

May we take a water sample for testing? Y / N (Results will be provided to you at no charge)

Do we have your permission to confirm this information by looking around? Y / N (Write observations or comments on back of survey)

WATER SAMPLING PROTOCOL

Water samples will be tested for nitrates and for the presence of coliform and fecal coliform. Two separate samples are required, and the protocols for sampling are different.

COLIFORM SAMPLE

1. Remove aerator (if present) from faucet.
2. Spray faucet area with disinfectant (2-3 Tbsp chlorine bleach/32 ounce bottle). Be sure to get spray up into the faucet, and not just on the outside.
3. Let water run for 5 minutes.
4. Take sample in **STERILIZED** bottle.
5. Sample must be returned to test lab within 6 hours. Sample must be at lab no later than **4 PM**. To meet the time constraints:
 - Samples can be taken **NO EARLIER THAN 10 AM**.
 - Sample must be returned to LTL **NO LATER THAN 3 PM**.
 - That allows one hour to get the samples to the test lab.
 - If necessary, we can do 2 runs a day. I can pick up your samples before lunch, and again at 3 – let's discuss that option after the first 2 days of surveys.
6. Samples must be kept on ice in a cooler.
7. There are two sterile sample bottles for the coliform test; one for coliform; the second for fecal coliform. (The test lab didn't have enough large bottles to allow for a single sample)
8. Label bottles as required, and complete "chain of command" paperwork.

NITRATES SAMPLE

1. Sample can be taken after the COLIFORM sample.
2. Put sample in **UNSTERILIZED** bottle.
3. Return with the other sample.
4. Fill out label and "chain of control" paperwork.

Mark bottles with a code so that we can identify them with the site. On your survey form (upper right corner) is a place for a code number.

If possible, identify the sample site on the property map. If you are having difficulty identifying the property, ask the resident to assist (we're assuming they know where they live).

The test lab (M.J. Reider) is closed Thanksgiving, so they cannot accept samples on the day before (Wednesday, Nov. 27th).

If you run into any problems in the field, please contact me ASAP at the office. I will either resolve the problem, or speak to someone at M.J. Reider for an answer and call you back.

Paul Schwartz
Senior Planner

APPENDIX 3-2

Typical "Chain of Custody" form (completed) for NITRATE testing.

M. J. FEIDER ASSOCIATES, INC.
 LICENSED ANALYTICAL LABORATORIES
 USEPA/PADEP 06-003



107 ANGELICA ST.
 READING, PA 19611-1699
 (610) 374-5129
 FAX (610) 374-7234

CHAIN OF CUSTODY

PLEASE PRINT

CLIENT ACCT. # 1845 PURCHASE ORDER NO. _____
 CLIENT: ATL CONSULTANTS CLIENT: _____
 REPORTING ADDRESS: _____ BILLING ADDRESS: _____
 ATTN: _____ ATTN: _____

PHONE: _____ FAX: _____ SAMPLER: _____

SPECIAL INSTRUCTIONS _____

USE ONLY

SAMPLER: CUST

EQUIPMENT RENTAL: _____

SHIPPED OR HAND DELIVERED: _____

PRESERVATION Y N

TEMP. @ 4°C Y N

CHLORINE RES. Y N

APPROVED BY: AM

| OFFICE USE ONLY | SAMPLE IDENTIFICATION | MATRIX | CONTAINER INFO. NO./TYPE/PRESERVATIVE | DATE | COLLECTION TIME | DEF FORM Y/N | ANALYSIS REQUESTED |
|-----------------|-----------------------|--------|---------------------------------------|---------|-----------------|--------------|--------------------|
| 87995 | 62-68 | | | 12-8-02 | | | NITRATE <u>RS</u> |
| 87996 | 62-70 | | | | | | |
| 87997 | 62-72 | | | | | | |
| 87998 | 62-74 | | | | | | |
| 87999 | 62-76 | | | | | | |
| 88000 | 62-78 | | | | | | |
| 88001 | 62-79 | | | | | | |
| 88002 | 62-80 | | | | | | |
| 88003 | 62-81 | | | | | | |
| 88004 | 62-82 | | | | | | |
| 88005 | 62-83 | | | | | | |
| 88006 | 62-84 | | | | | | |

1.5% PER MONTH SURCHARGE WILL BE MADE FOR ACCOUNTS NOT PAID IN 30 DAYS

RECEIVED BY: [Signature] DATE: 12-8-02 TIME: 11:00

RECEIVED FOR LABORATORY BY: [Signature] DATE: 12-8-02 TIME: 11:00

YER MICROBIOLOGY
(Chain of "Custody")

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR CORRECT REPORTING...SEE REVERSE SIDE FOR SAMPLING DIRECTIONS. PLEASE PRINT

SEND REPORT TO: _____

_____ PHONE: _____

SAMPLE LOCATION: _____

PWS-ID# _____ WELL: _____ SPRING: _____ POOL: _____ OTHER: _____

CHECK ANALYSES REQUESTED:
 TOTAL COLIFORM/100ML _____ SPC/1ML _____
 FECAL COLIFORM/100ML _____ SPC/100ML _____

SAMPLED BY: _____

DATE COLLECTED: _____

TIME COLLECTED: _____

RELINQUISHED BY: _____

DATE & TIME RECEIVED: _____

RECEIVED FOR LABORATORY BY: _____

DATE & TIME TESTED: _____

TESTED BY: _____

ANALYSIS: _____

TOTAL COLI/100ML _____ SPC/1ML _____

FECAL COLI/100ML _____ SPC/100ML _____

24 HRS 48 HRS 24 HRS 48 HRS
 TYPICAL LTB _____ ATYPICAL LTB _____
 BGB _____ BGB _____
 EC _____ EC _____

REMARKS: _____

HOLD FOR OTHER TEST RESULTS: _____

AMOUNT PAID: \$ _____ DATE: _____

RECEIPT NO.: _____ EMPLOYEES INITIALS: _____

TEMPERATURE: _____ B A T C C

Directions for Taking Sample of Water for Bacteriological Analysis

Enclosed with this direction sheet is a sterilized bottle for sending the water to our laboratory.
 Do not touch the lip or inside of the bottle as this will contaminate the container and lead to an incorrect analysis.
 DO NOT RINSE THE BOTTLE BEFORE TAKING THE SAMPLE. TAKE SAMPLE FROM COLD WATER TAP.
 Remove aerators or other attachments from spigots. Allow the water to run for 5 minutes before collecting the sample.
 This will flush out the line and provide a fresh sample for the analysis.
 Fill the bottle to the shoulder but do not overflow. Do not lay the cap down while sampling. Replace the cap firmly.
 Samples should be taken so as to reach the laboratory within 8 hours. If samples are to returned by mail, please collect and ship not later than Thursday and samples must reach the lab within 24 hours.
PAYMENT TERMS: Net 30 days, 1.5% per month charges after 30 days. PRE-PAYMENT VALID FOR 6 MONTHS.
 COMPLETE THE FORM ON THE REVERSE SIDE, PLACE IN THE CONTAINER AND RETURN TO:

M. J. REIDER ASSOCIATES, INC.

PHONE: (610) 374-5129
 107 ANGELICA STREET
 Pennsylvania D.E.P. Laboratory No. 06003
 READING, PA 19611



M.J. Reider Associates, Inc.
 LICENSED ANALYTICAL LABORATORIES
 107 Angelica St., Reading, PA - 374-5129

CLIENT: _____

SAMPLE ID/LOCATION: _____

DATE/TIME OF COLLECTION: _____

SAMPLER: _____
 COMPOSITE GRAB PRESERVED

ANALYSIS REQUESTED: _____

LWO # _____

CERTIFICATE OF ANALYSIS
M.J. Reider Associates, Inc.



Attention: Paul Schwartz
 Reported To: LTL Consultants, LTD.
 P.O. Box 241
 One Town Centre Drive
 Oley PA 19547

Date of Report: 12/24/02
 Project Number: 0324174
 Lab ID: 1845-02-0088148
 Date Collected: 12/19/02 00:00
 Collected By: Client
 Date Received: 12/19/02 15:57

Sample Desc: 62-88

| | Result | Unit | Det. Limit | Dilutn Factor | Procedure | Test Date | Time | Analyst |
|-------------------------|---------|--------|------------|---------------|-----------|-----------|-------|---------|
| BACTERIOLOGY | | | | | | | | |
| Fecal Coliform | Present | /100ml | 1 | 1 | SM 9222B | 12/19 | 16:40 | MLB |
| Total Coliform Bacteria | Present | /100ml | 1 | 1 | SM 9222B | 12/19 | 16:40 | MLB |
| CHEMISTRY | | | | | | | | |
| ION CHROMAT | | | | | | | | |
| Nitrogen, Nitrate | 10.66 | mg/l | 1 | 1 | EPA 300.0 | 12/20 | 14:33 | RXS |

COMMENTS

01 This water sample DOES NOT comply with PADEP standards of 0 Coliform and less than 10 Nitrate.

Distribution of Reports:

Reviewed and Approved by:

Barbara Coyle
 Laboratory Director

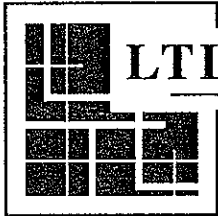


ENVIRONMENTAL TESTING LABORATORY 109 ANSELICA STREET, READING, PA 19611
 PHONE: 610-374-5129 • FAX: 610-374-7234 • www.mjreider.com

PADEP #06-003 NJDEP #77903 NYDOH #11630 MDDOH #261 VA #0216 FDA #42146



AGIL Seal of Excellence



LTL CONSULTANTS, LTD. • ENGINEERS & CODE OFFICIALS

PO BOX 241 • ONE TOWN CENTRE DRIVE • OLEY, PA 19547
(610) 987-9290 • FAX: (610) 987-9288

January 2003



Douglassville, PA 19518

Dear Resident:

Thank you for allowing us to sample your drinking water as part of the Amity Township Act 537 Sewage Facilities study. Your water was tested for the presence of coliform bacteria (fecal and non-fecal) and for nitrates. The Pennsylvania Department of Environmental Protection's standard for safe drinking water is **zero coliform** and **less than 10 parts per million (ppm) nitrates**. Your results are listed below.

COLIFORM BACTERIA

Coliform bacteria was was not present.

Fecal coliform bacteria was was not present.

The presence of fecal coliform bacteria indicates that your well is contaminated by animal or human waste. If your well tested positive for coliform (fecal or non-fecal), we have enclosed a Fact Sheet advising you of action that you should consider taking to decontaminate your well.

NITRATES

The measured level of nitrate (NO₃ as N) was _____ ppm.

If the measured level was greater than 10 ppm, we have enclosed additional information explaining the potential health hazards associated with nitrates, and steps that you can take to mitigate those effects.

Sincerely,

Paul L. Schwartz, AICP
LTL Consultants, Ltd.
Senior Planner

Enclosures:

- PaDEP Fact Sheet - "Disinfection of Home Wells and Springs"
- PaDEP - "Commercial Certified Drinking Water Laboratories for Pennsylvania"
- Wisconsin Dept. of Natural Resources - "Nitrate in Drinking Water"