
EXHIBIT N2

**DISCHARGE MONITORING REPORTS -
POSSUM HOLLOW WASTE WATER TREATMENT PLANT
(2012 - 2016)**

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-01-01 To: 2012-01-31 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		5.9	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.7	*****	7.3	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	11	18		*****	7	9.6	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<5	*****		*****	<2.6	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****	lbs/day	*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.209	0.351		*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	<6	70	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	5	12		*****	<3	6.5	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission.

Page 1

PARAMETER SPECIFIC COMMENTS:

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Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-03-01 To: 2012-03-31 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		7.2	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.6	*****	7.3	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	9	12		*****	5	6.8	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.3	*****		*****	<0.2	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****	lbs/day	*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.207	0.216		*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	34	62	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<4	4		*****	<2	2.7	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite

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PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-04-01 To: 2012-04-30 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		7.2	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		7	*****	7.6	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<7	7	lbs/day	*****	<4	5	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	0.3	*****	lbs/day	*****	0.2	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.200	0.237	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	24	71	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<4	5	lbs/day	*****	<2	2.8	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite

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				2012-05-25

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PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgn/ Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-05-01 To: 2012-05-31 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		6.9	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		7	*****	7.3	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<7	<8	lbs/day	*****	<4	4.3	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.5	*****	lbs/day	*****	<0.3	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.216	0.348	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	31	308	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<4	5	lbs/day	*****	<2	3	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite
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											2012-06-15

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Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE RgnI Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-06-01 To: 2012-06-30 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		6	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****		1/day	Grab	
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.9	*****	7.2	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum		1/day	Grab	
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<8	<8	lbs/day	*****	<4	4.7	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average		1/week	24-Hr Composite	
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.5	*****	lbs/day	*****	<0.3	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****		1/week	24-Hr Composite	
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.218	0.222	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****		Continuous	Metered	
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	81	120	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum		1/week	Grab	
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<4	<4	lbs/day	*****	<2	<2	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average		1/week	24-Hr Composite	

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				2012-07-17

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Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-07-01 To: 2012-07-31 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		5.5	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.9	*****	7.1	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<7	<8		*****	<4	4.4		0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	1	*****		*****	0.7	*****		0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****	lbs/day	*****	8.0 Average Monthly	*****	mg/L		1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	.217	.258		*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	51	265	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<4	4		*****	<2	2.3		0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite
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										2012-08-23	

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FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-08-01 To: 2012-08-31 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		5.3	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****		1/day	Grab	
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.8	*****	7.1	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum		1/day	Grab	
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<8	<9	lbs/day	*****	<4	4	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average		1/week	24-Hr Composite	
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.5	*****	lbs/day	*****	<0.3	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****		1/week	24-Hr Composite	
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.232	0.297	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****		Continuous	Metered	
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	67	132	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum		1/week	Grab	
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<4	<4	lbs/day	*****	<2	<2	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average		1/week	24-Hr Composite	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

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PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-10-01 To: 2012-10-31 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		5.7	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.6	*****	7.1	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	16	21	lbs/day	*****	9	12.8	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.2	*****	lbs/day	*****	<0.1	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.225	0.389	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	19	35	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<4	<4	lbs/day	*****	<2	2.2	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite

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				2012-11-28

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Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-11-01 To: 2012-11-30 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		6.6	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.6	*****	7.1	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	14	16		*****	8	9.6		0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.2	*****		*****	<0.1	*****		0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****	lbs/day	*****	8.0 Average Monthly	*****	mg/L		1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.208	0.272		*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	37	176		0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum	CFU/100 mL		1/week	Grab
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	5	6		*****	3	3.2		0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission.

Page 1

PARAMETER SPECIFIC COMMENTS:

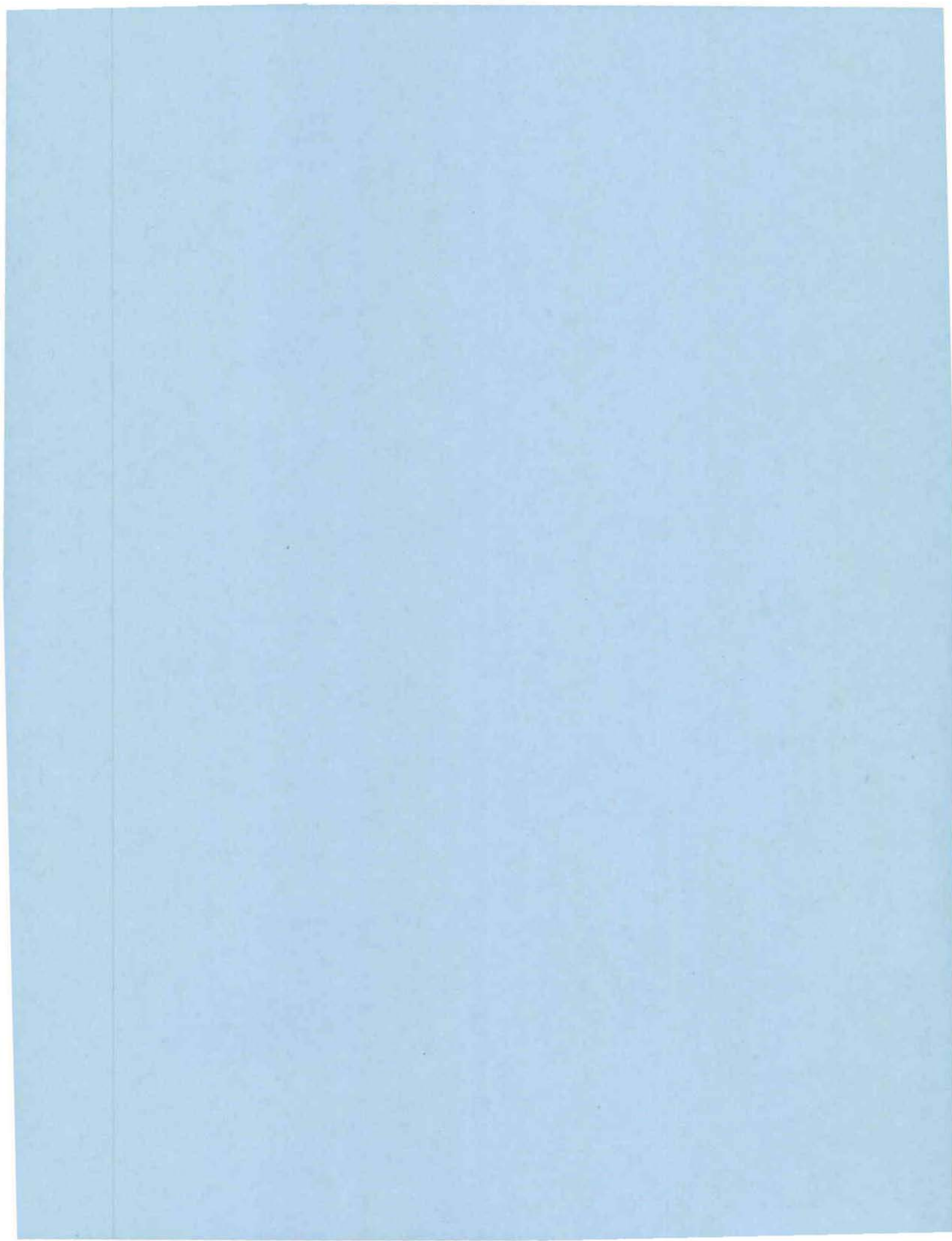
Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-12-01 To: 2012-12-31 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		6.7	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.7	*****	7.0	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	15	23	lbs/day	*****	8	12.4	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	0.3	*****	lbs/day	*****	0.2	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.226	0.332	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	18	68	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	5	8	lbs/day	*****	3	3.3	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

PARAMETER SPECIFIC COMMENTS:



Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-01-01 To: 2013-01-31 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading			Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value	Units	Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		7.4	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.5	*****	6.9	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	17	23		*****	8	10	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	0.3	*****		*****	0.2	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****	lbs/day	*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.221	0.343		*****	*****	*****	MGD	0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	<5	41	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<6	9		*****	<3	3.2	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite

Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).	Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-02-01 To: 2013-02-28 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		8.4	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.7	*****	6.9	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<9	12		*****	<5	6.8	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.2	*****		*****	<0.1	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****	lbs/day	*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.214	0.270		*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	8	9	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<4	<4		*****	<2	2.1	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission.

Page 1

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-03-01 **NO DISCHARGE**
LIMERICK, PA 19468 To: 2013-03-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		8	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.5	*****	8.3	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<8	9		*****	<4	4.8	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	1	*****		*****	0.6	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****	lbs/day	*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.217	0.269		*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	12	14	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<4	<4		*****	<2	<2	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite

Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).	Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date
				2013-04-24

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

GENERAL REPORT COMMENT:

The Effluent Flow Meter Totalizer was Malfunctioning on 3/30/13 and 3/31/13. Therefore, the flow totals for those two days were estimated using the average of the totals for the other 29 days in March (0.217 MGD). The Effluent Flow Meter has since been replaced and functions properly.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-04-01 **NO DISCHARGE**
LIMERICK, PA 19468 **TO:** 2013-04-30 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		6.7	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6	*****	7.5	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	10	13	lbs/day	*****	6	8	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.5	*****	lbs/day	*****	<0.3	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Average Monthly	*****		*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.223	0.295	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	138	312	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<6	12	lbs/day	*****	<3	4.9	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

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GENERAL REPORT COMMENT:

The Effluent Flow Totals for March 31, April 1 and April 2 are Estimated. The Effluent Flow Meter was malfunctioning. We had our service company in on April 3rd and they installed a new one.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-05-01 To: 2013-05-31 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		5.8	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.8	*****	7.1	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<9	13		*****	<5	7.2	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	2	*****		*****	0.9	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****	lbs/day	*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.220	0.310		*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	23	55	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	5	7		*****	3	3.7	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite
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PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-06-01 To: 2013-06-30 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		6.1	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Minimum	*****	*****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.8	*****	7.3	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<8	9		*****	<4	5	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	1	*****		*****	0.7	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****	lbs/day	*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.253	0.445		*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	32	44	CFU/100 mL	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	6	8		*****	3	4.3	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite
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PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-07-01 **NO DISCHARGE**
LIMERICK, PA 19468 **To:** 2013-07-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	****	****		5.5	****	****	mg/L	0	1/day	Grab
	Permit Requirement	****	****		5.0 Minimum	****	****			1/day	Grab
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	****	****		6.7	****	7	S.U.	0	1/day	Grab
	Permit Requirement	****	****		6.0 Minimum	****	9.0 Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<7	8		****	<4	4.4	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average	lbs/day	****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	2	****		****	0.9	****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	****	lbs/day	****	8.0 Average Monthly	****			1/week	24-Hr Composite
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.23	0.293		****	****	****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	****	****			Continuous	Metered
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	****	****		****	26	68	CFU/100 mL	0	1/week	Grab
	Permit Requirement	****	****		****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	5	6		****	3	3.4	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average	lbs/day	****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite

Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).	Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date
				2013-08-28

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

GENERAL REPORT COMMENT:

Possum Hollow STP's Permit Renewal is still being finalized. Shortly, it should be formally accepted (issued).

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-08-01 To: 2013-08-31 **NO DISCHARGE FROM SITE:** ()

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	*****	*****		5.6	*****	*****	mg/L	0	1/day	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	*****	*****		5.0 Instantaneous Minimum	*****	*****			1/day	Grab
pH	Sample Measurement	*****	*****		6.8	*****	7	S.U.	0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	*****	*****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum			1/day	Grab
Total Suspended Solids	Sample Measurement	<9	10		*****	<4	5.6	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	175 Average Monthly	263 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	<0.2	*****		*****	<0.1	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	47 Average Monthly	*****	lbs/day	*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Flow (mgd)	Sample Measurement	0.234	0.33		*****	*****	*****		0	Continuous	Metered
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Metered
Fecal Coliform	Sample Measurement	*****	*****		*****	30	44	No./100 ml	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5	Sample Measurement	6	9		*****	3	4.9	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	117 Average Monthly	175 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	
										2013-09-27	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-09-01 To: 2013-09-30 **NO DISCHARGE FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	*****	*****		6.1	*****	*****	mg/L	0	1/day	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	*****	*****		5.0 Instantaneous Minimum	*****	*****			1/day	Grab
pH	Sample Measurement	*****	*****		6.6	*****	7	S.U.	0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	*****	*****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum			1/day	Grab
Total Suspended Solids	Sample Measurement	<6	<7		*****	<4	4	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	175 Average Monthly	263 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	<0.2	*****		*****	<0.1	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	47 Average Monthly	*****	lbs/day	*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Flow (mgd)	Sample Measurement	0.205	0.242		*****	*****	*****		0	Continuous	Metered
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Metered
Fecal Coliform	Sample Measurement	*****	*****		*****	37	68	No./100 ml	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5	Sample Measurement	5	6		*****	3	3.6	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	117 Average Monthly	175 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	
										2013-10-28	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission.

Page 1

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-10-01 **NO DISCHARGE**
LIMERICK, PA 19468 **To:** 2013-10-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	****	****		6	****	****		0	1/day	Grab
Parameter Code: 00300	Permit Requirement	****	****		5.0	Instantaneous Minimum	****	mg/L		1/day	Grab
BOD5	Sample Measurement	361	****		****	215	****		0	1/week	24-Hr Composite
Parameter Code: 00310	Permit Requirement	Report Average Monthly	****	lbs/day	****	Report Average Monthly	****	mg/L		1/week	24-Hr Composite
pH	Sample Measurement	****	****		6.7	****	7.1		0	1/day	Grab
Parameter Code: 00400	Permit Requirement	****	****		6.0	Instantaneous Minimum	9.0	S.U.		1/day	Grab
Total Suspended Solids	Sample Measurement	<9	14		****	<5	8		0	1/week	24-Hr Composite
Parameter Code: 00530	Permit Requirement	175 Average Monthly	263 Weekly Average	lbs/day	****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Total Suspended Solids	Sample Measurement	437	****		****	260	****		0	1/week	24-Hr Composite
Parameter Code: 00530	Permit Requirement	Report Average Monthly	****	lbs/day	****	Report Average Monthly	****	mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	<0.2	****		****	<0.1	****		0	1/week	24-Hr Composite
Parameter Code: 00610	Permit Requirement	47 Average Monthly	****	lbs/day	****	8.0 Average Monthly	****	mg/L		1/week	24-Hr Composite
Total Phosphorus	Sample Measurement	10	****		****	6	****		0	1/week	24-Hr Composite
Parameter Code: 00665	Permit Requirement	Report Average Monthly	****	lbs/day	****	Report Average Monthly	****	mg/L		1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	
										2013-11-22	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY

ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-10-01 **NO DISCHARGE**
 LIMERICK, PA 19468 To: 2013-10-31 **FROM SITE:** ()
CITY: LIMERICK

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
UV Intensity	Sample Measurement	*****	*****		100	*****	*****	µw/cm²	0	1/day	Metered
Parameter Code: 49607	Permit Requirement	*****	*****		Report Minimum	*****	*****			1/day	Metered
Flow (mgd)	Sample Measurement	0.209	0.297	MGD	*****	*****	*****		0	Continuous	Metered
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****			Continuous	Metered
Fecal Coliform	Sample Measurement	*****	*****		*****	63	152	No./100 ml	0	1/week	Grab
Parameter Code: 74055	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
CBOD5	Sample Measurement	<3	<4	lbs/day	*****	<2	<2	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite
CBOD5	Sample Measurement	348	*****	lbs/day	*****	208	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2013-11-22	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 2 submission.

GENERAL REPORT COMMENT:

Note that our UV Monitor Reads in "Percent Intensity" (100%, 90%, 80%, or 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-11-01 **NO DISCHARGE**
LIMERICK, PA 19468 To: 2013-11-30 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		6.2	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	*****				
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	438	*****	lbs/day	*****	241	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.8	*****	7.1	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum				
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	18	34	lbs/day	*****	9	13	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average				
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	510	*****	lbs/day	*****	277	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.2	*****	lbs/day	*****	<0.1	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****				
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	9	*****	lbs/day	*****	4.95	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2013-12-27	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
UV Intensity	Sample Measurement	*****	*****		100	*****	*****	uw/cm ²	0	1/day	Metered
Parameter Code: 49607	Permit Requirement	*****	*****		Report Minimum	*****	*****			1/day	Metered
Stage Code: 1											
Flow (mgd)	Sample Measurement	0.210	0.313		*****	*****	*****		0	Continuous	Metered
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Metered
Stage Code: 1											
Fecal Coliform	Sample Measurement	*****	*****		*****	38	71	No./100 ml	0	1/week	Grab
Parameter Code: 74055	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
Stage Code: 1											
CBOD5	Sample Measurement	<4	<5		*****	<2	<2		0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	117 Average Monthly	175 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite
Stage Code: 1											
CBOD5	Sample Measurement	453	*****		*****	245	*****		0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Stage Code: RI											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2013-12-27	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 2 submission.

GENERAL REPORT COMMENT:

Note that our UV Monitor Reads in "Percent Intensity" (100%, 90%, 80%, or 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-12-01 **NO DISCHARGE**
LIMERICK, PA 19468 To: 2013-12-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	****	****		7.8	****	****	mg/L	0	1/day	Grab
	Permit Requirement	****	****		Instantaneous Minimum	****	****			1/day	Grab
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	470	****	lbs/day	****	236	****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	****		****	Report Average Monthly	****			1/week	24-Hr Composite
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	****	****		6.6	****	7		0	1/day	Grab
	Permit Requirement	****	****		Instantaneous Minimum	****	Instantaneous Maximum	S.U.		1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<11	18	lbs/day	****	<5	8	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	342	****	lbs/day	****	170	****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	****		****	Report Average Monthly	****			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.2	****	lbs/day	****	<0.1	****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	****		****	8.0 Average Monthly	****			1/week	24-Hr Composite
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	9	****	lbs/day	****	4.3	****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	****		****	Report Average Monthly	****			1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		
									2014-01-28		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY

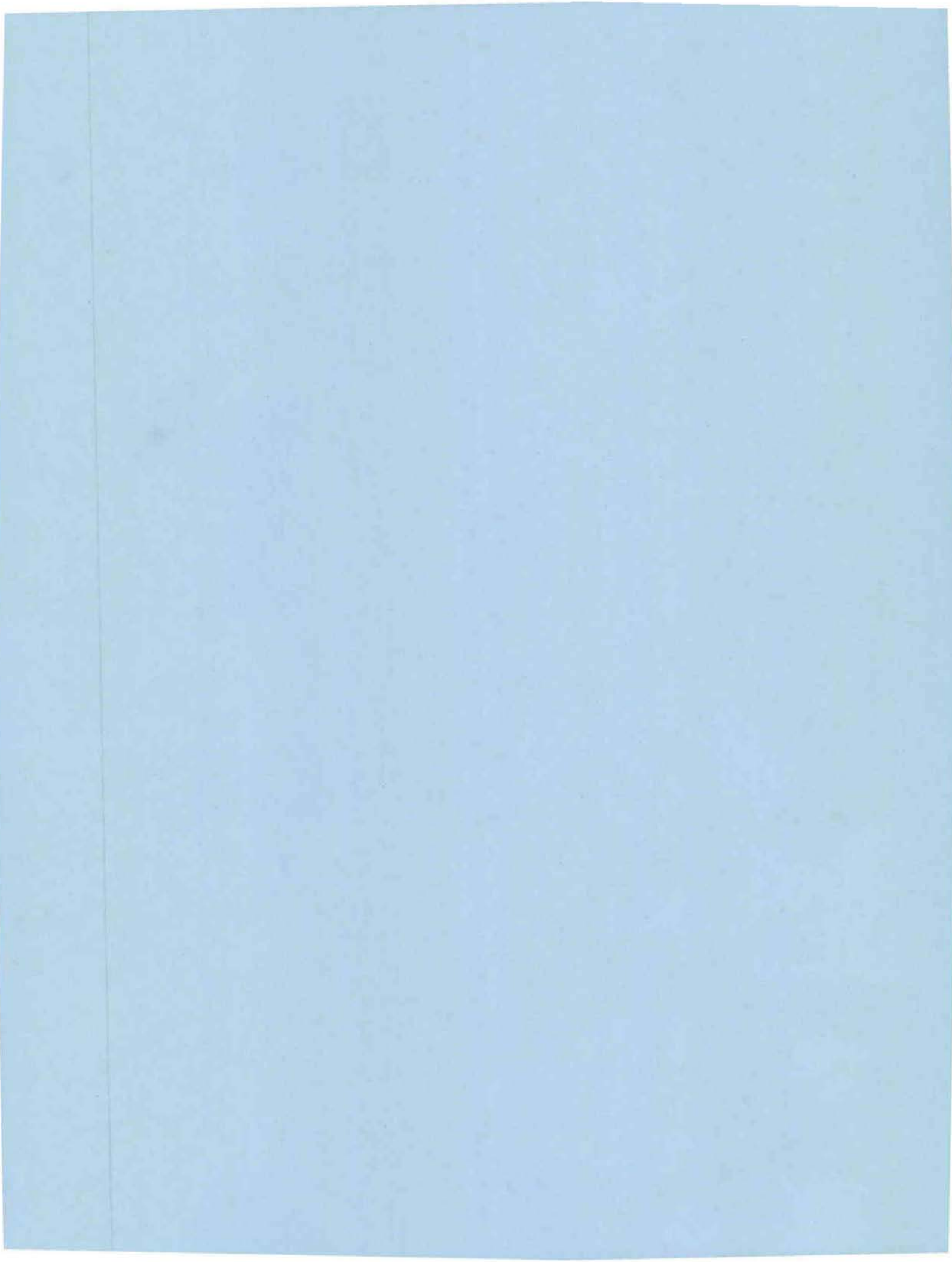
Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
UV Intensity	Sample Measurement	*****	*****		100	*****	*****	µw/cm ²	0	1/day	Metered
Parameter Code: 49607	Permit Requirement	*****	*****		Report Minimum	*****	*****			1/day	Metered
Stage Code: 1											
Flow (mgd)	Sample Measurement	0.26	0.391		*****	*****	*****		0	Continuous	Metered
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Metered
Stage Code: 1											
Fecal Coliform	Sample Measurement	*****	*****		*****	17	47	No./100 ml	0	1/week	Grab
Parameter Code: 74055	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
Stage Code: 1											
CBOD5	Sample Measurement	<4	5		*****	<2	2		0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	117 Average Monthly	175 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite
Stage Code: 1											
CBOD5	Sample Measurement	403	*****		*****	201	*****		0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Stage Code: RI											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	
										2014-01-28	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 2 submission.

GENERAL REPORT COMMENT:

Note that our UV monitor Reads in "Percent Intensity" (100%, 90%, 80% or 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:



Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-01-01 **NO DISCHARGE**
LIMERICK, PA 19468 **To:** 2014-01-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	*****	*****		9	*****	*****	mg/L	0	1/day	Grab
Parameter Code: 00300	Permit Requirement	*****	*****		5.0	Instantaneous Minimum	*****			1/day	Grab
Stage Code: 1											
BOD5	Sample Measurement	433	*****		*****	219	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00310	Permit Requirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly	*****			1/week	24-Hr Composite
Stage Code: RI											
pH	Sample Measurement	*****	*****		6.3	*****	7.1		0	1/day	Grab
Parameter Code: 00400	Permit Requirement	*****	*****		6.0	Instantaneous Minimum	9.0	S.U.		1/day	Grab
Stage Code: 1							Instantaneous Maximum				
Total Suspended Solids	Sample Measurement	14	20		*****	7	10	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530	Permit Requirement	175	263	lbs/day	*****	30	45			1/week	24-Hr Composite
Stage Code: 1		Average Monthly	Weekly Average			Average Monthly	Weekly Average				
Total Suspended Solids	Sample Measurement	369	*****		*****	186	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530	Permit Requirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly	*****			1/week	24-Hr Composite
Stage Code: RI											
Ammonia-Nitrogen	Sample Measurement	<0.2	*****		*****	<0.1	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00610	Permit Requirement	47	*****	lbs/day	*****	8.0	*****			1/week	24-Hr Composite
Stage Code: 1		Average Monthly	*****			Average Monthly	*****				
Total Phosphorus	Sample Measurement	8	*****		*****	4.15	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00665	Permit Requirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly	*****			1/week	24-Hr Composite
Stage Code: 1											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	
										2014-02-28	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY

ADDRESS: 646 WEST RIDGE PIKE LIMERICK, PA 19468
MONITORING PERIOD:
CITY: LIMERICK
From: 2014-01-01 **NO DISCHARGE**
To: 2014-01-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
UV Intensity	Sample Measurement	****	****		100	****	****	uw/cm ²	0	1/day	Metered
Parameter Code: 49607	Permit Requirement	****	****		Report Minimum	****	****			1/day	Metered
Stage Code: 1											
Flow (mgd)	Sample Measurement	0.248	0.370	MGD	****	****	****		0	Continuous	Metered
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum		****	****	****				Continuous
Stage Code: 1											
Fecal Coliform	Sample Measurement	****	****		****	<7	21	No./100 ml	0	1/week	Grab
Parameter Code: 74055	Permit Requirement	****	****		****	200 Geometric Mean	1000 Instantaneous Maximum				1/week
Stage Code: 1											
CBOD5	Sample Measurement	<5	7	lbs/day	****	<2	3	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	117 Average Monthly	175 Weekly Average		****	20 Average Monthly	30 Weekly Average				
Stage Code: 1											
CBOD5	Sample Measurement	372	****	lbs/day	****	188	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	Report Average Monthly	****		****	Report Average Monthly	****				
Stage Code: RI											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date
											2014-02-28

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 2 submission.

GENERAL REPORT COMMENT:

Note that our UV monitor Reads in "Percent Intensity" (100%, 90%, 80%, or 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-02-01 **NO DISCHARGE**
LIMERICK, PA 19468 To: 2014-02-28 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		7.6	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	*****		1/day	Grab	
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	526	*****	lbs/day	*****	227	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/week	24-Hr Composite	
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.6	*****	7.1	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum		1/day	Grab	
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	16	21	lbs/day	*****	7	9	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average		1/week	24-Hr Composite	
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	512	*****	lbs/day	*****	214	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/week	24-Hr Composite	
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.2	*****	lbs/day	*****	<0.1	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Average Monthly	*****		*****	8.0 Average Monthly	*****		1/week	24-Hr Composite	
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	10	*****	lbs/day	*****	4.03	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/week	24-Hr Composite	

Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).	Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date
				2014-03-28

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY

ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-02-01 **NO DISCHARGE**
 LIMERICK, PA 19468 **PERIOD:** To: 2014-02-28 **FROM SITE:** ()
CITY: LIMERICK

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
UV Intensity	Sample Measurement	*****	*****		100	*****	*****	µw/cm²	0	1/day	Metered
Parameter Code: 49607	Permit Requirement	*****	*****		Report Minimum	*****	*****			1/day	Metered
Stage Code: 1											
Flow (mgd)	Sample Measurement	0.269	0.41	MGD	*****	*****	*****		0	Continuous	Metered
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				Continuous
Stage Code: 1											
Fecal Coliform	Sample Measurement	*****	*****		*****	14	32	No./100 ml	0	1/week	Grab
Parameter Code: 74055	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				1/week
Stage Code: 1											
CBOD5	Sample Measurement	<5	<7	lbs/day	*****	<2	3	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average				
Stage Code: 1											
CBOD5	Sample Measurement	515	*****	lbs/day	*****	220	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Stage Code: RI											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date
											2014-03-28

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 2 submission.

GENERAL REPORT COMMENT:

Note that our UV monitor Reads in "Percent Intensity" (100%, 90%, 80%, or 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-03-01 **NO DISCHARGE**
LIMERICK, PA 19468 **To:** 2014-03-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	****	****		6.8	****	****	mg/L	0	1/day	Grab
	Permit Requirement	****	****		5.0 Instantaneous Minimum	****	****		1/day	Grab	
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	501	****	lbs/day	****	249	****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	****		****	Report Average Monthly	****		1/week	24-Hr Composite	
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	****	****		6.7	****	7	S.U.	0	1/day	Grab
	Permit Requirement	****	****		6.0 Instantaneous Minimum	****	9.0 Instantaneous Maximum		1/day	Grab	
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<9	11	lbs/day	****	<4	5	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		****	30 Average Monthly	45 Weekly Average		1/week	24-Hr Composite	
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	566	****	lbs/day	****	274	****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	****		****	Report Average Monthly	****		1/week	24-Hr Composite	
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.6	****	lbs/day	****	<0.3	****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	****		****	8.0 Average Monthly	****		1/week	24-Hr Composite	
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	10	****	lbs/day	****	5.13	****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	****		****	Report Average Monthly	****		1/week	24-Hr Composite	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	
										2014-04-23	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY

ADDRESS: 646 WEST RIDGE PIKE MONITORING PERIOD: From: 2014-03-01 NO DISCHARGE To: 2014-03-31 FROM SITE: CITY: LIMERICK ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
UV Intensity	Sample Measurement	*****	*****		100	*****	*****	µw/cm²	0	1/day	Metered
Parameter Code: 49607	Permit Requirement	*****	*****		Report Minimum	*****	*****			1/day	Metered
Stage Code: 1											
Flow (mgd)	Sample Measurement	0.25	0.403		*****	*****	*****		0	Continuous	Metered
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Metered
Stage Code: 1											
Fecal Coliform	Sample Measurement	*****	*****		*****	9	55	No./100 ml	0	1/week	Grab
Parameter Code: 74055	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
Stage Code: 1											
CBOD5	Sample Measurement	<4	<5		*****	<2	<2		0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	117 Average Monthly	175 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite
Stage Code: 1											
CBOD5	Sample Measurement	464	*****		*****	230	*****		0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Stage Code: RI											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 2 submission.

GENERAL REPORT COMMENT:

Note that our UV Monitor Reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-04-01 **NO DISCHARGE**
LIMERICK, PA 19468 To: 2014-04-30 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		7.3	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	*****				
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	578	*****	lbs/day	*****	220	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.8	*****	7.1	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum				
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<11	<18	lbs/day	*****	<4	6	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average				
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	649	*****	lbs/day	*****	241	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	2	*****	lbs/day	*****	0.7	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****				
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	13	*****	lbs/day	*****	4.91	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date
											2014-05-28

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY

ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-04-01 **NO DISCHARGE**
 LIMERICK, PA 19468 **PERIOD:** To: 2014-04-30 **FROM SITE:** LIMERICK
 CITY: LIMERICK
 ()

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
UV Intensity	Sample Measurement	*****	*****		100	*****	*****	µw/cm²	0	1/day	Metered
Parameter Code: 49607	Permit Requirement	*****	*****		Report Minimum	*****	*****			1/day	Metered
Stage Code: 1	Sample Measurement	0.261	0.551		*****	*****	*****		0	Continuous	Metered
Flow (mgd)	Sample Measurement	0.261	0.551	MGD	*****	*****	*****			Continuous	Metered
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****			Continuous	Metered
Stage Code: 1	Sample Measurement	*****	*****		*****	33	108	No./100 ml	0	1/week	Grab
Fecal Coliform	Sample Measurement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
Parameter Code: 74055	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum			1/week	Grab
Stage Code: 1	Sample Measurement	<6	12		*****	<2	3		0	1/week	24-Hr Composite
CBOD5	Sample Measurement	<6	12	lbs/day	*****	<2	3	mg/L		1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average			1/week	24-Hr Composite
Stage Code: 1	Sample Measurement	641	*****		*****	230	*****		0	1/week	24-Hr Composite
CBOD5	Sample Measurement	641	*****	lbs/day	*****	230	*****	mg/L		1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Stage Code: RI	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date
											2014-05-28

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 2 submission.

GENERAL REPORT COMMENT:

Note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-05-01 **NO DISCHARGE**
LIMERICK, PA 19468 **To:** 2014-05-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	*****	*****		6.6	*****	*****	mg/L	0	1/day	Grab
Parameter Code: 00300	Permit Requirement	*****	*****		5.0	*****	*****	mg/L		1/day	Grab
Stage Code: 1					Instantaneous Minimum	*****	*****				
BOD5	Sample Measurement	422	*****	lbs/day	*****	204	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00310	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Stage Code: RI											
pH	Sample Measurement	*****	*****		6.8	*****	7.1	S.U.	0	1/day	Grab
Parameter Code: 00400	Permit Requirement	*****	*****		6.0	*****	9.0	S.U.		1/day	Grab
Stage Code: 1					Instantaneous Minimum	*****	Instantaneous Maximum				
Total Suspended Solids	Sample Measurement	<10	12	lbs/day	*****	<5	6	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Stage Code: 1											
Total Suspended Solids	Sample Measurement	402	*****	lbs/day	*****	195	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Stage Code: RI											
Ammonia-Nitrogen	Sample Measurement	2	*****	lbs/day	*****	0.9	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00610	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****	mg/L		1/week	24-Hr Composite
Stage Code: 1											
Total Phosphorus	Sample Measurement	12	*****	lbs/day	*****	5.66	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00665	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Stage Code: 1											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	
										2014-06-26	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
UV Intensity	Sample Measurement	****	****		100	****	****	uw/cm ²	0	1/day	Metered
Parameter Code: 49607 Stage Code: 1	Permit Requirement	****	****		Report Minimum	****	****			1/day	Metered
Flow (mgd)	Sample Measurement	0.255	0.385	MGD	****	****	****		0	Continuous	Metered
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum		****	****	****				Continuous
Fecal Coliform	Sample Measurement	****	****		****	41	67	No./100 ml	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	****	****		****	200 Geometric Mean	1000 Instantaneous Maximum				1/week
CBOD5	Sample Measurement	<4	<5	lbs/day	****	<2	<2	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	117 Average Monthly	175 Weekly Average		****	20 Average Monthly	30 Weekly Average				1/week
CBOD5	Sample Measurement	399	****	lbs/day	****	192	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: RI	Permit Requirement	Report Average Monthly	****		****	Report Average Monthly	****				1/week
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2014-06-26	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 2 submission.

GENERAL REPORT COMMENT:

Note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-06-01 **NO DISCHARGE**
LIMERICK, PA 19468 To: 2014-06-30 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		6.3	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	*****		1/day	Grab	
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	513	*****	lbs/day	*****	252	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/week	24-Hr Composite	
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.8	*****	7.2	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum		1/day	Grab	
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<8	<9	lbs/day	*****	<4	<4	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average		1/week	24-Hr Composite	
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	578	*****	lbs/day	*****	285	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/week	24-Hr Composite	
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	1	*****	lbs/day	*****	0.6	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****		1/week	24-Hr Composite	
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	15	*****	lbs/day	*****	7.38	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/week	24-Hr Composite	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	2014-07-28	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY

ADDRESS: 646 WEST RIDGE PIKE MONITORING PERIOD: From: 2014-06-01 NO DISCHARGE To: 2014-06-30 FROM SITE: CITY: LIMERICK ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
UV Intensity	Sample Measurement	*****	*****		100	*****	*****	µw/cm²	0	1/day	Metered
Parameter Code: 49607	Permit Requirement	*****	*****		Report Minimum	*****	*****			1/day	Metered
Stage Code: 1											
Flow (mgd)	Sample Measurement	0.236	0.329	MGD	*****	*****	*****		0	Continuous	Metered
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				Continuous
Stage Code: 1											
Fecal Coliform	Sample Measurement	*****	*****		*****	49	120	No./100 ml	0	1/week	Grab
Parameter Code: 74055	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				1/week
Stage Code: 1											
CBOD5	Sample Measurement	<4	<4	lbs/day	*****	<2	<2	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average				
Stage Code: 1											
CBOD5	Sample Measurement	406	*****	lbs/day	*****	199	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Stage Code: RI											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2014-07-28	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 2 submission.

GENERAL REPORT COMMENT:

Note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-07-01 **NO DISCHARGE**
LIMERICK, PA 19468 To: 2014-07-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	****	****		6	****	****	mg/L	0	1/day	Grab
Parameter Code: 00300	Permit Requirement	****	****		5.0	****	****			1/day	Grab
Stage Code: 1					Instantaneous Minimum	****	****				
BOD5	Sample Measurement	340	****	lbs/day	****	188	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00310	Permit Requirement	Report Average Monthly	****		****	Report Average Monthly	****			1/week	24-Hr Composite
Stage Code: RI											
pH	Sample Measurement	****	****		6.6	****	7	S.U.	0	1/day	Grab
Parameter Code: 00400	Permit Requirement	****	****		6.0	****	9.0			1/day	Grab
Stage Code: 1					Instantaneous Minimum	****	Instantaneous Maximum				
Total Suspended Solids	Sample Measurement	<7	<8	lbs/day	****	<4	<4	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530	Permit Requirement	175 Average Monthly	263 Weekly Average		****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Stage Code: 1											
Total Suspended Solids	Sample Measurement	404	****	lbs/day	****	225	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530	Permit Requirement	Report Average Monthly	****		****	Report Average Monthly	****			1/week	24-Hr Composite
Stage Code: RI											
Ammonia-Nitrogen	Sample Measurement	<0.3	****	lbs/day	****	<0.2	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00610	Permit Requirement	47 Average Monthly	****		****	8.0 Average Monthly	****			1/week	24-Hr Composite
Stage Code: 1											
Total Phosphorus	Sample Measurement	16	****	lbs/day	****	8.76	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00665	Permit Requirement	Report Average Monthly	****		****	Report Average Monthly	****			1/week	24-Hr Composite
Stage Code: 1											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	
										2014-08-28	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
UV Intensity	Sample Measurement	*****	*****		100	*****	*****	µw/cm ²	0	1/day	Metered
Parameter Code: 49607 Stage Code: 1	Permit Requirement	*****	*****		Report Minimum	*****	*****			1/day	Metered
Flow (mgd)	Sample Measurement	0.22	0.278	MGD	*****	*****	*****		0	Continuous	Metered
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				Continuous
Fecal Coliform	Sample Measurement	*****	*****		*****	41	204	No./100 ml	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				1/week
CBOD5	Sample Measurement	<4	<4	lbs/day	*****	<2	<2	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average				
CBOD5	Sample Measurement	336	*****	lbs/day	*****	186	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2014-08-28	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 2 submission.

GENERAL REPORT COMMENT:

Note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-08-01 **NO DISCHARGE**
LIMERICK, PA 19468 To: 2014-08-31 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	*****	*****		6.5	*****	*****	mg/L	0	1/day	Grab
Parameter Code: 00300	Permit Requirement	*****	*****		5.0	*****	*****			1/day	Grab
Stage Code: 1					Instantaneous Minimum	*****	*****				
BOD5	Sample Measurement	389	*****	lbs/day	*****	221	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00310	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Stage Code: RI											
pH	Sample Measurement	*****	*****		6.7	*****	7	S.U.	0	1/day	Grab
Parameter Code: 00400	Permit Requirement	*****	*****		6.0	*****	9.0			1/day	Grab
Stage Code: 1					Instantaneous Minimum	*****	Instantaneous Maximum				
Total Suspended Solids	Sample Measurement	<7	<7	lbs/day	*****	<4	4	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Stage Code: 1											
Total Suspended Solids	Sample Measurement	455	*****	lbs/day	*****	258	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Stage Code: RI											
Ammonia-Nitrogen	Sample Measurement	<0.3	*****	lbs/day	*****	<0.2	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00610	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Stage Code: 1											
Total Phosphorus	Sample Measurement	15	*****	lbs/day	*****	8.3	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00665	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Stage Code: 1											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	
										2014-09-26	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY

ADDRESS: 646 WEST RIDGE PIKE MONITORING PERIOD: From: 2014-08-01 NO DISCHARGE To: 2014-08-31 FROM SITE: CITY: LIMERICK LIMERICK ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
UV Intensity	Sample Measurement	****	****		100	****	****	uw/cm ²	0	1/day	Metered
Parameter Code: 49607	Permit Requirement	****	****		Report Minimum	****	****			1/day	Metered
Stage Code: 1											
Flow (mgd)	Sample Measurement	0.214	0.269	MGD	****	****	****		0	Continuous	Metered
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum		****	****	****				Continuous
Stage Code: 1											
Fecal Coliform	Sample Measurement	****	****		****	95	900	No./100 ml	0	1/week	Grab
Parameter Code: 74055	Permit Requirement	****	****		****	200 Geometric Mean	1000 Instantaneous Maximum				1/week
Stage Code: 1											
CBOD5	Sample Measurement	<4	<4	lbs/day	****	<2	<2	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	117 Average Monthly	175 Weekly Average		****	20 Average Monthly	30 Weekly Average				1/week
Stage Code: 1											
CBOD5	Sample Measurement	322	****	lbs/day	****	183	****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	Report Average Monthly	****		****	Report Average Monthly	****				1/week
Stage Code: RI											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2014-09-26	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 2 submission.

GENERAL REPORT COMMENT:

Note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING PERIOD:** From: 2014-09-01 To: 2014-09-30 **NO DISCHARGE FROM SITE:** ()
ADDRESS: LIMERICK, PA 19468

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	*****	*****		6.6	*****	*****		0	1/day	Grab
Parameter Code: 00300					5.0			mg/L			
Stage Code: 1	Permit Requirement	*****	*****		Instantaneous Minimum	*****	*****			1/day	Grab
BOD5	Sample Measurement	359	*****		*****	224	*****		0	1/week	24-Hr Composite
Parameter Code: 00310				lbs/day		Report Average Monthly	*****	mg/L			
Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
pH	Sample Measurement	*****	*****		6.8	*****	7.4		0	1/day	Grab
Parameter Code: 00400					6.0		9.0	S.U.			
Stage Code: 1	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum			1/day	Grab
Total Suspended Solids	Sample Measurement	<6	<7		*****	<4	<4		0	1/week	24-Hr Composite
Parameter Code: 00530				lbs/day		30	45	mg/L			
Stage Code: 1	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	Average Monthly	Weekly Average			1/week	24-Hr Composite
Total Suspended Solids	Sample Measurement	422	*****		*****	264	*****		0	1/week	24-Hr Composite
Parameter Code: 00530				lbs/day		Report Average Monthly	*****	mg/L			
Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	<0.2	*****		*****	<0.1	*****		0	1/week	24-Hr Composite
Parameter Code: 00610				lbs/day		8.0		mg/L			
Stage Code: 1	Permit Requirement	47 Average Monthly	*****		*****	Average Monthly	*****			1/week	24-Hr Composite
Total Phosphorus	Sample Measurement	11	*****		*****	6.82	*****		0	1/week	24-Hr Composite
Parameter Code: 00665				lbs/day		Report Average Monthly	*****	mg/L			
Stage Code: 1	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	
										2014-10-27	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE RgnI Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING PERIOD:** From: 2014-09-01 To: 2014-09-30 **NO DISCHARGE FROM SITE:** ()
ADDRESS: LIMERICK, PA 19468

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
U <input type="checkbox"/> Intensity Parameter Code: 49607 Stage Code: 1	Sample Measurement	*****	*****		100	*****	*****	l/w/cm	0	1/day	Metered
	Permit Requirement	*****	*****		Report Minimum	*****	*****				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.212	0.269	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	27	52	No./100 ml	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<4	6	lbs/day	*****	<2	4	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average				
CBOD5 Parameter Code: 80082 Stage Code: RI	Sample Measurement	336	*****	lbs/day	*****	209	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

GENERAL REPORT COMMENT:

Note that our U₁ Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW
 STP
PERMITTEE: LIMERICK TWP
 MONTGOMERY CNTY
 646 WEST RIDGE
 PIKE
ADDRESS: LIMERICK, PA 19468
PERMIT NUMBER: PA0058041
OUTFALL: 001
MONITORING PERIOD: From: 2014-10-01
 To: 2014-10-31
REGION: EP SE Rgnl Off
COUNTY: Montgomery
CITY: LIMERICK
NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	*****	*****		6.6	*****	*****	mg/L	0	1/day	Grab
Parameter Code: 00300					5.0						
Stage Code: 1	Permit Requirement	*****	*****		Instantaneous Minimum	*****	*****			1/day	Grab
BOD5	Sample Measurement	456	*****		*****	247	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00310				lbs/day		Report Average Monthly	*****				
Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
pH	Sample Measurement	*****	*****		6.9	*****	7.2		0	1/day	Grab
Parameter Code: 00400					6.0		9.0	S.U.			
Stage Code: 1	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum			1/day	Grab
Total Suspended Solids	Sample Measurement	<7	<9		*****	<4	<4	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530				lbs/day		30	45				
Stage Code: 1	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	Average Monthly	Weekly Average			1/week	24-Hr Composite
Total Suspended Solids	Sample Measurement	567	*****		*****	309	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530				lbs/day		Report Average Monthly	*****				
Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	<0.2	*****		*****	<0.1	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00610				lbs/day		8.0					
Stage Code: 1	Permit Requirement	47 Average Monthly	*****		*****	Average Monthly	*****			1/week	24-Hr Composite
Total Phosphorus	Sample Measurement	12	*****		*****	6.24	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00665				lbs/day		Report Average Monthly	*****				
Stage Code: 1	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	
										2014-11-19	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING** **From:** 2014-10-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2014-10-31 **SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
U <input type="checkbox"/> Intensity Parameter Code: 49607 Stage Code: 1	Sample Measurement	*****	*****		100	*****	*****	l/w/cm	0	1/day	Metered
	Permit Requirement	*****	*****		Report Minimum	*****	*****				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.212	0.281	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	11	29	No./100 ml	0	1/week	Grab
	Permit Requirement	*****	*****		*****	Geometric Mean	1000 Instantaneous Maximum				
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<4	<5	lbs/day	*****	<2	2	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average				
CBOD5 Parameter Code: 80082 Stage Code: RI	Sample Measurement	405	*****	lbs/day	*****	220	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2014-11-19	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

GENERAL REPORT COMMENT:

Note that our U \square Monitor reads in "Percent Intensity" (100 \square , 90 \square , 80 \square , 70 \square). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING** **From:** 2014-11-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2014-11-30 **SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		7.8	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Instantaneous Minimum	*****	*****			1/day	Grab
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	557	*****	lbs/day	*****	307	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.8	*****	7.2	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<10	16	lbs/day	*****	<6	11	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	558	*****	lbs/day	*****	314	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.2	*****	lbs/day	*****	<0.1	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	12	*****	lbs/day	*****	6.59	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING PERIOD:** From: 2014-11-01 To: 2014-11-30 **NO DISCHARGE FROM SITE:** ()
ADDRESS: LIMERICK, PA 19468

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
U <input type="checkbox"/> Intensity Parameter Code: 49607 Stage Code: 1	Sample Measurement	*****	*****		100	*****	*****	lbw/cm	0	1/day	Metered
	Permit Requirement	*****	*****		Report Minimum	*****	*****				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.211	0.310	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	10	15	No./100 ml	0	1/week	Grab
	Permit Requirement	*****	*****		*****	Geometric Mean	Instantaneous Maximum				
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<4	<5	lbs/day	*****	<2	3	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Average Monthly	Weekly Average		*****	Average Monthly	Weekly Average				
CBOD5 Parameter Code: 80082 Stage Code: RI	Sample Measurement	603	*****	lbs/day	*****	325	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

GENERAL REPORT COMMENT:

Note that our U_x Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING PERIOD:** From: 2014-12-01 To: 2014-12-31 **NO DISCHARGE FROM SITE:** ()
ADDRESS: LIMERICK, PA 19468

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		7.3	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	*****				
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	591	*****	lbs/day	*****	268	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.6	*****	7.1	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum				
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<11	20	lbs/day	*****	<5	7	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average				
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	525	*****	lbs/day	*****	237	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.2	*****	lbs/day	*****	<0.1	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Average Monthly	*****		*****	8.0 Average Monthly	*****				
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	12	*****	lbs/day	*****	5.48	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				

Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).	Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING PERIOD:** From: 2014-12-01 To: 2014-12-31 **NO DISCHARGE FROM SITE:** ()
ADDRESS: LIMERICK, PA 19468

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
U <input type="checkbox"/> Intensity Parameter Code: 49607 Stage Code: 1	Sample Measurement	*****	*****		70	*****	*****	l/w/cm	0	1/day	Metered
	Permit Requirement	*****	*****		Report Minimum	*****	*****				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.235	0.356	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	23	40	No./100 ml	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<5	9	lbs/day	*****	<2	3	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average				
CBOD5 Parameter Code: 80082 Stage Code: RI	Sample Measurement	483	*****	lbs/day	*****	225	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

GENERAL REPORT COMMENT:

Note that our U□ Monitor reads in "Percent Intensity" (100□, 90□, 80□, 70□). I do not believe that it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-01-01 **NO DISCHARGE FROM**
LIMERICK, PA 19468 To: 2014-03-31 **SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Total Dissolved Solids	Sample Measurement	*****	*****		*****	548	*****	mg/L	0	1/quarter	24-Hr Composite
Parameter Code: 70295 Stage Code: 1	Permit Requirement	*****	*****		*****	1000 Average Monthly	*****			1/quarter	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		
											2014-04-23

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-04-01 To: 2014-06-30 **NO DISCHARGE FROM SITE:** ()
LIMERICK, PA 19468

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Total Dissolved Solids	Sample Measurement	****	****		****	576	****	mg/L	0	1/quarter	24-Hr Composite
Parameter Code: 70295 Stage Code: 1	Permit Requirement	****	****		****	1000 Average Monthly	****			1/quarter	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	
										2014-07-28	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING** **From:** 2014-07-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2014-09-30 **SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Total Dissolved Solids	Sample Measurement	*****	*****		*****	723	*****		0	1/quarter	24-Hr Composite
Parameter Code: 70295 Stage Code: 1	Permit Requirement	*****	*****		*****	1000 Average Monthly	*****	mg/L		1/quarter	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		
									2014-10-27		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY
 646 WEST RIDGE PIKE
ADDRESS: LIMERICK, PA 19468

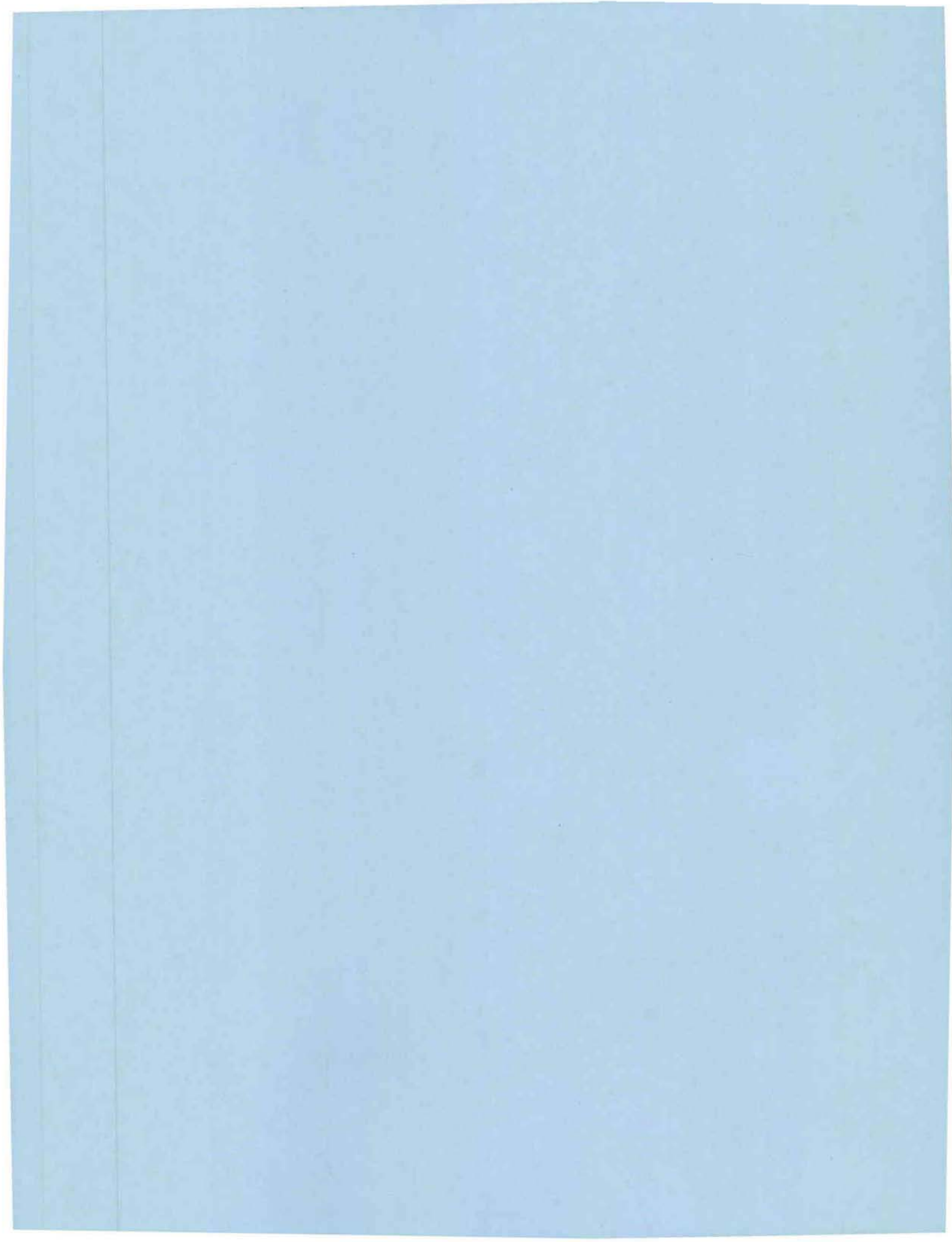
PERMIT NUMBER: PA0058041
OUTFALL: 001
MONITORING PERIOD: From: 2014-10-01 To: 2014-12-31

REGION: EP SE Rgnl Off
COUNTY: Montgomery
CITY: LIMERICK
NO DISCHARGE FROM SITE: ()

Parameter	Quantity or Loading	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Total Dissolved Solids	Sample Measurement	****	****		****	598	****		0	1/quarter	24-Hr Composite
Parameter Code: 70295 Stage Code: 1	Permit Requirement	****	****		****	1000 Average Monthly	****	mg/L		1/quarter	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date		
									2015-01-28		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

PARAMETER SPECIFIC COMMENTS:



Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING** **From:** 2015-01-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2015-01-31 **SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		7.3	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Instantaneous Minimum	*****	*****			1/day	Grab
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	479	*****	lbs/day	*****	295	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.5	*****	6.9	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	8	9	lbs/day	*****	5	6	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	457	*****	lbs/day	*****	282	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.2	*****	lbs/day	*****	<0.1	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	9	*****	lbs/day	*****	5.75	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING PERIOD:** From: 2015-01-01 To: 2015-01-31 **NO DISCHARGE FROM SITE:** ()
ADDRESS: LIMERICK, PA 19468

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
U <input type="checkbox"/> Intensity Parameter Code: 49607 Stage Code: 1	Sample Measurement	*****	*****		90	*****	*****	l/w/cm	0	1/day	Metered
	Permit Requirement	*****	*****		Report Minimum	*****	*****				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.211	0.272	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	7	16	No./100 ml	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	5	6	lbs/day	*****	3	4	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average				
CBOD5 Parameter Code: 80082 Stage Code: RI	Sample Measurement	395	*****	lbs/day	*****	244	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2015-03-16	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

GENERAL REPORT COMMENT:

Note that our U□ Monitor reads in "Percent Intensity" (100□, 90□, 80□, 70□). I do not believe that it is reading in microwatts per square centimeter. Also, this DMR is late because in February when we tried to enter the data there were no parameters listed to enter. We were in contact with the help desk which resolved the issue 3-13-15.

PARAMETER SPECIFIC COMMENTS:



NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report all permit violations and any other non-compliance that may endanger health or the environment, in accordance with your permit. Complete all sections that apply. If you are reporting violations of permit limits, monitoring requirements or schedules that do not pose an immediate threat to health or the environment, you may attach this form to the Discharge Monitoring Report (DMR). **Title 25, Pa. Code §§ 91.33 and 91.34 (regarding incidents causing or threatening pollution and activities utilizing pollutants, respectively), in part requires immediate notification by telephone to the Department of pollution incidents, remediation, and may require an additional report on the incident or plan of pollution prevention measures.** If you are reporting other non-compliance events, and the reporting deadline does not coincide with your submission of the DMR, it should be submitted separately to the Department by the reporting deadline set forth in the permit. See instructions for more information.

Facility Name: Possum Hollow STP
Municipality: Limerick Township County: Montgomery

Month: January Year: 2015
Permit No.: PA0058041

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken

Sanitary Sewer Overflows and Other Unauthorized Discharges*

Event Date	Substance Discharged	Location	Volume (gals)	Duration (hrs)	Receiving Waters	Impact on Waters	Cause of Discharge	Date DEP Notified

Other Permit Violations*

- Sample collection less frequent than required Explain In the eDMR system, the Possum Hollow STP report had no parameters to enter the data for, so
- Sample type not in compliance with permit Explain we did not get Possum Hollow STP's January 2015 DMR submitted on Time. I had called the
- Violation of permit schedule Explain help desk and then emailed the help desk, and they are working on our issues.
- Other Explain _____
- Other Explain _____

*** If the space provided is not sufficient to record all information, please attach additional sheets.**

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: David W. Palmer
Title: Lead Operator

Signature: _____
Date: 3/3/15

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE **MONITORING** **From:** 2015-02-01 **NO DISCHARGE FROM**
PIKE **PERIOD:** **To:** 2015-02-28 **SITE:** ()
ADDRESS: LIMERICK, PA 19468

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		7.9	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Instantaneous Minimum	*****	*****				
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	473	*****	lbs/day	*****	288	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.5	*****	6.8	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum				
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	14	18	lbs/day	*****	8	11	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average				
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	497	*****	lbs/day	*****	302	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.2	*****	lbs/day	*****	<0.1	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****				
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	9	*****	lbs/day	*****	5.25	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY:	POSSUM HOLLOW STP	PERMIT NUMBER:	PA0058041	REGION:	EP SE Rgnl Off
PERMITTEE:	LIMERICK TWP MONTGOMERY CNTY	OUTFALL:	001	COUNTY:	Montgomery
	646 WEST RIDGE PIKE	MONITORING PERIOD:	From: <u>2015-02-01</u> To: <u>2015-02-28</u>	CITY:	LIMERICK
ADDRESS:	LIMERICK, PA 19468			NO DISCHARGE FROM SITE:	()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
U <input type="checkbox"/> Intensity Parameter Code: 49607 Stage Code: 1	Sample Measurement	*****	*****		90	*****	*****	l/w/cm	0	1/day	Metered
	Permit Requirement	*****	*****		Report Minimum	*****	*****				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.203	0.309	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	18	45	No./100 ml	0	1/week	Grab
	Permit Requirement	*****	*****		*****	Geometric Mean	Instantaneous Maximum				
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	6	8	lbs/day	*****	4	5	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Average Monthly	Weekly Average		*****	Average Monthly	Weekly Average				
CBOD5 Parameter Code: 80082 Stage Code: RI	Sample Measurement	430	*****	lbs/day	*****	262	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date
											2015-03-27

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

GENERAL REPORT COMMENT:

Note that our U_x Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW
 STP
PERMITTEE: LIMERICK TWP
 MONTGOMERY CNTY
 646 WEST RIDGE
 PIKE
ADDRESS: LIMERICK, PA 19468
PERMIT NUMBER: PA0058041
OUTFALL: 001
MONITORING PERIOD: From: 2015-03-01
 To: 2015-03-31
REGION: EP SE Rgnl Off
COUNTY: Montgomery
CITY: LIMERICK
NO DISCHARGE FROM SITE: ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		7.7	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	*****				
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	568	*****	lbs/day	*****	227	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.6	*****	6.9	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum				
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<19	41	lbs/day	*****	<7	12	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average				
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	645	*****	lbs/day	*****	256	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.2	*****	lbs/day	*****	<0.1	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****				
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	14	*****	lbs/day	*****	5.44	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING** **From:** 2015-03-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2015-03-31 **SITE:** ()

Parameter		Quantity or Loading °		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
U☐ Intensity Parameter Code: 49607 Stage Code: 1	Sample Measurement	*****	*****		90	*****	*****	l/w/cm☐	0	1/day	Metered
	Permit Requirement	*****	*****		Report Minimum	*****	*****				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.271	0.443	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	49	232	No./100 ml	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	8	18	lbs/day	*****	3	5	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Average Monthly	Weekly Average		*****	20 Average Monthly	30 Weekly Average				
CBOD5 Parameter Code: 80082 Stage Code: RI	Sample Measurement	533	*****	lbs/day	*****	216	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
											2015-04-28

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

GENERAL REPORT COMMENT:

Note that our U₁ Monitor reads in "Percent Intensity" (100%, 90%, 80%, and 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE **MONITORING** **From:** 2015-04-01 **NO DISCHARGE FROM**
PIKE **PERIOD:** **To:** 2015-04-30 **SITE:** ()
ADDRESS: LIMERICK, PA 19468

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		6.1	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Instantaneous Minimum	*****	*****		1/day	Grab	
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	578	*****	lbs/day	*****	298	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/week	24-Hr Composite	
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.5	*****	7	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum		1/day	Grab	
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<10	14	lbs/day	*****	<5	8	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average		1/week	24-Hr Composite	
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	527	*****	lbs/day	*****	272	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/week	24-Hr Composite	
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	3	*****	lbs/day	*****	1.6	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****		1/week	24-Hr Composite	
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	14	*****	lbs/day	*****	6.99	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****		1/week	24-Hr Composite	
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	
										2015-05-27	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING PERIOD:** From: 2015-04-01 To: 2015-04-30 **NO DISCHARGE FROM SITE:** ()
ADDRESS: LIMERICK, PA 19468

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
<input type="checkbox"/> Intensity Parameter Code: 49607 Stage Code: 1	Sample Measurement	*****	*****	MGD	90	*****	*****	l/w/cm	0	1/day	Metered
	Permit Requirement	*****	*****		Report Minimum	*****	*****				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.233	0.321	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	<26	156	No./100 ml	0	1/week	Grab
	Permit Requirement	*****	*****		*****	Geometric Mean	1000 Instantaneous Maximum				
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<6	8	lbs/day	*****	<3	4	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Average Monthly	Weekly Average		*****	Average Monthly	Weekly Average				
CBOD5 Parameter Code: 80082 Stage Code: RI	Sample Measurement	516	*****	lbs/day	*****	267	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
											2015-05-27

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

GENERAL REPORT COMMENT:

Note: I do not believe that our U_z Monitor is reading in microwatts per square centimeter. It reads in percent Intensity (i.e. 100%, 90%, 80%, 70%).

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE **MONITORING** **From:** 2015-05-01 **NO DISCHARGE FROM**
PIKE **PERIOD:** **To:** 2015-05-31 **SITE:** ()
ADDRESS: LIMERICK, PA 19468

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		6.6	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Instantaneous Minimum	*****	*****				
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	578	*****	lbs/day	*****	334	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.7	*****	7.1	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum				
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<7	<8	lbs/day	*****	<4	<4	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average				
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	579	*****	lbs/day	*****	335	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	0.6	*****	lbs/day	*****	0.3	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****				
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	12	*****	lbs/day	*****	7.2	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING** **From:** 2015-05-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2015-05-31 **SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
U☐ Intensity Parameter Code: 49607 Stage Code: 1	Sample Measurement	*****	*****		90	*****	*****	/w/cm	0	1/day	Metered
	Permit Requirement	*****	*****		Report Minimum	*****	*****				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.207	0.254	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	37	77	No./100 ml	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<3	<4	lbs/day	*****	<2	<2	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average				
CBOD5 Parameter Code: 80082 Stage Code: RI	Sample Measurement	537	*****	lbs/day	*****	312	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2015-06-26	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

GENERAL REPORT COMMENT:

Note that our U₁ Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE **MONITORING** **From:** 2015-06-01 **NO DISCHARGE FROM**
PIKE **PERIOD:** **To:** 2015-06-30 **SITE:** ()
ADDRESS: LIMERICK, PA 19468

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen	Sample Measurement	*****	*****		5.6	*****	*****	mg/L	0	1/day	Grab
Parameter Code: 00300					5.0						
Stage Code: 1	Permit Requirement	*****	*****		Instantaneous Minimum	*****	*****			1/day	Grab
BOD5	Sample Measurement	396	*****		*****	220	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00310				lbs/day		Report Average Monthly	*****				
Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
pH	Sample Measurement	*****	*****		6.7	*****	7.2		0	1/day	Grab
Parameter Code: 00400					6.0		9.0	S.U.			
Stage Code: 1	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum			1/day	Grab
Total Suspended Solids	Sample Measurement	<8	9		*****	<4	5	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530				lbs/day		30 Average Monthly	45 Weekly Average				
Stage Code: 1	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Total Suspended Solids	Sample Measurement	480	*****		*****	265	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00530				lbs/day		Report Average Monthly	*****				
Stage Code: RI	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	0.7	*****		*****	0.4	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00610				lbs/day		8.0 Average Monthly	*****				
Stage Code: 1	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Total Phosphorus	Sample Measurement	16	*****		*****	8.89	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 00665				lbs/day		Report Average Monthly	*****				
Stage Code: 1	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	
										2015-07-27	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING PERIOD:** From: 2015-06-01 To: 2015-06-30 **NO DISCHARGE FROM SITE:** ()
ADDRESS: LIMERICK, PA 19468

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
<input type="checkbox"/> Intensity Parameter Code: 49607 Stage Code: 1	Sample Measurement	*****	*****		80	*****	*****	l/w/cm	0	1/day	Metered
	Permit Requirement	*****	*****		Report Minimum	*****	*****				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.227	0.367	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	125	290	No./100 ml	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<4	<4	lbs/day	*****	<2	<2	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Average Monthly	Weekly Average		*****	20 Average Monthly	30 Weekly Average				
CBOD5 Parameter Code: 80082 Stage Code: RI	Sample Measurement	353	*****	lbs/day	*****	196	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

GENERAL REPORT COMMENT:

Note that our U_r Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING** **From:** 2015-07-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** **To:** 2015-07-31 **SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		5.6	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	*****			1/day	Grab
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	410	*****	lbs/day	*****	176	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.5	*****	6.8	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<11	21	lbs/day	*****	<5	6	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	545	*****	lbs/day	*****	229	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	0.8	*****	lbs/day	*****	0.3	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	44	*****	lbs/day	*****	15.36	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING** **From:** 2015-07-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2015-07-31 **SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
U <input type="checkbox"/> Intensity Parameter Code: 49607 Stage Code: 1	Sample Measurement	*****	*****		80	*****	*****	l/w/cm	0	1/day	Metered
	Permit Requirement	*****	*****		Report Minimum	*****	*****				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.229	0.427	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	81	200	No./100 ml	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<5	<7	lbs/day	*****	<2	2	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Average Monthly	Weekly Average		*****	20 Average Monthly	30 Weekly Average				
CBOD5 Parameter Code: 80082 Stage Code: RI	Sample Measurement	409	*****	lbs/day	*****	174	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

GENERAL REPORT COMMENT:

Note that our U₁ Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** **From:** 2015-08-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2015-08-31 **SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		5.3	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		5.0 Instantaneous Minimum	*****	*****			1/day	Grab
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	310	*****	lbs/day	*****	234	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.3	*****	6.9	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum			1/day	Grab
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<6	9	lbs/day	*****	<5	7	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average			1/week	24-Hr Composite
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	360	*****	lbs/day	*****	270	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.2	*****	lbs/day	*****	<0.1	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****			1/week	24-Hr Composite
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	10	*****	lbs/day	*****	7.41	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****			1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING PERIOD:** From: 2015-08-01 To: 2015-08-31 **NO DISCHARGE FROM SITE:** ()
ADDRESS: LIMERICK, PA 19468

Parameter		Quantity or Loading ^c		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
U <input type="checkbox"/> Intensity Parameter Code: 49607 Stage Code: 1	Sample Measurement	*****	*****		80	*****	*****	l/w/cm ²	0	1/day	Metered
	Permit Requirement	*****	*****		Report Minimum	*****	*****				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	0.158	0.206	MGD	*****	*****	*****		0	Continuous	Metered
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	73	200	No./100 ml	0	1/week	Grab
	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	<3	<3	lbs/day	*****	<2	<2	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average				
CBOD5 Parameter Code: 80082 Stage Code: RI	Sample Measurement	313	*****	lbs/day	*****	236	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2015-09-27	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

GENERAL REPORT COMMENT:

Note that our U₁ Monitor reads in "Percent Intensity" (100%, 90%, 80% and 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2015-09-01 **NO DISCHARGE**
LIMERICK, PA 19468 To: 2015-09-30 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Dissolved Oxygen Parameter Code: 00300 Stage Code: 1	Sample Measurement	*****	*****		6.1	*****	*****	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	*****				
BOD5 Parameter Code: 00310 Stage Code: RI	Sample Measurement	284	*****	lbs/day	*****	214	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		6.6	*****	7.1	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		Instantaneous Minimum	*****	Instantaneous Maximum				
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	<5	<7	lbs/day	*****	<4	<4	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	175 Average Monthly	263 Weekly Average		*****	30 Average Monthly	45 Weekly Average				
Total Suspended Solids Parameter Code: 00530 Stage Code: RI	Sample Measurement	272	*****	lbs/day	*****	208	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1	Sample Measurement	<0.1	*****	lbs/day	*****	<0.1	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	47 Average Monthly	*****		*****	8.0 Average Monthly	*****				
Total Phosphorus Parameter Code: 00665 Stage Code: 1	Sample Measurement	8	*****	lbs/day	*****	5.76	*****	mg/L	0	1/week	24-Hr Composite
	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).							Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off

PERMITTEE: LIMERICK TWP
MONTGOMERY CNTY

OUTFALL: 001

COUNTY: Montgomery
CITY: LIMERICK

ADDRESS: 646 WEST RIDGE PIKE
LIMERICK, PA 19468

MONITORING PERIOD:

From: 2015-09-01 **NO DISCHARGE**
To: 2015-09-30 **FROM SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
U☐ Intensity	Sample Measurement	*****	*****		80	*****	*****	☐w/cm☐	0	1/day	Metered
Parameter Code: 49607	Permit Requirement	*****	*****		Report Minimum	*****	*****			1/day	Metered
Stage Code: 1											
Flow (mgd)	Sample Measurement	0.166	0.228	MGD	*****	*****	*****		0	Continuous	Metered
Parameter Code: 50050	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				Continuous
Stage Code: 1											
Fecal Coliform	Sample Measurement	*****	*****		*****	81	365	No./100 ml	0	1/week	Grab
Parameter Code: 74055	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum				1/week
Stage Code: 1											
CBOD5	Sample Measurement	<3	<3	lbs/day	*****	<2	<2	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	117 Average Monthly	175 Weekly Average		*****	20 Average Monthly	30 Weekly Average				1/week
Stage Code: 1											
CBOD5	Sample Measurement	252	*****	lbs/day	*****	191	*****	mg/L	0	1/week	24-Hr Composite
Parameter Code: 80082	Permit Requirement	Report Average Monthly	*****		*****	Report Average Monthly	*****				1/week
Stage Code: RI											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date	
										2015-10-28	

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 2

GENERAL REPORT COMMENT:

Note that our U₁ Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.

PARAMETER SPECIFIC COMMENTS:

Submitted Monitoring Report

Facility:	POSSUMHOLLOW STP	Permit Number:	PA0058041	Region:	EP SE Rgnl Off Norristown
Permitte:	LIMERICK TWP MONTGOMERY CNTY	County:	Montgomery	Monitoring Period:	10/01/2015 - 10/31/2015
Report Frequency:	Monthly	Submit Date:	11/20/2015	Submitted By:	
Address:	LONGVIEW RD, SANATOGA, PA - 19464			Telephone:	610-948-4250

Parameter Details:

Sampling Point	001	Stage Code		Final Effluent	No Discharge Indicator			N	
Parameter	Quantity OR Loading		Units	Quantity OR Concentration			Units	Frequency Of Analysis	Sample Type
	Load 1	Load 2		Conc 1	Conc 2	Conc 3			
Dissolved Oxygen	Sample Measurement			6.7 Inst Min			mg/L	1/day	Grab
	Permit Measurement			5.0				1/day	Grab
pH	Sample Measurement			6.7 Inst Min		7 IVAX	S.U.	1/day	Grab
	Permit Measurement			6.0		9.0		1/day	Grab
Total Suspended Solids	Sample Measurement	8 Avg Mo	10 Wkly Avg	lbs/day	5 Avg Mo	7 Wkly Avg	mg/L	1/week	24-Hr Composite
	Permit Measurement	175	263		30	45		1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	.3 Avg Mo		lbs/day	.2 Avg Mo		mg/l	1/week	24-Hr Composite

Total Phosphorus	Permit Measurement	47		lbs/day	8.0		mg/L	1/week	24-Hr Composite
	Sample Measurement	10 Avg Mo		lbs/day	5.85 Avg Mo		mg/L	1/week	24-Hr Composite
Ultraviolet light intensity	Permit Measurement							1/week	24-Hr Composite
	Sample Measurement				80 Min		µw/cm ²	1/day	Metered
Flow	Permit Measurement							1/day	Metered
	Sample Measurement	.171 Avg Mo	.248 Daily Max	MGD				Continuous	Metered
Fecal Coliform	Permit Measurement							Continuous	Metered
	Sample Measurement				22 Geo Mean	18 IVAX	No./100 ml	1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Permit Measurement				200	1000		1/week	Grab
	Sample Measurement	3 Avg Mo	4 Wkly Avg	lbs/day	2 Avg Mo	2 Wkly Avg	mg/L	1/week	24-Hr Composite
	Permit Measurement	117	175		20	30		1/week	24-Hr Composite

Facility Comments

Sampling Point	001	Stage Code	Raw Sewage Influent	No Discharge Indicator	N				
Parameter	Quantity OR Loading		Units	Quantity OR Concentration			Units	Frequency Of Analysis	Sample Type
	Load 1	Load 2		Conc 1	Conc 2	Conc 3			
Biochemical Oxygen Demand (BOD5)	360 Avg Mo		lbs/day		221 Avg Mo		mg/L	1/week	24-Hr Composite

Total Suspended Solids	Permit Measurement					1/week	24-Hr Composite
	Sample Measurement	381 Avg Mo		lbs/day	234 Avg Mo	mg/L	1/week 24-Hr Composite
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Permit Measurement					1/week	24-Hr Composite
	Sample Measurement	337 Avg Mo		lbs/day	207 Avg Mo	mg/L	1/week 24-Hr Composite
	Permit Measurement					1/week	24-Hr Composite

Facility Comments

Attachment Details:

File Name	Attachment Type	Uploaded Time	Attachment Comment
Influent & Process Control Report-Oct 15.xlsx	Legacy Document	12/12/2015 1:12:41 PM	

Attachment Details:

File Name	Attachment Type	Uploaded Time	Attachment Comment
PH STP Daily Monitoring Report-Oct 15.xlsx	Legacy Document	12/12/2015 1:12:41 PM	

Attachment Details:

File Name	Attachment Type	Uploaded Time	Attachment Comment
Poss.Hollow STP Biosolids-Oct 15.xlsx	Legacy Document	12/12/2015 1:12:41 PM	

Comments:

Comment	Operator Name	Operator Certification Number	Operator Contact Number
Note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe that it is reading in microwatts per square centimeter.	Edward Salkowski		610-948-4250

Submission Confirmation:

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).

Submitted By GreenPort User:

Submitted By Full Name:

Email Address:

Document Generated:

11/20/2015

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**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION					
Facility ID:	572193	Facility Name:	POSSUM HOLLOW STP	Location Address:	LONGVIEW RD, SANATOGA PA, 19464
Permit Number:	PA0058041	Monitoring Period:	11/01/2015-11/30/2015	Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	6.8	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	6.7	***	6.9	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	<7	10	lbs/day	***	<5	7	mg/L	24-Hr Composite	1/week
	Permit Measurement	175 Avg Mo	263 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	<.1	***	lbs/day	***	<.1	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	47 Avg Mo	***		***	8.0 Avg Mo	***		24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	9	***	lbs/day	***	6.6	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Ultraviolet light intensity	Sample Measurement	***	***	***	90	***	***	µw/cm²	Metered	1/day
	Permit Measurement	***	***		Monitor & Report Min	***	***		Metered	1/day
Flow	Sample Measurement	.165	.221	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	20	27	No./100 ml	Grab	1/week
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	<3	3	lbs/day	***	<2	2	mg/L	24-Hr Composite	1/week
	Permit Measurement	117 Avg Mo	175 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	315	***	lbs/day	***	233	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement	219	***	lbs/day	***	163	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	313	***	lbs/day	***	231	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Facility Comments										

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
Influent & Process Control Report-Nov 15.xlsx	Influent and Process Control Form	2015-12-23T12:20:03-05:00	
Cryptographic Hash Value of File (SHA-512)	91276ADCB23FF43F789DDF491288DB7AB598099C8D559D4FC32BBD3EDFC7973E4D0EAB1B774C7395A883FDF59FDA8B61409E19113197CCDBA62B19CCFCD951		
Poss Hollow STP Biosolids-Nov 15.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2015-12-23T12:20:31-05:00	
Cryptographic Hash Value of File (SHA-512)	0CCDB7E4A02170E694334889048A8BF444E751506FD27CAE7B162CCF97FA7EC3C4C641632E49901112296F0EE422F2A8A6628B6A0CEC693A3064367EEB8EAA49		
PH STP Daily Monitoring Report-Nov 15.xlsx	Daily Effluent Monitoring Form	2015-12-23T12:19:36-05:00	
Cryptographic Hash Value of File (SHA-512)	D937CA85C88FF8044D914C40E04BC04C191AC3B97913D2EA48A9CA7F038EAE1AE60487F654364485160CFEE33CA2012481870A1FE8BD85DD428D9DBCC25B44C5		

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

PERMIT VIOLATIONS												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	

UNAUTHORISED DISCHARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
Note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.	David W. Palmer	T3373	610-948-4250

SUBMISSION INFORMATION			
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Submitted By GreenPort User	SALKOWSKIE	Submitted By Full Name	Edward Salkowski
Email Address	esalkowski@limerickpa.org	Document Generated	12/23/2015

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION									
Facility ID:	572193	Facility Name:	POSSUM HOLLOW STP	Location Address:	LONGVIEW RD, SANATOGA PA, 19464				
Permit Number:	PA0058041	Monitoring Period:	12/01/2015-12/31/2015	Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468				

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	7.7	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	6.5	***	7.0	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	<8	11	lbs/day	***	<5	6	mg/L	24-Hr Composite	1/week
	Permit Measurement	175 Avg Mo	263 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	<2	***	lbs/day	***	<.1	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	47 Avg Mo	***		***	8.0 Avg Mo	***		24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	10	***	lbs/day	***	5.59	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Ultraviolet light intensity	Sample Measurement	***	***	***	70	***	***	uw/cm ²	Metered	1/day
	Permit Measurement	***	***		Monitor & Report Min	***	***		Metered	1/day
Flow	Sample Measurement	.198	.337	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	10	39	No./100 ml	Grab	1/week
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	<4	<5	lbs/day	***	<2	2	mg/L	24-Hr Composite	1/week
	Permit Measurement	117 Avg Mo	175 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	379	***	lbs/day	***	216	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement	319	***	lbs/day	***	189	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	366	***	lbs/day	***	207	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Facility Comments										

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
Influent & Process Control Report-Dec 15.xlsx	Influent and Process Control Form	2016-01-26T12:41:47-05:00	
Cryptographic Hash Value of File (SHA-512)	4D21A0867DBCECD33A29D3A4A5A48E32557FEE97B7744F86651F00EE86E6BD635F9BD26B6CC64A0571383D461E0FC519F8D4826DBD2499819F9091E6DC161BC9		
PH STP Daily Monitoring Report-Dec 15.xlsx	Daily Effluent Monitoring Form	2016-01-26T12:42:14-05:00	
Cryptographic Hash Value of File (SHA-512)	A9B10FCFF7B5FBAC88DA9A1B069FC52F46D938034CB00660E23540729ADBDB4759F7BCB6F408742A65E9FB5018134353167C9E0970C6369D1D509B4EA0842C99		
Poss.Hollow STP Biosolids-Dec 15.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-01-26T12:42:39-05:00	
Cryptographic Hash Value of File (SHA-512)	2C1CB70564B8E7A8BE3637C5F1119FC35043D8261CF3F63BBC39BB1E5E6CC1134D9D3C4874511B5C6C201BA81D4D034A9FFAC0F51D725175F912285553BFCF65		

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

PERMIT VIOLATIONS												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	

UNAUTHORISED DISCHARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
Note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.	David W. Palmer	T3373	610-948-4250

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Submitted By GreenPort User	SALKOWSKIE	Submitted By Full Name	Edward Salkowski
Email Address	esalkowski@limerickpa.org	Document Generated	1/26/2016

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 001 **COUNTY:** Montgomery
 646 WEST RIDGE **CITY:** LIMERICK
 PIKE **MONITORING** From: 2015-01-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2015-03-31 **SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Total Dissolved Solids	Sample Measurement	*****	*****		*****	596	*****	mg/L	0	1/quarter	24-Hr Composite
Parameter Code: 70295	Permit Requirement	*****	*****		*****	1000 Average Monthly	*****			1/quarter	24-Hr Composite
Stage Code: 1											
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		
									2015-04-28		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE **MONITORING** From: 2015-04-01 **NO DISCHARGE FROM**
PIKE **PERIOD:** To: 2015-06-30 **SITE:** (
ADDRESS: LIMERICK, PA 19468

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Total Dissolved Solids	Sample Measurement	*****	*****		*****	551	*****	mg/L	0	1/quarter	24-Hr Composite
Parameter Code: 70295	Permit Requirement	*****	*****		*****	1000 Average Monthly	*****			1/quarter	24-Hr Composite
Stage Code: 1	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).					Signature of Principal Executive Officer Or Authorized Agent		Telephone No	Date		
											2015-07-27

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: POSSUM HOLLOW STP **PERMIT NUMBER:** PA0058041 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 001 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2015-07-01 To: 2015-09-30 **NO DISCHARGE FROM**
LIMERICK, PA 19468 **SITE:** ()

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
Total Dissolved Solids	Sample Measurement	*****	*****		*****	424	*****	mg/L	0	1/quarter	24-Hr Composite
Parameter Code: 70295 Stage Code: 1	Permit Requirement	*****	*****		*****	1000 Average Monthly	*****			1/quarter	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).						Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date		
									2015-10-28		

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission. Page 1

PARAMETER SPECIFIC COMMENTS:

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION					
Facility ID:	572193	Facility Name:	POSSUM HOLLOW STP	Location Address:	LONGVIEW RD, SANATOGA PA, 19464
Permit Number:	PA0058041	Monitoring Period:	10/01/2015-12/31/2015	Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Total Dissolved Solids	Sample Measurement	***	***	***	***	547	***	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	1000 Avg Mo	***		24-Hr Composite	1/quarter
Facility Comments										

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
PH STP Daily Monitoring Report-Oct 15.xlsx	Daily Effluent Monitoring Form	2016-01-26T12:32:37-05:00	
Cryptographic Hash Value of File (SHA-512)	DDA6A89C56DE201E23F69FAA41C61197856D231111CE3FB1818A9893596C7DAADD9113538C139A5F6BABDEED3F76223A4718D5F73963B341527E7A4B29989953		

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

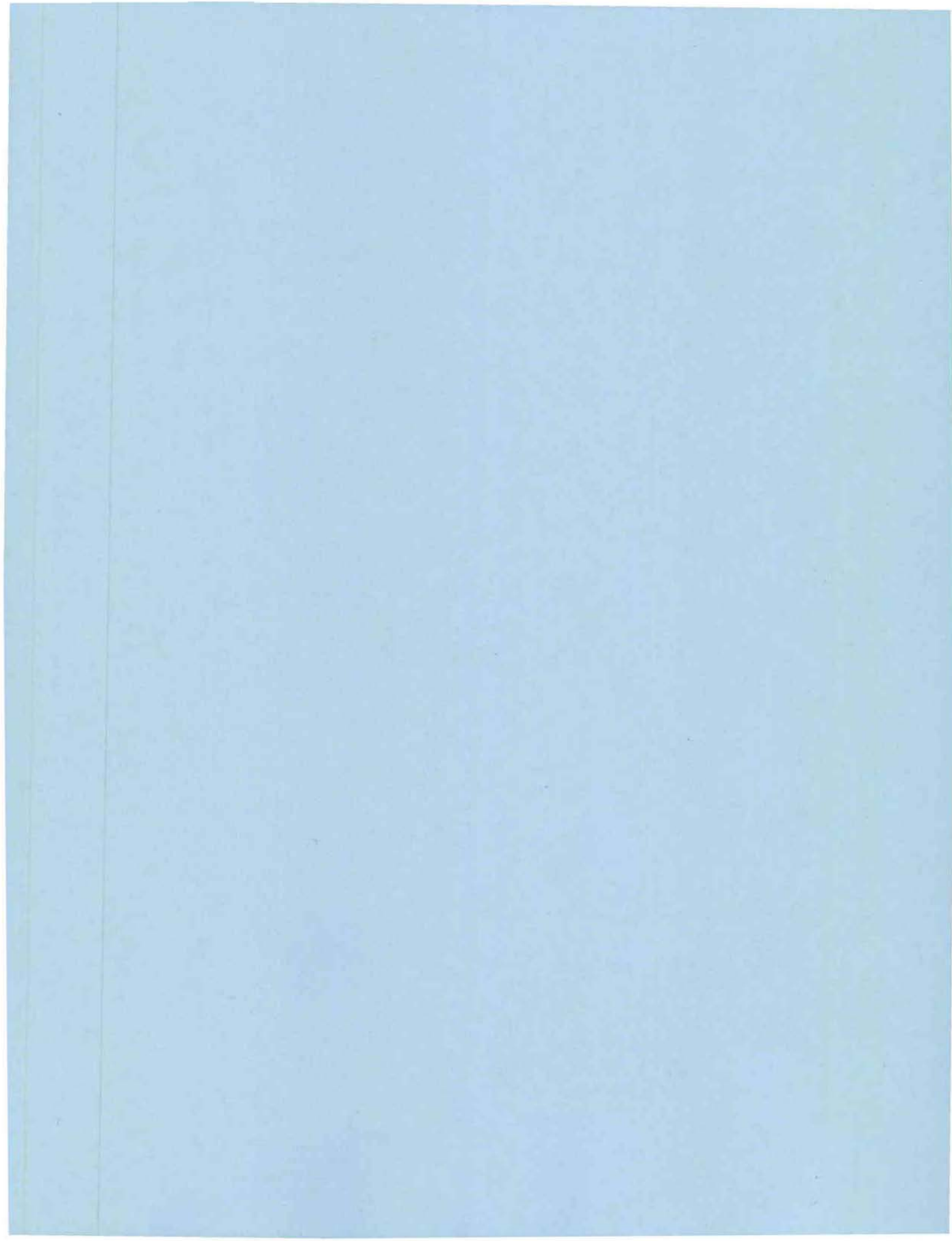
PERMIT VIOLATIONS												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	

UNAUTHORISED DISCHARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
	David W. Palmer	T3373	610-948-4250

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Submitted By GreenPort User	SALKOWSKIE	Submitted By Full Name	Edward Salkowski
Email Address	esalkowski@limerickpa.org	Document Generated	1/26/2016



**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION						
Facility ID:	572193	Facility Name:	POSSUM HOLLOW STP	Location Address:	LONGVIEW RD, SANATOGA PA, 19464	
Permit Number:	PA0058041	Monitoring Period:	01/01/2016-01/31/2016	Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468	

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	8.3	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	6.2	***	6.9	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	12	18	lbs/day	***	8	10	mg/L	24-Hr Composite	1/week
	Permit Measurement	175 Avg Mo	263 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	2	***	lbs/day	***	.2	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	47 Avg Mo	***		***	8.0 Avg Mo	***		24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	7	***	lbs/day	***	4.86	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Ultraviolet light intensity	Sample Measurement	***	***	***	100	***	***	µw/cm²	Metered	1/day
	Permit Measurement	***	***		Monitor & Report Min	***	***		Metered	1/day
Flow	Sample Measurement	191	.365	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	3	4	No./100 ml	Grab	1/week
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	<5	8	lbs/day	***	<3	5	mg/L	24-Hr Composite	1/week
	Permit Measurement	117 Avg Mo	175 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	348	***	lbs/day	***	240	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement	586	***	lbs/day	***	434	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	359	***	lbs/day	***	243	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Facility Comments										

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
PH STP Daily Monitoring Report-Jan 16.xlsx	Daily Effluent Monitoring Form	2016-02-12T12:27:10-05:00	
Cryptographic Hash Value of File (SHA-512)	E8F16123CDB35189C21A3E32A80EDEBA509A8118447BC6E48DE004E9BE94D47C1DF1211BFBE4C8081999F032D7E771EC02078EAE4E0044B4BF15BA680A2AD0D8		
Poss.Hollow STP Biosolids-Jan 16.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-02-12T12:28:05-05:00	
Cryptographic Hash Value of File (SHA-512)	201EC676B5E293845ECB65DC409099152C453E437701DD0E13A780B02606B5E2F6D46F09AA7DF151719A7E1029048216AD78475156688B6F6A5A62D13C4ED164		
Influent & Process Control Report-Jan 16.xlsx	Influent and Process Control Form	2016-02-12T12:24:28-05:00	
Cryptographic Hash Value of File (SHA-512)	BE02CF43A5900ED88171056DC57B55F4A6BC84C87670F2C06E67D5ADD4430EE8953EF4E3245F968D8419E108213DB2B970D80FC498C38F7131DE1B01F2BA5AB		
Lab_Accreditation_(3800-FM-WFSFR0189).docx	Laboratory Accreditation Form	2016-02-27T10:24:20-05:00	
Cryptographic Hash Value of File (SHA-512)	092523E5B63517F9694063FE9A5A37B05FACF4C098466B6517EE0737AA379C37E8C133FB64EFF64ADF5E66E3DC45D8209C1672A1CDC3EC9429B620C648B0B302		

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

PERMIT VIOLATIONS												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	

UNAUTHORISED DISCHARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
Note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%) I do not believe it is reading in microwatts per square centimeter.	David W. Palmer	T3373	610-948-4250

SUBMISSION INFORMATION			
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Submitted By GreenPort User	SALKOWSKIE	Submitted By Full Name	Edward Salkowski
Email Address	esalkowski@limerickpa.org	Document Generated	2/27/2016

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION					
Facility ID:	572193	Facility Name:	POSSUM HOLLOW STP	Location Address:	LONGVIEW RD, SANATOGA PA, 19464
Permit Number:	PA0058041	Monitoring Period:	02/01/2016-02/29/2016	Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	8.4	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	6.4	***	6.8	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	<19	25	lbs/day	***	<7	9	mg/L	24-Hr Composite	1/week
	Permit Measurement	175 Avg Mo	263 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	<.4	***	lbs/day	***	<.2	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	47 Avg Mo	***		***	8.0 Avg Mo	***		24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	14	***	lbs/day	***	4.55	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Ultraviolet light intensity	Sample Measurement	***	***	***	100	***	***	µw/cm²	Metered	1/day
	Permit Measurement	***	***		Monitor & Report Min	***	***		Metered	1/day
Flow	Sample Measurement	2563	.51	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	<8	168	No./100 ml	Grab	1/week
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	<7	9	lbs/day	***	<3	4	mg/L	24-Hr Composite	1/week
	Permit Measurement	117 Avg Mo	175 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	529	***	lbs/day	***	182	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement	439	***	lbs/day	***	151	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	476	***	lbs/day	***	158	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Facility Comments										

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
Copy of PH STP Daily Monitoring Report-Feb 16.xlsx	Daily Effluent Monitoring Form	2016-03-24T12:12:47-04:00	
Cryptographic Hash Value of File (SHA-512)	B1F64964BDBF86A07840D0CB79C058DCAF8941E92D8503A7DAA2571727D8F03AAC22685E797E8C99BD0BA01519C40A43B85A57FE2ACE8C7F9290368752E842EF		
Influent & Process Control Report-Feb 16.xlsx	Influent and Process Control Form	2016-03-24T12:13:34-04:00	
Cryptographic Hash Value of File (SHA-512)	632181F04A12AFFC3F874EF3135ABE46B3A6D517C2B23F563CE6C89BA4572CB3D99462C31CB330FE1E979A198D5AAE4BA6E8544B1D7EF340F929DB5CCE632C95		
Copy of Poss.Hollow STP Biosolids-Feb 16.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-03-24T12:13:09-04:00	
Cryptographic Hash Value of File (SHA-512)	B18FE8A6BD6C46254CAFA33790126B1B9E3A5C92782A8C8DC13E92108193A4E9ED0D18EC9FD45227BC887672EAEFF88BCFB27B53B022904CE4585989C39456B6		

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

PERMIT VIOLATIONS												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	

UNAUTHORISED DISCHARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
Please note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.	David W. Palmer	T3373	610-948-4250

SUBMISSION INFORMATION			
<p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p>			
Submitted By GreenPort User	SALKOWSKIE	Submitted By Full Name	Edward Salkowski
Email Address	esalkowski@limerickpa.org	Document Generated	3/24/2016

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION					
Facility ID:	572193	Facility Name:	POSSUM HOLLOW STP	Location Address:	LONGVIEW RD, SANATOGA PA, 19464
Permit Number:	PA0058041	Monitoring Period:	03/01/2016-03/31/2016	Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	6.4	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	6.3	***	7.0	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	<7	10	lbs/day	***	<4	6	mg/L	24-Hr Composite	1/week
	Permit Measurement	175 Avg Mo	263 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	<.7	***	lbs/day	***	<.4	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	47 Avg Mo	***		***	8.0 Avg Mo	***		24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	9	***	lbs/day	***	5.59	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Ultraviolet light intensity	Sample Measurement	***	***	***	90	***	***	uw/cm ²	Metered	1/day
	Permit Measurement	***	***		Monitor & Report Min	***	***		Metered	1/day
Flow	Sample Measurement	.198	.247	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	<2	8	No./100 ml	Grab	1/week
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	<4	6	lbs/day	***	<2	4	mg/L	24-Hr Composite	1/week
	Permit Measurement	117 Avg Mo	175 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	435	***	lbs/day	***	266	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement	444	***	lbs/day	***	272	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	433	***	lbs/day	***	265	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Facility Comments										

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

PERMIT VIOLATIONS												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	

UNAUTHORISED DISCHARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
	David W. Palmer	T3373	610-948-4250

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Submitted By GreenPort User	SALKOWSKIE	Submitted By Full Name	Edward Salkowski
Email Address	esalkowski@limerickpa.org	Document Generated	4/28/2016

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION					
Facility ID:	572193	Facility Name:	POSSUM HOLLOW STP	Location Address:	LONGVIEW RD, SANATOGA PA, 19464
Permit Number:	PA0058041	Monitoring Period:	04/01/2016-04/30/2016	Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	7.6	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	6.5	***	6.9	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	<8	12	lbs/day	***	<5	8	mg/L	24-Hr Composite	1/week
	Permit Measurement	175 Avg Mo	263 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	<.2	***	lbs/day	***	<.1	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	47 Avg Mo	***		***	8.0 Avg Mo	***		24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	10	***	lbs/day	***	6.47	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Ultraviolet light intensity	Sample Measurement	***	***	***	90	***	***	uw/cm²	Metered	1/day
	Permit Measurement	***	***		Monitor & Report Min	***	***		Metered	1/day
Flow	Sample Measurement	.191	.242	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	<3	43	No./100 ml	Grab	1/week
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	<4	6	lbs/day	***	<2	4	mg/L	24-Hr Composite	1/week
	Permit Measurement	117 Avg Mo	175 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	303	***	lbs/day	***	196	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement	288	***	lbs/day	***	188.8	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	275	***	lbs/day	***	177	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Facility Comments										

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
PH STP Daily Monitoring Report_april 2016.xlsx	Daily Effluent Monitoring Form	2016-05-26T11:16:08-04:00	
Cryptographic Hash Value of File (SHA-512)	E08F0DF916939C13A9BC0F42DB41C9445E287AE6C293BB62032BAC511FC507C95303C6DF8AE7D886ABB036EC902E0034B3F83CE81D17FE38AA53A7980CE4EA6A		
Influent & Process Control Report-april 16.xlsx	Influent and Process Control Form	2016-05-26T11:16:52-04:00	
Cryptographic Hash Value of File (SHA-512)	DD825393B6755F68AF94ACDFE583AEA6847EE2B4FDBE7E096151537F97EE0D8291C5754A26C224E074D49D4FD7D5E4FB4E06DB7AC91415BD0CC6DE6E2763F8B0		
Poss.Hollow STP Biosolids-april 16.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-05-26T11:16:28-04:00	
Cryptographic Hash Value of File (SHA-512)	826F265432B44837BC95FFBFB75A62185846EEF94AF2D8D03A8CB062AE75DA3225405E2305EBE97FD039FD45D15F8A067BA0141CC69DAD7289393EDD607BCE65		

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

PERMIT VIOLATIONS												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	

UNAUTHORISED DISCHARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
Note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.	David W. Palmer	T3373	610-948-4250

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Submitted By GreenPort User	SALKOWSKIE	Submitted By Full Name	Edward Salkowski
Email Address	esalkowski@limerickpa.org	Document Generated	5/26/2016

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION					
Facility ID:	572193	Facility Name:	POSSUM HOLLOW STP	Location Address:	LONGVIEW RD, SANATOGA PA, 19464
Permit Number:	PA0058041	Monitoring Period:	05/01/2016-05/31/2016	Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	7.1	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	6.5	***	7.0	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	<8	<9	lbs/day	***	<4	5	mg/L	24-Hr Composite	1/week
	Permit Measurement	175 Avg Mo	263 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	< 3	***	lbs/day	***	< 1	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	47 Avg Mo	***		***	8.0 Avg Mo	***		24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	9	***	lbs/day	***	4.94	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Ultraviolet light intensity	Sample Measurement	***	***	***	90	***	***	µw/cm²	Metered	1/day
	Permit Measurement	***	***		Monitor & Report Min	***	***		Metered	1/day
Flow	Sample Measurement	229	447	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	<4	10	No /100 ml	Grab	1/week
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	<6	9	lbs/day	***	<3	5	mg/L	24-Hr Composite	1/week
	Permit Measurement	117 Avg Mo	175 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	344	***	lbs/day	***	180	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement	285	***	lbs/day	***	147	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	342	***	lbs/day	***	180	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Facility Comments										

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
Poss Hollow STP Biosolids_may16.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-06-28T11:32:51-04:00	
Cryptographic Hash Value of File (SHA-512)	D9AC41FA7B57A033D050F85B6F4B8F5C147A1D7E3F9CFA268BA1CC17D9DEB064932C93DECD76F2D7A29B57AC69939887EB5E2A8A5A7A795945DEE81DD3EE72EF		
PH STP Daily Monitoring Report_may16.xlsx	Daily Effluent Monitoring Form	2016-06-28T11:32:08-04:00	
Cryptographic Hash Value of File (SHA-512)	A4CA4C66BBBD9A451A1C8206D821660731CBAEC35B497B88B32F2C952D9D198EE72A929BF2438439D3570D0EB2677D6AB5E731234DB79C87861F47BA257090CFF		
Influent & Process Control Report-May2016.xlsx	Influent and Process Control Form	2016-06-28T11:32:30-04:00	
Cryptographic Hash Value of File (SHA-512)	15524E95E0385B176F8EB48BD080920E5768D4E3F89BA438FA4D6CB2EC215F53E53D73A0C974E99CD262E02240BEC0918966523279DCEA7068FE28FB350D57C6		

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

PERMIT VIOLATIONS												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	

UNAUTHORISED DISCHARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
Note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%) I do not believe it is reading in microwatts per square centimeter.	David W. Palmer	T3373	610-948-4250

SUBMISSION INFORMATION			
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Submitted By GreenPort User	SALKOWSKIE	Submitted By Full Name	Edward Salkowski
Email Address	esalkowski@limerickpa.org	Document Generated	6/28/2016

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION									
Facility ID:	572193	Facility Name:	POSSUM HOLLOW STP	Location Address:	LONGVIEW RD, SANATOGA PA, 19464				
Permit Number:	PA0058041	Monitoring Period:	06/01/2016-06/30/2016	Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468				

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	6.1	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	6.6	***	6.9	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	<7	9	lbs/day	***	<4	5	mg/L	24-Hr Composite	1/week
	Permit Measurement	175 Avg Mo	263 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	<.4	***	lbs/day	***	<.2	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	47 Avg Mo	***		***	8.0 Avg Mo	***		24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	11	***	lbs/day	***	7.09	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Ultraviolet light intensity	Sample Measurement	***	***	***	80	***	***	µw/cm²	Metered	1/day
	Permit Measurement	***	***		Monitor & Report Min	***	***		Metered	1/day
Flow	Sample Measurement	.189	.232	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	<8	39	No./100 ml	Grab	1/week
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	<3	4	lbs/day	***	<2	2	mg/L	24-Hr Composite	1/week
	Permit Measurement	117 Avg Mo	175 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	343	***	lbs/day	***	214	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement	362	***	lbs/day	***	223	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	385	***	lbs/day	***	239	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Facility Comments										

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
PH STP Daily Monitoring Report_june16.xlsx	Daily Effluent Monitoring Form	2016-07-27T13:24:13-04:00	
Cryptographic Hash Value of File (SHA-512)	EFCC49C436EDF107FCE774E19FE6348EF92ADB896203C917F57304D0F9E21E23585BC8A6851C2093D0A3E811085FAA4ABC042E484F3B10423156EE2FA34D2D12		
Influent & Process Control Report-june16.xlsx	Influent and Process Control Form	2016-07-27T13:24:36-04:00	
Cryptographic Hash Value of File (SHA-512)	994A03302066759C93BC7E45C3AE069F19F7054E92CAEBCA7922B05B161542F33A4331C80C503B5ED5709F6E2751C6F709F5FB90F36DE315E6C94E8AA29B765D		
Poss.Hollow STP Biosolids-june 16.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-07-27T13:25:01-04:00	
Cryptographic Hash Value of File (SHA-512)	43FD856EAAC403F4F3A6479FDC4F5A6FF7424F7A4F5CEA0FCB083BC3E40B281EC1B681C646B820024707010E27C55F0E44C14BC7E51D6017A75FD8E355A25FD		

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

PERMIT VIOLATIONS												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	

UNAUTHORISED DISCHARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
Note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe that it is reading in microwatts per square centimeter.	David W. Palmer	T3373	610-948-4250

SUBMISSION INFORMATION			
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Submitted By GreenPort User	RODDENF	Submitted By Full Name	Frank Rodden
Email Address	frodden@limerickpa.org	Document Generated	7/28/2016

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION					
Facility ID:	572193	Facility Name:	POSSUM HOLLOW STP	Location Address:	LONGVIEW RD, SANATOGA PA, 19464
Permit Number:	PA0058041	Monitoring Period:	07/01/2016-07/31/2016	Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	5.5	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	6.5	***	6.8	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	11	16	lbs/day	***	7	11	mg/L	24-Hr Composite	1/week
	Permit Measurement	175 Avg Mo	263 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	<.2	***	lbs/day	***	<.1	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	47 Avg Mo	***		***	8.0 Avg Mo	***		24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	13	***	lbs/day	***	7.49	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Ultraviolet light intensity	Sample Measurement	***	***	***	70	***	***	µw/cm²	Metered	1/day
	Permit Measurement	***	***		Monitor & Report Min	***	***		Metered	1/day
Flow	Sample Measurement	203	258	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	31	84	No /100 ml	Grab	1/week
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	6	10	lbs/day	***	3	5	mg/L	24-Hr Composite	1/week
	Permit Measurement	117 Avg Mo	175 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	361	***	lbs/day	***	218	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement	466	***	lbs/day	***	282	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	301	***	lbs/day	***	181	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Facility Comments										

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
Copy of PH STP Daily Monitoring Report_July 16.xlsx	Daily Effluent Monitoring Form	2016-08-26T10:25:41-04:00	
Cryptographic Hash Value of File (SHA-512)	811A0FA8E690CB7C46D38E18C4D203AE7D5C72D5136B89D68D9BFFE93EB9DDE8F1F9D5064E5E60496FC1181F793576ED8116CFD97BAEFBC9BBBC2F879ED11D7C		
Copy of Influent & Process Control Report-July 16.xlsx	Influent and Process Control Form	2016-08-26T10:26:43-04:00	
Cryptographic Hash Value of File (SHA-512)	0B5FEF6AA3A58E19CE9081FA82DA64D3796AC869EB3A497390D6511849EF2855F74C0BC7D955F057142D3DB1DD6652A5B9D460142F7D80126236282EC4FA237E		
Copy of Poss Hollow STP Biosolids-July 16.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-08-26T10:26:11-04:00	
Cryptographic Hash Value of File (SHA-512)	3CD887401F7B7D308BEB91665D9F4BCD9336BB07102B5F5DD7A4A365D01B6DBCDC01574FB1B35104CEB4A4041CAC6219748370C8A73402AB5E6168C0E49C3818		

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

PERMIT VIOLATIONS												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	

UNAUTHORISED DISCHARGES													
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments	

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
Note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%) I do not believe it is reading in microwatts per square centimeter.	David W. Palmer	T3373	610-948-4250

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Submitted By GreenPort User	RODDENF	Submitted By Full Name	Frank Rodden
Email Address	frodden@limerickpa.org	Document Generated	8/26/2016

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION					
Facility ID:	572193	Facility Name:	POSSUM HOLLOW STP	Location Address:	LONGVIEW RD, SANATOGA PA, 19464
Permit Number:	PA0058041	Monitoring Period:	08/01/2016-08/31/2016	Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	6.4	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	6.8	***	7.1	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	<7	8	lbs/day	***	<4	5	mg/L	24-Hr Composite	1/week
	Permit Measurement	175 Avg Mo	263 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	<.1	***	lbs/day	***	<.1	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	47 Avg Mo	***		***	8.0 Avg Mo	***		24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	10	***	lbs/day	***	6.06	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Ultraviolet light intensity	Sample Measurement	***	***	***	100	***	***	µw/cm²	Metered	1/day
	Permit Measurement	***	***		Monitor & Report Min	***	***		Metered	1/day
Flow	Sample Measurement	208	.268	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	<9	96	No /100 ml	Grab	1/week
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	<3	4	lbs/day	***	<2	2	mg/L	24-Hr Composite	1/week
	Permit Measurement	117 Avg Mo	175 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	279	***	lbs/day	***	169.2	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement	465	***	lbs/day	***	281	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	271	***	lbs/day	***	164	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Facility Comments										

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
PH STP Daily Monitoring Report_aug_16.xlsx	Daily Effluent Monitoring Form	2016-09-27T09:30:29-04:00	
Cryptographic Hash Value of File (SHA-512)	2CD60DAEB756A00B130F81C36117EA6AD44DCBF1B40307C8E61949BAB98E96E4F58E5BEFF10E85EEE4249B3FDAFA90E8FB03EFE9DB053D8F86F146D9211B396F		
Influent & Process Control Report-aug.xlsx	Influent and Process Control Form	2016-09-27T09:31:16-04:00	
Cryptographic Hash Value of File (SHA-512)	6BBFC7B5D1F7540E5C1242D8E87B8DB4AF3CC6FA498B82471A1C9CCC49AF01E89BFA6B768ECD3634033CFB675E31B4328A210598A0979595277C9A4A7EB88BA5		
Poss Hollow STP Biosolids-aug_16.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-09-27T09:31:48-04:00	
Cryptographic Hash Value of File (SHA-512)	1BD8DC9CD01ADB784FC5CE00AA03597C9098B61A0C3F9CDD8DBADB393CD342E58126DDDA650CCD6C0C6FCD191F11868DDAD51DE88CFED4709929924FB4BB4D2		

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

PERMIT VIOLATIONS												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	

UNAUTHORISED DISCHARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
Note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.	David W. Palmer	T3373	610-948-4250

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Submitted By GreenPort User	RODDENF	Submitted By Full Name	Frank Rodden
Email Address	frodden@limerickpa.org	Document Generated	9/27/2016

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION					
Facility ID:	572193	Facility Name:	POSSUM HOLLOW STP	Location Address:	LONGVIEW RD, SANATOGA PA, 19464
Permit Number:	PA0058041	Monitoring Period:	09/01/2016-09/30/2016	Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	6.0	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	6.7	***	7.0	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	<7	<7	lbs/day	***	<4	<4	mg/L	24-Hr Composite	1/week
	Permit Measurement	175 Avg Mo	263 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	< 2	***	lbs/day	***	< 1	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	47 Avg Mo	***		***	8.0 Avg Mo	***		24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	11	***	lbs/day	***	6.57	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Ultraviolet light intensity	Sample Measurement	***	***	***	100	***	***	µw/cm ²	Metered	1/day
	Permit Measurement	***	***		Monitor & Report Min	***	***		Metered	1/day
Flow	Sample Measurement	208	336	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	12	35	No /100 ml	Grab	1/week
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	<3	<3	lbs/day	***	<2	<2	mg/L	24-Hr Composite	1/week
	Permit Measurement	117 Avg Mo	175 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	330	***	lbs/day	***	201	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement	409	***	lbs/day	***	247	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	307	***	lbs/day	***	188	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Facility Comments										

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
Influent & Process Control Report-sept 16.xlsx	Influent and Process Control Form	2016-10-27T13:59:56-04:00	
Cryptographic Hash Value of File (SHA-512)	FC537FD771E2BE35BC0DFE8E2D5E27BB4BE0080A7724225840F4F240DE587FA4CBE5ABA8E937B9706F188D2DB4E19402DD5AB4675D17702C97D4F1CFF524E057		
PH STP Daily Monitoring Report_sept_16.xlsx	Daily Effluent Monitoring Form	2016-10-27T13:59:32-04:00	
Cryptographic Hash Value of File (SHA-512)	55D241E01313816C96D6D458B7E73FB686B36CF9CB04518C6A35EA5D8036D37DC75BAEC75055E61AE99FE67EDA36B5C701AA7CE9ADA9B0B1DA2ADBE9A3BDFFB9		
Poss Hollow STP Biosolids-sept_16.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-10-27T14:00:20-04:00	
Cryptographic Hash Value of File (SHA-512)	754393F7FEB7E729789668E5E9E7D2A417D8EF90D6F6DB32E3FE9F29F800847BF4E71D5DDF848DB253A30A26AC7E04134DE3A29EDC26724FE08489A95F7C3646		
Non-Compliance Reporting sept 23 2016.docx	Letter Explaining Non-Compliance	2016-10-27T14:01:14-04:00	
Cryptographic Hash Value of File (SHA-512)	3C9ED7F0E8EBDFBAAA8E951E6ACD7ABE6AE9F802D87F4A021C1AFE81C9AF81B00015241E45432B17C77ECA655C4C093153041604DA33EDFE65DD4E567D94D5CC		

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

PERMIT VIOLATIONS												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	

UNAUTHORISED DISCHARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments
36071			Violation of permit schedule	On 9/14/16 with some operators absent, the daily testing was overlooked at the Possum Hollow facility and was not realized until the next morning.

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
Note that our UV Monitor reads in "Percent Intensity" (100%, 90%, 80%, 70%). I do not believe it is reading in microwatts per square centimeter.	David W. Palmer	T3373	610-948-4250

SUBMISSION INFORMATION			
<p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p>			
Submitted By GreenPort User	RODDENF	Submitted By Full Name	Frank Rodden
Email Address	frodden@limerickpa.org	Document Generated	10/28/2016



NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report all permit violations and any other non-compliance that may endanger health or the environment, in accordance with your permit. Complete all sections that apply. If you are reporting violations of permit limits, monitoring requirements or schedules that do not pose an immediate threat to health or the environment, you may attach this form to the Discharge Monitoring Report (DMR). **Title 25, Pa. Code §§ 91.33 and 91.34 (regarding incidents causing or threatening pollution and activities utilizing pollutants, respectively), in part requires immediate notification by telephone to the Department of pollution incidents, remediation, and may require an additional report on the incident or plan of pollution prevention measures.** If you are reporting other non-compliance events, and the reporting deadline does not coincide with your submission of the DMR, it should be submitted separately to the Department by the reporting deadline set forth in the permit. See instructions for more information.

Facility Name: Possum Hollow STP Month: September Year: 2016
Municipality: Limerick County: Montgomery Permit No.: PA0058041

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken

Sanitary Sewer Overflows and Other Unauthorized Discharges*

Event Date	Substance Discharged	Location	Volume (gals)	Duration (hrs)	Receiving Waters	Impact on Waters	Cause of Discharge	Date DEP Notified

Other Permit Violations*

- Sample collection less frequent than required Explain On 9/23/16 with operators absent, the required Daily Testing and checks were overlooked and it
- Sample type not in compliance with permit Explain was not realized until the morning of 9/24/16.
- Violation of permit schedule Explain _____
- Other Explain _____
- Other Explain _____

*** If the space provided is not sufficient to record all information, please attach additional sheets.**

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: David Palmer
Title: Lead Operator

Signature: _____
Date: 10/25/2016

INSTRUCTIONS FOR COMPLETING NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report all permit violations and any other non-compliance that may endanger health or the environment, in accordance with your permit. Complete all sections that apply. If you are reporting violations of permit limits, monitoring requirements or schedules that do not pose an immediate threat to health or the environment, you may attach this form to the Discharge Monitoring Report (DMR). If you are reporting other non-compliance events, and the deadline for a written report (e.g., 5 days) does not coincide with your submission of the DMR, this form should be submitted separately to the Department by the reporting deadline set forth in the permit.

If you are unsure of whether an incident constitutes non-compliance that may endanger health or the environment, it is recommended that you notify the Department verbally as soon as possible after you become aware of the incident. Title 25, Pa. Code §§ 91.33 and 91.34 (regarding incidents causing or threatening pollution and activities utilizing pollutants, respectively), in part requires immediate notification by telephone to the Department of pollution incidents, remediation, and may require an additional report on the incident or plan of pollution prevention measures.

Instructions:

1. Enter the name of the facility, the municipality and county where it is located, the month and year when violations occurred, and the NPDES or WQM permit number for the facility.
2. If there were violations of permit effluent limitations during the month, check the box next to "Violations of Permit Effluent Limitations." (Note – if using the electronic version of this form, check the boxes first, and then select Tools – Unprotect Document to enter additional information). Enter the date of the violation (if a violation of a minimum or maximum limit, the date of sample collection, or if a violation of an average limit, the end of the monitoring period), the parameter name, the permit limit and units, the statistical code (e.g., "MIN", "MAX", "MO AVG", etc.), the measured result and units, the cause of the violation and the corrective action taken. **If there are more than two violations during the monitoring period and/or if the space provided is insufficient to explain the cause or corrective action, please attach additional pages.**
3. If there are Sanitary Sewer Overflow (SSO) discharges or other unauthorized discharges from the facility (e.g., spills, leaks, etc.) that enter or have the potential to enter waters of the Commonwealth, including groundwater, notify DEP by phone as soon as possible, and document the discharge on this form by checking the box next to "Sanitary Sewer Overflows and Other Unauthorized Discharges." Record the event (discharge) date, the substance discharged (e.g., sewage, on-site chemicals, etc.), the location where the discharge occurred (e.g., manhole number, pump station name, equipment description, etc.), the volume discharged (gallons), the approximate duration of the discharge (hours), the receiving waters (name of stream or groundwater), the impact on the receiving waters, if observed (e.g., solids deposition, foam, fish kill, etc.), the cause of the discharge, and the date on which the Department was verbally notified. **If there are more than two discharge events during the monitoring period and/or if the space provided is insufficient to explain the discharge, please attach additional pages.**
4. If there are other violations of the permit, check the box next to "Other Permit Violations," and check the appropriate box that describes the violation type. If not identified on the form, check the box next to "Other" and provide a written explanation. **If the space provided is insufficient to explain the violation, please attach additional pages.**
5. Type your name and title and sign and date the form after reading the certification statement.

If you have questions about completing this form, contact the Water Management Operations Section of the Department in your region:

Southeast Region – (484) 250-5970
Northeast Region – (570) 826-2553
Southcentral Region – (717) 705-4707

Northcentral Region – (570) 327-0532
Southwest Region – (412) 442-4060
Northwest Region – (814) 332-6942



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)**

NAME: LIMERICK TWP MONTGOMERY CNTY
 ADDRESS: 646 WEST RIDGE PIKE, LIMERICK PA, 19468
 FACILITY: POSSUM HOLLOW STP
 LOCATION: LONGVIEW RD, SANATOGA PA, 19464
 STAGE: Final Effluent

PA0058041
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: Monthly
 DMR Effective From: 10/01/2016
 DMR Effective To: 10/31/2016
 Permit Expires: 09/30/2018
 Permit Application Due: 11/28/2016
 No Discharge? No

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 2016	10	01	TO 2016	10	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	Sample Measurement	***	***	***	5.4	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***	***	5.0 Inst Min	***	***	***	Grab	1/day
pH	Sample Measurement	***	***	***	6.6	***	7.0	S.U.	Grab	1/day
	Permit Measurement	***	***	***	6.0 Inst Min	***	9.0 IMAX	***	Grab	1/day
Total Suspended Solids	Sample Measurement	<6	7	lbs/day	***	<4	5	mg/L	24-Hr Composite	1/week
	Permit Measurement	175 Avg Mo	263 Wdy Avg	***	***	30 Avg Mo	45 Wdy Avg	***	24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	<2	***	lbs/day	***	<1	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	47 Avg Mo	***	***	***	8.0 Avg Mo	***	***	24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	10	***	lbs/day	***	6.24	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***	***	***	Monitor & Report Avg Mo	***	***	24-Hr Composite	1/week
Ultraviolet Light Intensity	Sample Measurement	***	***	***	100	***	***	µw/cm²	Metered	1/day
	Permit Measurement	***	***	***	Monitor & Report Min	***	***	***	Metered	1/day
Flow	Sample Measurement	180	220	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max	***	***	***	***	***	Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	<10	63	No./100 ml	Grab	1/week
	Permit Measurement	***	***	***	***	200 Geo Mean	1000 IMAX	***	Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	<4	8	lbs/day	***	<3	4	mg/L	24-Hr Composite	1/week
	Permit Measurement	117 Avg Mo	175 Wdy Avg	***	***	20 Avg Mo	30 Wdy Avg	***	24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	346	***	lbs/day	***	227	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***	***	***	Monitor & Report Avg Mo	***	***	24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement	411	***	lbs/day	***	259	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***	***	***	Monitor & Report Avg Mo	***	***	24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	337	***	lbs/day	***	221	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***	***	***	Monitor & Report Avg Mo	***	***	24-Hr Composite	1/week
Facility Comments										



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER
 DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
PH STP Daily Monitoring Report_Oct. 16.xlsx	Daily Effluent Monitoring Form	2016-11-18T13:29:47-05:00	
Influent & Process Control Report-Oct. 16.xlsx	Influent and Process Control Form	2016-11-18T13:30:08-05:00	
Poss Hollow STP Biosolids-Oct. 16.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-11-18T13:30:34-05:00	

PERMIT VIOLATIONS

Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments
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UNAUTHORISED DISCHARGES

Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments
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OTHER PERMIT VIOLATIONS

Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments
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COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	David W. Palmer	T3373	610-948-4250

SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Frank Rodden	TELEPHONE		DATE		
RODDENF			AREA CODE	NUMBER	2016	11	21
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: LIMERICK TWP MONTGOMERY CNTY
ADDRESS: 646 WEST RIDGE PIKE, LIMERICK PA, 19489
FACILITY: POSSUM HOLLOW STP
LOCATION: LONGVIEW RD, SANATOGA PA, 19464
STAGE: Final Effluent

PA0059041
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: Monthly
DMR Effective From: 11/01/2016
DMR Effective To: 11/30/2016
Permit Expires: 09/30/2018
Permit Application Due: 12/29/2016
No Discharge? No

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2016	11	01	2016	11	30

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	Sample Measurement	***	***	***	6.0	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***	***	5.0 Inst Min	***	***	***	Grab	1/day
pH	Sample Measurement	***	***	***	6.7	***	7.1	S.U.	Grab	1/day
	Permit Measurement	***	***	***	6.0 Inst Min	***	9.0 IMAX	***	Grab	1/day
Total Suspended Solids	Sample Measurement	<9	14	lbs/day	***	<5	6	mg/L	24-Hr Composite	1/week
	Permit Measurement	175 Avg Mo	263 Wtdy Avg	***	***	30 Avg Mo	45 Wtdy Avg	***	24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	<2	***	lbs/day	***	<1	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	47 Avg Mo	***	***	***	8.0 Avg Mo	***	***	24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	9	***	lbs/day	***	5.11	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***	***	***	Monitor & Report Avg Mo	***	***	24-Hr Composite	1/week
Ultraviolet Light Intensity	Sample Measurement	***	***	***	90	***	***	µw/cm²	Metered	1/day
	Permit Measurement	***	***	***	Monitor & Report Min	***	***	***	Metered	1/day
Flow	Sample Measurement	181	286	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max	***	***	***	***	***	Metered	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	<8	61	No./100 ml	Grab	1/week
	Permit Measurement	***	***	***	***	200 Geo Mean	1000 IMAX	***	Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	<4	<6	lbs/day	***	<2	2	mg/L	24-Hr Composite	1/week
	Permit Measurement	117 Avg Mo	175 Wtdy Avg	***	***	20 Avg Mo	30 Wtdy Avg	***	24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	358	***	lbs/day	***	221	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***	***	***	Monitor & Report Avg Mo	***	***	24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement	414	***	lbs/day	***	258	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***	***	***	Monitor & Report Avg Mo	***	***	24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	316	***	lbs/day	***	191	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***	***	***	Monitor & Report Avg Mo	***	***	24-Hr Composite	1/week
Facility Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Copy of PH STP Daily Monitoring Report_Nov_16.xlsx	Daily Effluent Monitoring Form	2016-12-27T12:30:11-05:00	
Copy of Influent & Process Control Report-Nov_16.xlsx	Influent and Process Control Form	2016-12-27T12:29:47-05:00	
Copy of Pass.Hollow STP Biosolids-Nov_16.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-12-27T12:30:35-05:00	

PERMIT VIOLATIONS

Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments
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UNAUTHORISED DISCHARGES

Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments
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OTHER PERMIT VIOLATIONS

Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments
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COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	David W. Palmer	T3373	610-948-4250

SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Frank Rodden	TELEPHONE		DATE		
RODDENF			AREA CODE	NUMBER	2016	12	27
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: LIMERICK TWP MONTGOMERY CNTY
ADDRESS: 646 WEST RIDGE PIKE, LIMERICK PA, 19468
FACILITY: POSSUM HOLLOW STP
LOCATION: LONGVIEW RD, SANATOGA PA, 19464
STAGE: Final Effluent

PA0058041
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: Monthly
DMR Effective From: 12/01/2016
DMR Effective To: 12/31/2016
Permit Expires: 09/30/2018
Permit Application Due: 04/03/2018
No Discharge? No

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2016	12	01	TO	2016	12	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	Sample Measurement	***	***	***	7.1	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***	***	5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	6.6	***	7.0	S.U.	Grab	1/day
	Permit Measurement	***	***	***	6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	15	27	lbs/day	***	9	15	mg/L	24-Hr Composite	1/week
	Permit Measurement	176 Avg Mo	263 Wtdy Avg	***	***	30 Avg Mo	45 Wtdy Avg		24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	<.3	***	lbs/day	***	<.2	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	47 Avg Mo	***	***	***	8.0 Avg Mo	***		24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	9	***	lbs/day	***	5.6	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***	***	***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Ultraviolet Light Intensity	Sample Measurement	***	***	***	70	***	***	µw/cm²	Meled	1/day
	Permit Measurement	***	***	***	Monitor & Report Min	***	***		Meled	1/day
Flow	Sample Measurement	.195	25	MGD	***	***	***	***	Meled	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max	***	***	***	***		Meled	Continuous
Fecal Coliform	Sample Measurement	***	***	***	***	26	160	No./100 ml	Grab	1/week
	Permit Measurement	***	***	***	***	200 Geo Mean	1000 IMAX		Grab	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	6	7	lbs/day	***	4	5	mg/L	24-Hr Composite	1/week
	Permit Measurement	117 Avg Mo	175 Wtdy Avg	***	***	20 Avg Mo	30 Wtdy Avg		24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	434	***	lbs/day	***	267	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***	***	***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement	426	***	lbs/day	***	261	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***	***	***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	413	***	lbs/day	***	255	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***	***	***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Facility Comments										



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER
 DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
Poss Hollow STP Biosolids-Dec 16.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2017-01-26T12:38:59-05:00	
PH STP Daily Monitoring Report_dec_16.xlsx	Daily Effluent Monitoring Form	2017-01-26T12:38:14-05:00	
Influent & Process Control Report dec_2016.xlsx	Influent and Process Control Form	2017-01-26T12:38:33-05:00	

PERMIT VIOLATIONS

Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments

UNAUTHORISED DISCHARGES

Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS

Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	David W. Palmer	T3373	610-949-4250

SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Frank Rodden	TELEPHONE		DATE		
			AREA CODE	NUMBER	2017	1	27
RODDENF		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION					
Facility ID:	572193	Facility Name:	POSSUM HOLLOW STP	Location Address:	LONGVIEW RD, SANATOGA PA, 19464
Permit Number:	PA0058041	Monitoring Period:	01/01/2016-03/31/2016	Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Total Dissolved Solids	Sample Measurement	***	***	***	***	434	***	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	1000 Avg Mo	***		24-Hr Composite	1/quarter
Facility Comments										

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
PH STP Daily Monitoring Report-Jan 16.xlsx	Daily Effluent Monitoring Form	2016-04-27T12:33:06-04:00	
Cryptographic Hash Value of File (SHA-512)	E8F16123CDB35189C21A3E32A80EDEBA509A8118447BC6E48DE004E9BE94D47C1DF1211BFBE4C8081999F032D7E771EC02078EAE4E0044B4BF15BA680A2AD0D8		

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

PERMIT VIOLATIONS												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	

UNAUTHORISED DISCHARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
	David W. Palmer	T3373	610-948-4250

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Submitted By GreenPort User	SALKOWSKIE	Submitted By Full Name	Edward Salkowski
Email Address	esalkowski@limerickpa.org	Document Generated	4/27/2016

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION					
Facility ID:	572193	Facility Name:	POSSUM HOLLOW STP	Location Address:	LONGVIEW RD, SANATOGA PA, 19464
Permit Number:	PA0058041	Monitoring Period:	04/01/2016-06/30/2016	Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468

PARAMETERS REPORTED VALUES										
Sampling Point	001		Stage Code				Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Total Dissolved Solids	Sample Measurement	***	***	***	***	360	***	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	1000 Avg Mo	***		24-Hr Composite	1/quarter
Facility Comments										

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
PH STP Daily Monitoring Report_april 2016.dsx	Daily Effluent Monitoring Form	2016-07-27T13:17:07-04:00	
Cryptographic Hash Value of File (SHA-512)	E08F0DF916939C13A9BC0F42DB41C9445E287AE8C293BB82032BAC511FC507C95303C6DF8AE7D886ABB036EC902E0034B3F83CE81D17FE38AA53A7980CE4EA6A		

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

PERMIT VIOLATIONS												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	

UNAUTHORISED DISCHARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
	David W. Palmer	T3373	610-948-4250

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Submitted By GreenPort User	RODDENF	Submitted By Full Name	Frank Rodden
Email Address	frodden@limerickpa.org	Document Generated	7/28/2016

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

HEADER INFORMATION					
Facility ID:	572193	Facility Name:	POSSUM HOLLOW STP	Location Address:	LONGVIEW RD, SANATOGA PA, 19464
Permit Number:	PA0058041	Monitoring Period:	07/01/2016-09/30/2016	Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Total Dissolved Solids	Sample Measurement	***	***	***	***	410	***	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	1000 Avg Mo	***		24-Hr Composite	1/quarter
Facility Comments										

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
Copy of PH STP Daily Monitoring Report_july 16.xlsx	Daily Effluent Monitoring Form	2016-10-27T14:08:05-04:00	
Cryptographic Hash Value of File (SHA-512)	9139A97C590730FE61B60C3BDF48DCF876EC959B391AF2EEC3A06ED10ECE58B9FEE5B7437DDB82C44A0117F17ED9AB97A74FACE98031230B8395C16193852C42		

**PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)**

PERMIT VIOLATIONS												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments	

UNAUTHORISED DISCHARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS				
Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
	David W. Palmer	T3373	610-948-4250

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Submitted By GreenPort User	RODDENF	Submitted By Full Name	Frank Rodden
Email Address	frodden@limerickpa.org	Document Generated	10/28/2016



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)**

NAME: LIMERICK TWP MONTGOMERY CNTY
 ADDRESS: 646 WEST RIDGE PIKE, LIMERICK PA, 19468
 FACILITY: POSSUM HOLLOW STP
 LOCATION: LONGVIEW RD, SANATOGA PA, 19464
 STAGE: Final Effluent

PA0058041
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: Quarterly
 DMR Effective From: 10/01/2016
 DMR Effective To: 12/31/2016
 Permit Expires: 09/30/2018
 Permit Application Due: 04/03/2018
 No Discharge? No

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2016	10	01	TO	2016	12	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Total Dissolved Solids	Sample Measurement	***	***	***	***	570	***	mgl	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	1000 Avg Mo	***		24-Hr Composite	1/quarter
Facility Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
PH STP Daily Monitoring Report_Oct_16.xlsx	Daily Effluent Monitoring Form	2017-01-26T12:41:23-05:00	

PERMIT VIOLATIONS

Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Corrective Action	Comments

UNAUTHORISED DISCHARGES

Non Compliance ID	Event Begin Date	Event End Date	Time Discovered	Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments

OTHER PERMIT VIOLATIONS

Non Compliance ID	Stage Code (Sampling Point)	Reported Parameter	Non Compliance Type	Comments

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			AREA CODE	NUMBER	2017	1	27
RODDENF			AREA CODE	NUMBER	YEAR	MO	DAY
		SUBMITTED BY FULL NAME					