EXHIBIT N1

DISCHARGE MONITORING REPORTS -KING ROAD WASTE WATER TREATMENT PLANT (2012 - 2016)

		ROAD STP	PI	PERMIT NUMBER: F		PA005193	4 R	EGION:		EP SE Rgnl Off			
REBWILLEF.		RICK TWP IGOMERY CN	η ο	OUTFALL:		002	-	OUNTY:		Monte LIME	gomery		
		/EST RIDGE P RICK, PA 1946	DGE PIKE MONITORING From: 2012-01-01 NO DISCHARGE				E FROM	()					
			Quantity	or Loading		Quality	y or Con	centration		No.	Frequency	Sample	
Parameter			Value	Value	Units	Value	Value	Value	Units	Ex.	of Analysi	туре	
Dissolved Oxygen		Sample Measurement	****	****		7.9	~ *****	*****	mg/L	0	1/day	Grab	
Parameter Code: 0 Stage Code: 1	00300	Permit Requirement	****	*****		5.0 Minimum	*****	****	mg/L		1/day	Grab	
pН		Sample Measurement	****	****		6.5	*****	6.9	S.U.	0	1/day	Grab	
Parameter Code: 0 Stage Code: 1	00400	Permit Requirement	****	*****		6.0 Minimum	****	9.0 Maximur			1/day	Grab	
Total Suspended S	Golids	Sample Measurement	25	27		****	<4	<4		0	1/week	24-Hr Composite	
Parameter Code: 0 Stage Code: 1		Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	****	30 Averaç Month	· · · ·	mg/L		1/week	24-Hr Composite	
Ammonia-Nitrogen		Sample Measurement	<1	*****		****	<0.2	****		0	1/week	24-Hr Composite	
Parameter Code: 0 Stage Code: 1	00610	Permit Requirement	114 Average Monthly	****	lbs/day	*****	8 Averag Month		mg/L		1/week	24-Hr Composite	
Flow (mgd)		Sample Measurement	0.807	1.112		****	*****	*****		0	Continuous	Recorded	
Parameter Code: 5 Stage Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maxımum	MGD	*****	****	•••••		1	Continuous	Recorded	
Fecal Coliform		Sample Measurement	*****	*****		****	10	*****	CFU/10	0	1/week	Grab	
Parameter Code: 7 Stage Code: 1	74055	Permit Requirement	****	****		****	200 Geome Mear		mL	,0,	1/week	Grab	
CBOD5		Sample Measurement	20	37		*****	<3	6.2		0	1/week	24-Hr Composite	
Parameter Code: 8 Stage Code: 1	80082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Averag Month		mg/L		1/week	24-Hr Composite	
Name/Title of Princ Executive Officer Authorized Agen	cer Or gent directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete 1 am aware that there are significant penalties for submitting false information, Officer Or Authorized Agent Telephone No Date								Date 2012-02-09				

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		ROAD STP	PE	PERMIT NUMBER:		PA005193	4 RI	EGION:		EP SE Rgnl Off				
		RICK TWP FGOMERY CN	ITY O	JTFALL:		002	-	OUNTY: ITY:			gomery RICK			
		EST RIDGE P RICK, PA 1946						E FROM						
_				or Loading				centration			Frequency	Sample		
Parameter			Value	Value	Units	Value	Value	Value	Units	Ex.	of Analysis	Туре		
Dissolved Oxygen		Sample Measurement	****	****		7.5	*****	****	ma/L	0	1/day	Grab		
Parameter Code: 0 Stage Code: 1	00300	Permit Requirement	****	****		5.0 Minımum	****	****	ing/c		1/day	Grab		
рH		Sample Measurement	****	****		6.6	*****	6.7		0	1/day	Grab		
Parameter Code. 0 Stage Code: 1	00400	Permit Requirement	****	****		6.0 Minimum	*****	9 0 Maximum	S.U.	Γ	1/day	Grab		
Total Suspended S	lolide	Sample Measurement	<35	49		*****	<6	7.5		0	1/week	24-Hr Composite		
Parameter Code: 0 Stage Code: 1		Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	****	30 Averag Monthi		mg/L		1/week	24-Hr Composite		
Ammonia-Nitrogen		Sample Measurement	<0 7	****		*****	<0.1	****		0	1/week	24-Hr Composite		
Parameter Code. 0 Stage Code: 1	00610	Permit Requirement	114 Average Monthly	*****	lbs/day	****	8 Averag Monthl		mg/L		1/week	24-Hr Composite		
Flow (mgd)		Sample Measurement	0.745	0.862		****	*****	****		0	Continuous	Recorded		
Parameter Code: 5 Stage Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	****	*****			Continuous	Recorded		
Fecal Coliform		Sample Measurement	****	*****		****	18	****	CFU/10	0	1/week	Grab		
Parameter Code. 7 Stage Code [.] 1	74055	Permit Requirement	****	****		****	200 Geomet Mean		mL		1/week	Grab		
CBOD5		Sample Measurement	<16	23		*****	<3	3.2		0	1/week	24-Hr Composite		
Parameter Code: 8 Stage Code: 1	30082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	****	20 Averag Monthl		mg/L		1/week	24-Hr Composite		
Name/Title of Princ Executive Officer Authorized Agen	er Or directly responsible for dathering the information, the information submitted is.								Date					
	ļin	ware that there a icluding the poss a CS. 24904 (bility of fine a	nd imprison me	ent for kno						2	012-03-27		

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		ROAD STP	PI	PERMIT NUMBER:		PA005193	4 RI	EGION:		EP SE Rgnl Off				
PERMITTEE.		RICK TWP GOMERY CN	Ο ΤΥ	UTFALL:				OUNTY: TY:			gomery RICK			
		EST RIDGE P RICK, PA 1946		MONITORING From: 2012-03-01 NO DISCHARGE F PERIOD: To. 2012-03-31 SITE:				E FROM						
			Quantity	or Loading		Qualit	y or Con	centration		No	Frequency	Sample		
Parameter			Value	Value	Units	Value	Value	Value	Units	Ex.	of Analysis	Туре		
Dissolved Oxygen		Sample Measurement	****	*****		7.3	*****	*****	mg/L	0	1/day	Grab		
Parameter Code: 0 Stage Code: 1	00300	Permit Requirement	****	****		5.0 Minimum	*****	****	mg/E		1/day	Grab		
рН		Sample Measurement	****	****		6.5	****	6.9		0	1/day	Grab		
Parameter Code: 0 Stage Code: 1	00400	Permit Requirement	*****	****		6.0 Minimum	*****	9.0 Maximum	S.U.		1/day	Grab		
Total Suspended S	olide	Sample Measurement	<33	42		****	<5	7.2		0	1/week	24-Hr Composite		
Parameter Code: 0 Stage Code: 1	Jonus		425 Average Monthly	638 Weekly Average	lbs/day	****	30 Averag Monthl		mg/L		1/week	24-Hr Composite		
Ammonia-Nitrogen		Sample Measurement	<0.6	****		****	<0.1	****		0	1/week	24-Hr Composite		
Parameter Code: 0 Stage Code: 1	00610	Permit Requirement	114 Average Monthly	*****	lbs/day	*****	8 Averag Month		mg/L		1/week	24-Hr Composite		
iFlow (mgd)		Sample Measurement	0.759	1.061		*****	*****	*****		0	Continuous	Recorded		
Parameter Code. 5 Stage Code. 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****		Γ	Continuous	Recorded		
Fecal Coliform		Sample Measurement	*****	****		****	12	****	CFU/10	0	1/week	Grab		
Parameter Code: 7 Stage Code: 1	74055	Permit Requirement	*****	****		****	200 Geomet Mean		mL	0	1/week	Grab		
CBOD5		Sample Measurement	16	18		****	3	3.2		0	1/week	24-Hr Composite		
Parameter Code [,] 8 Stage Code: 1	80082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Averaç Month		mg/L		1/week	24-Hr Composite		
Name/Title of Princ Executive Officer Authorized Agen	ipal m Or di nt to nt in	I directly responsible for athering the information, the information submitted is.										Date		

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

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	LIMEF	G ROAD STP PERMIT NUME ERICK TWP OUTFALL: NTGOMERY CNTY			PA005193		EGION: DUNTY:			E Rgnl Off gomery		
		CITY: WEST RIDGE PIKE MONITORING From: 2012-04-01 NO DISCHARGE RICK, PA 19468 PERIOD: To: 2012-04-30 SITE:					E FROM		RICK			
Parameter			Quantity of Value	or Loading Value	Units	Quality Value	y or Con Value	centration Value	Units		Frequency of Analysis	
Dissolved Oxygen		Sample			Unita				Units			
Parameter Code: 0	10300	Measurement	****	*****		7 1 5.0	****	****	mg/L	0	1/day	Grab
Stage Code: 1		Requirement	****	*****		Minimum	*****	*****			1/day	Grab
pН		Sample Measurement	*****	*****		6.5	*****	7.2		0	1/day	Grab
Parameter Code: 0 Stage Code: 1		Permit Reguirement	*****	*****		60 Minimum	****	9.0 Maximum	S.U.		1/day	Grab
Sage Code. 1		Sample				*****				+-		24-Hr
Total Suspended S	Solids	Measurement	<24 425	28 638	lbs/day		<4 30	5 45	mg/L	0	1/week	Composite
Parameter Code: 0 Stage Code. 1	00530	Permit Requirement	Average Monthly	age Weekly		*****	Averag Month	e Weekly			1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	<0.6	****		****	<0.1	*****		0	1/week	24-Hr Composite
Parameter Code: (Stage Code: 1	00610	Permit Requirement	114 Average Monthly	*****	lbs/day	****	8 Averag Monthl		mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.736	0.843		****	****	****		0	Continuous	Recorded
Parameter Code: 5 Stage Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	****	*****	1		Continuous	Recorded
Fecal Coliform		Sample Measuremen	*****	****		****	8	*****	OFUMO	0	1/week	Grab
Parameter Code: 7 Stage Code: 1	74055	Permit Requirement	*****	****		****	200 Geomet Mean		CFU/10 mL		1/week	Grab
CBOD5		Sample Measuremen	<13	16		*****	<2	2.7		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1	80082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	****	20 Averag Month		mg/L		1/week	24-Hr Composite
Name/Title of Princ Executive Officer Authorized Agen	ipal m Or t t nt nt	certify under pen irection or superv ualified personne iy inquiry of the prectly responsib the best of my k ware that there a iccluding the poss a C S _ 4904 (vision in accord of gather and e person or perso e for gathering nowledge and re significant p ibility of fine and	dance with a s valuate the informations who mana the information belief, true, a benalties for su	ystem des formation ige the sys on, the info ccurate ar ubmitting f ent for kno	signed to assur submitted Bas stem or those p prmation subm nd complete. I alse information	re that sed on persons nitted is, am on,	Signature Principal Exe Officer Or Auti Agent	cutive horized	ſelep	hone No	Date

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		ROAD STP	PI	PERMIT NUMBER:		PA005193	4 R	EGION:		EP S	E Rgnl Off	
DERWIITEE.		RICK TWP GOMERY CN		UTFALL:		002		OUNTY: ITY:			gomery RICK	
		EST RIDGE P RICK, PA 1940		MONITORING From: 2012-05-01 NO DISCHARGE F PERIOD: To: 2012-05-31 SITE:				E FROM				
Parameter			Quantity Value	or Loading Value	Units	Qualit Value	y or Con Value	centration Value	Units	No. Ex.	Frequency	
Dissolved Oxygen		Sample Measurement	****	*****		6.4	*****	*****		0	1/day	Grab
Parameter Code: 0 Stage Code: 1	00300		*****	****		5.0 Minimum	*****	****	mg/L	Ť	1/day	Grab
pH		Sample Measurement	****	****		6.6	*****	7.1		0	1/day	Grab
Parameter Code: 0 Stage Code: 1		Permit Requirement	****	****		6.0 Minimum	*****	9.0 Maximum	S.U.		1/day	Grab
Total Suspended S		Sample Measurement	44	54		*****	6	8.4		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1_	00530	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	****	30 Averag Month		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	<2	****		****	<0.2	****		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1		Permit Requirement	114 Average Monthly	*****	lbs/day		8 Averaç Month		mg/L	Γ	1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.774	1.24		****	*****	****		0	Continuous	Recorded
Parameter Code: 5 Stage Code: 1		Permit Requirement	Report Average Monthiy	Report Daily Maximum	MGD	*****	*****	*****		Γ	Continuous	Recorded
Fecal Coliform		Sample Measurement	*****	****		****	14	****	0511/40	0	1/week	Grab
Parameter Code: 7 Stage Code: 1		Permit Reguirement	****	****		****	200 Geome Mear		CFU/10 mL		1/week	Grab
CBOD5		Sample Measurement	<20	31		*****	<3	4.9	1	0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1		Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Averag Month		mg/L	Γ	1/week	24-Hr Composite
Name/Title of Princ Executive Officer (Authorized Agen	ipat m Or du it to in	eartify under pen- rection or superv Jalified personne y inquiry of the p rectly responsible the best of my k ware that there a cluding the possi a C.S 4904 (i	vision in accorr a gather and e erson or perse for gathering nowledge and re significant j ibility of fine a	dance with a s evaluate the ini ons who mana g the inform at ion t belief, true, a penalties for su	ystem des formation ige the sy on, the inf ccurate ai ibmitting f ant for kno	signed to assur submitted Bas stem or those p prmation subm nd complete 1 alse information	re that sed on persons nitted is, am on,	Signature Principal Exe Officer Or Aut Agent	cutive horized	Telep	hone No	Date 2012-06-15

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		ROAD STP	P	PERMIT NUMBER:		PA005193	4 R	EGION:		EP SI	E Rgnl Off	
DEDMITTEE		RICK TWP IGOMERY CN	_{ΙΤΥ} Ο	UTFALL:		002	-	DUNTY: TY:			gomery RICK	
		/EST RIDGE P RICK, PA 1940	DGE PIKE MONITORING From: 2012-06-01 NO DISCHARGE				E FROM	()				
Parameter			Quantity Value	or Loading Value	Units	Qualit Value	y or Con Value	centration Value	Units	No. Ex.		Sample Type
Dissolved Oxygen		Sample Measurement	*****	*****		6.2		*****		0	1/day	Grab
Parameter Code [,] (Stage Code, 1	00300	Permit Requirement	****	*****		5.0 Minimum	*****	*****	mg/L	-	1/day	Grab
рН		Sample Measurement	****	****		6	*****	7		0	1/day	Grab
Parameter Code:(Stage Code: 1	00400	Permit Requirement	****	*****		6.0 Minimum	*****	9.0 Maximum	S.U.		1/day	Grab
Total Suspended S	Solids	Sample Measurement	31	39		****	6	6.4		0	1/week	24-Hr Composite
Parameter Code: (Stage Code: 1		Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	****	30 Averag Month		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	<0.7	****		*****	<0.1	*****		0	1/week	24-Hr Composite
Parameter Code:(Stage Code: 1	00610	Permit Requirement	114 Average Monthly	****	llbs/day	****	8 Averag Month		mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	.705	.729		****	*****	****		0	Continuous	Recorded
Parameter Code: 5 Stage Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	****	*****		Γ	Continuous	Recorded
Fecal Coliform		Sample Measurement	*****	****		****	30	****	0511/40	0	1/week	Grab
Parameter Code: 1	74055	Permit Requirement	*****	*****		****	200 Geome Mean		CFU/10 mL		1/week	Grab
CBOD5		Sample Measurement	<2	3		****	<11	<16		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1	80082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	****	20 Averag Month		mg/L		1/week	24-Hr Composite
Name/Title of Princ Executive Officer Authorized Ager	ipal or di nt nt nt nt	certify under pen rection or superv ualified personne ny inquiry of the p rectly responsible the best of my k ware that there a cluding the poss a C.S (2) 4904 (t	nsion in accor el gather and e erson or pers e for gathering nowledge and re significant ibility of fine a	dance with a s evaluate the ini ons who mana g the information belief, true, a penalties for su nd imprisonme	ystem des formation ige the sy on, the inf ocurate an ubmitting f ant for kno	signed to assur submitted. Bas stem or those p ormation subm nd complete. I alse information	re that sed on persons nitted is, am on,	Signature Principal Exe Officer Or Aut Agent	cutive horized	Telep	hone No	Date

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NIANAT	LIMERICK TWP MONTGOMERY CNTY
NAME	

ADDRESS	646 WEST RIDGE PIKE, LIMERICK, PA - 19468
ADDINEOU	

FACILITY KING ROAD STP

LOCATION 529 KING RD, ROYERSFORD, PA - 19468

TELEPHONE 610-948-4250

COUNTY Montgomery

EP SE Rgnl Off Norristown REGION

PA0051934 002 PERMIT NUMBER OUTFALL NUMBER

	MONITORING PERIOD												
	YEAR	мо	DAY		YEAR	мо	DAY						
FROM	2012	07	01	то	2012	07	31						

- Report Frequency: Monitoring Period:
- Submitted By:

Stage:

Submit Date:

Monthly

07/01/2012 - 07/31	/2012	<u></u>	
08/23/2012			
Final Effluent			

L Check here if No Discharge

PARAMETER		QUAI	NTITY OR LOAD	NG		QUANTITY OR	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	OAWI LE TH L
Dissolved Oxygen	SAMPLE MEASUREMENT				6.2 Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			mg/L	1/day	Grab
	SAMPLE MEASUREMENT				69 Min		72 Max	S.U.	1/day	Grab
рH	PERMIT MEASUREMENT]	6.0		9.0	5.0.	1/day	Grab
Total Suspended Salida	SAMPLE MEASUREMENT	23 Avg Mo	24 Wkly Avg	lbs/day		4 Avg Mo	4 Wkly Avg		1/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	425	638	DS/0ay		30	45	mg/L ·	1/week	24-Hr Composite
A	SAMPLE MEASUREMENT	6 Avg Mo				.1 Avg Mo		"	1/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT	114		lbs/day		8		mg/L	1/week	24-Hr Composite
D	SAMPLE MEASUREMENT	.694 Avg Mo	.85 Daily Max						Continuous	Recorded
Flow	PERMIT MEASUREMENT			MGD					Continuous	Recorded
Fecal Coliform	SAMPLE MEASUREMENT					39 Geo Mean		CFU/100 ml	1/week	Grab
Hecai Conform	PERMIT MEASUREMENT]		200			1/week	Grab
arbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	12 Avg Mo	13 Wkly Avg			2 Avg Mo	2.2 Wkly Avg		1/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	284	425	lbs/day		20	30	mg/L ·	1/week	24-Hr Composite
Facility Comments		•	•	•	•	-				-

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
King Road STP Biosolids Report_July 2012.xls	Legacy Document	12/11/2015 11 52 54 PM	
King Road STP Daily Monitoring Report_July 2012.xls	Legacy Document	12/11/2015 11:52:54 PM	

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3800-FM-BPNPSM0462 3/2012

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

COMMENTS

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COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Edward Salkcwski		610-948-4250

SUBMISSION CONFIRMATION:

ſ	SUBMITTED BY	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic			EPHONE	1	DATE	
	GREENPORT USER	transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this		156	EFININE		DAIE	
ſ		document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that				2012	08	23
ŀ		qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the						<u> </u>
		system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge		AREA				
		and belief, true, accurate and complete. You are aware that any faise statement may be subject to substantial civil and criminal	SUBMITTED BY FULL NAME	CODE	NUMBER	YEAR	мо	DAY
		penalties, including 18 P.S. section 4904 (relating to unsworn faisification to authorities)						

FACILITY:		ROAD STP	Ы	ERMIT NU	MBER:	PA005193	34 RE	GION:		EP \$	SE Rgnl Off	
PERMITTEE:	-	RICK TWP	NTY O	UTFALL:		002		OUNTY:			ntgomery ERICK	
ADDRESS:		WEST RIDGE I RICK, PA 194		ONITORIN ERIOD:		From: <u>2012</u> To: <u>2012-0</u>	2-08-01 NC	DISCHAR	GE	()		
			Loa	tity or ding		Quality	or Conce	ntration		No.		
Parameter			Value	Value	Units	Value	Value	Value	Units	Ex.	of Analysis	Туре
Dissolved Oxyge Parameter Code:		Sample Measurement	****	*****		5.7	****	****	mg/L	0	1/day	Grab
00300 Stage Code ⁺ 1		Permit Requirement	****	****		5.0 Minimum	****	****			1/day	Grab
pH Parameter Code:		Sample Measurement	*****	****		6.9	****	7.2	S.U.	0	1/day	Grab
00400 Stage Code: 1		Permit Requirement	****	****		6.0 Mınimum	****	9.0 Maximum			1/day	Grab
Total Suspended Solids	1	Sample Measurement	<24	<27		*****	<4	4		0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	0530 Permit age Code: 1 Requireme			638 Weekiy Average	lbs/day	** * * *	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Ammonia-Nitroge	Eample		<0.6	*****		****	<0.1	****		0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	:	Permit Requirement	114 Average Monthly	****	lbs/day	****	8 Average Monthly	*****	mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.751	0.916		****	****	****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	:	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	****	*****			Continuous	Recorded
Fecal Coliform		Sample Measurement	*****	*****		****	92	****	CFU/100	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	:	Permit Requirement	****	****		*****	200 Geometri Mean	a *****	mL		1/week	Grab
CBOD5		Sample Measurement	<12	<13		****	<2	<2		0	1/week	24-Hr Composite
Parameter Code 80082 Stage Code: 1	:	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekiy Average	mg/L		1/week	24-Hr Composite
Name/Title of Principal Execu Officer Or Autho Agent	certify under per direction or super hat qualified pers Based on my inqui hose persons dir nformation submi accurate and corr submitting false in	vision in acco connel gather uiry of the pe ectly respons tted is, to the iplete. I am a	ordance with r and evaluat rson or perse sible for gath best of my l ware that the	a system te the info ons who n ering the i knowledge ere are sig	designed to rmation subm nanage the s nformation, the and belief, gnificant pena	assure hitted. ystem or he true,	Signatu Principal Ex Officer Authorized	ecutive Or	Tele	phone No	Date	
	i	mprisonment for unsworn falsification	knowing viola				ating to					2012-09-28

GENERAL REPORT COMMENT:

For the month of August, Effluent composite samples were time based instead of flow based. This was due to it malfunctioning, which turned out to be the flow meter signal which has been corrected.

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		ROAD STP	P	ERMITNUM	BER:	PA005193	4 RI	EGION:		EP SI	E Rgnl Off	
		RICK TWP IGOMERY CN	η ο	UTFALL:		002	-	DUNTY: TY:			gomery RICK	
		EST RIDGE P RICK, PA 1946		ONITORING ERIOD:		From: <u>2012-</u> To. <u>2012-09</u> -	09-01 N	D DISCHARG	E FROM	()		
Parameter			Quantity Value	or Loading Value	Units	Qualit Value	y or Con Value	centration Value	Units	No. Ex.		Sample Type
Dissolved Oxygen		Sample			Units	Value					OF Analysis	туре
Parameter Code: (Measurement	*****	*****		6.3 5.0	*****	****	mg/L	0	1/day	Grab
Stage Code: 1	00300	Requirement	****	****		5.0 Minimum	*****	****			1/day	Grab
рН		Sample Measurement	****	****		6.9	*****	7.4	S.U	0	1/day	Grab
Parameter Code. (Stage Code: 1	00400	Permit Requirement	*****	****		6.0 Minimum	*****	9.0 Maximum	3.0		1/day	Grab
Total Suspended S	Solids	Sample Measurement	<35	60		****	<5	7.6		0	1/week	24-Hr Composite
Parameter Code.(Stage Code: 1	00530	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	****	30 Averag Monthl		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	<0.7	****		*****	<0.1	****		0	1/week	24-Hr Composite
Parameter Code: (Stage Code: 1	00610	Permit Requirement	114 Average Monthly	*****	lbs/day	****	8 Averag Monthl		mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.774	1.021		*****	*****	****		0	Continuous	Recorded
Parameter Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	****	*****			Continuous	Recorded
Fecal Coliform		Sample Measurement	*****	****		*****	14	****	CFU/10	0	1/week	Grab
Parameter Code [.] Stage Code: 1	74055	Permit Requirement	****	****		****	200 Geomet Mean		mL		1/week	Grab
CBOD5		Sample Measurement	<15	21		****	<2	2.7		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code [,] 1	80082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	****	20 Averag Monthl		mg/L		1/week	24-Hr Composite
Name/Title of Princ Executive Officer Authorized Ager	cipal m Or di nt to av	certify under pena rection or superv ualified personne ry inquiry of the p rectly responsible the best of my k ware that there a cluding the possi a C.S	rision in accor el gather and e erson or pers e for gathering nowledge and re significant j ibility of fine a	dance with a s evaluate the inf ons who mana g the information belief, true, a penalties for su nd impnsonme	ystem des formation ige the sy on, the inf courate an ibmitting f ent for kno	signed to assur submitted. Bas stem or those p ormation subm nd complete. I alse informatic	re that sed on persons nitted is, am on,	Signature Principal Exe Officer Or Aut Agent	cutive horized	Telep	hone No	Date 2012-10-24

		ROAD STP	Pi	ERMITNUM	BER:	PA005193	4 RE	GION:		EP SI	E Rgni Off	
DEDMITTEE		RICK TWP IGOMERY CN	Ο ΤΥ	UTFALL:		002	-	DUNTY:			gomery RICK	
		ÆST RIDGE P RICK, PA 1946				From: <u>2012-</u> To: <u>2012-10-</u>	<u>10-01</u> NO	D DISCHARGI	FROM	()		
			Quantity Value	or Loading Value	Units	Quality Value	y or Cone Value	entration Value	Units	No. Ex.		
Parameter		Sample	value	value	Units	value	value	Value	Units		of Analysis	Туре
Dissolved Oxygen		Measurement	****	****		6.3	*****	*****	mg/L	0	1/day	Grab
Parameter Code:(Stage Code: 1	00300	Permit Requirement	****	****		5.0 Minimum	*****	*****	ing/L		1/day	Grab
pН		Sample Measurement	****	****		6.9	****	7.2	S.U.	0	1/day	Grab
Parameter Code: (Stage Code [,] 1	00400	Permit Requirement	****	****		6 0 Minimum	*****	9.0 Maximum	0.0.		1/day	Grab
Total Suspended S	Solids	Sample Measurement		<30		****	<4	<4		0	1/week	24-Hr Composite
Parameter Code.(Stage Code: 1	00530	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Averag Monthi		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	<2	*****		****	<0.3	*****		0	1/week	24-Hr Composite
Parameter Code:(Stage Code: 1	00610	Permit Requirement	114 Average Monthly	*****	lbs/day	****	8 Averag Monthi		mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.795	1.460		****	*****	****		0	Continuous	Recorded
Parameter Code: 5 Stage Code [,] 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maxımum	MGD	****	****	*****			Continuous	Recorded
Fecal Coliform		Sample Measurement	****	****		*****	14	*****	CFU/10	0	1/week	Grab
Parameter Code: 5 Stage Code: 1	74055	Permit Requirement	*****	****		*****	200 Geomet Mean	ric *****	mL	Ŭ	1/week	Grab
CBOD5		Sample Measurement	<13	<15		*****	<2	<2		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1	80082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	****	20 Averag Monthi		mg/L		1/week	24-Hr Composite
Name/Title of Princ Executive Officer Authorized Ager	tipal di cipal m or di nt to au	certify under pena irection or superv ualified personne ny inquiry of the p irectly responsible to the best of my k ware that there a iccluding the poss a C.S. = 4904 (i	vision in accor el gather and e erson or pers e for gathering nowledge and re significant j ibility of fine a	dance with a s avaluate the inf ons who mana g the information belief, true, a penalties for su nd imprisonme	ystem de ormation ge the sy on, the inf ccurate a ibmitting ent for kno	signed to assur submitted Bas stem or those p formation subm nd complete 1 false information	e that sed on persons nitted is, am on,	Signature Principal Exe Officer Or Auti Agent	cutive horized	Telep	hone No	Date 2012-11-28

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		ROAD STP	PI	ERMITNUM	BER:	PA005193	4 R	EGION:		EP SI	E Rgni Off	
		RICK TWP IGOMERY CN	ITY O	UTFALL:		002		DUNTY:			gomery RICK	
		ÆST RIDGE P RICK, PA 1940		ONITORING ERIOD:		From: <u>2012-</u> To. <u>2012-11-</u>	11-01 N	D DISCHARG TE:	E FROM	()		
			÷	or Loading			y or Con	centration		No.	Frequency	Sample
Parameter			Value	Value	Units	Value	Value	Value	Units	Ex.	of Analysis	Туре
Dissolved Oxygen		Sample Measurement	****	*****		7	*****	*****	mg/L	0	1/day	Grab
Parameter Code: 0 Stage Code: 1	00300	Permit Requirement	****	*****		5.0 Minimum	*****	*****	mg/c		1/day	Grab
рН		Sample Measurement	****	****		6.7	****	7.3		0	1/day	Grab
Parameter Code: 0 Stage Code: 1	00400	Permit Requirement	****	****		6.0 Minimum	*****	9.0 Maximum	S.U.		1/day	Grab
Total Suspended S	Solide	Sample Measurement	<43	99		****	<7	16.4	1	0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1		Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	****	30 Averag Month		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	<0.6	*****		*****	<0.1	****		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1		Permit Requirement	114 Average Monthly	****	lbs/day	*****	8 Averaç Month		mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.737	0.839		*****	****	****		0	Continuous	Recorded
Parameter Code: 5 Stage Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	*****	*****			Continuous	Recorded
Fecal Coliform		Sample Measurement	*****	****		*****	9	*****	CFU/10	0	1/week	Grab
Parameter Code 7 Stage Code 1	74055	Permit Requirement	****	*****		*****	200 Geome Mear		mL		1/week	Grab
CBOD5		Sample Measurement	<12	<12		*****	<2	<2		0	1/week	24-Hr Composite
Parameter Code [,] 8 Stage Code: 1	80082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	****	20 Averaç Month		mg/L		1/week	24-Hr Composite
Name/Title of Princ Executive Officer Authorized Agen	ipal or di t an in	certify under pen rection or superv ualified personne y inquiry of the p irectly responsib the best of my k ware that there a icluding the poss a C S _ 4904 (vision in accor el gather and e person or pers e for gathering nowledge and re significant j ibility of fine a	dance with a s evaluate the inf ons who mana g the information belief, true, a benalties for su nd imprisonme	ystem des formation ge the syston, the info ccurate as ibmitting f ent for kno	signed to assur submitted Bas stern or those p prmation subm nd complete 1 alse information	re that sed on persons nitted is, am on,	Signature Principal Exe Officer Or Aut Agent	cutive horized	ſelep	hone No	Date 012-12-28

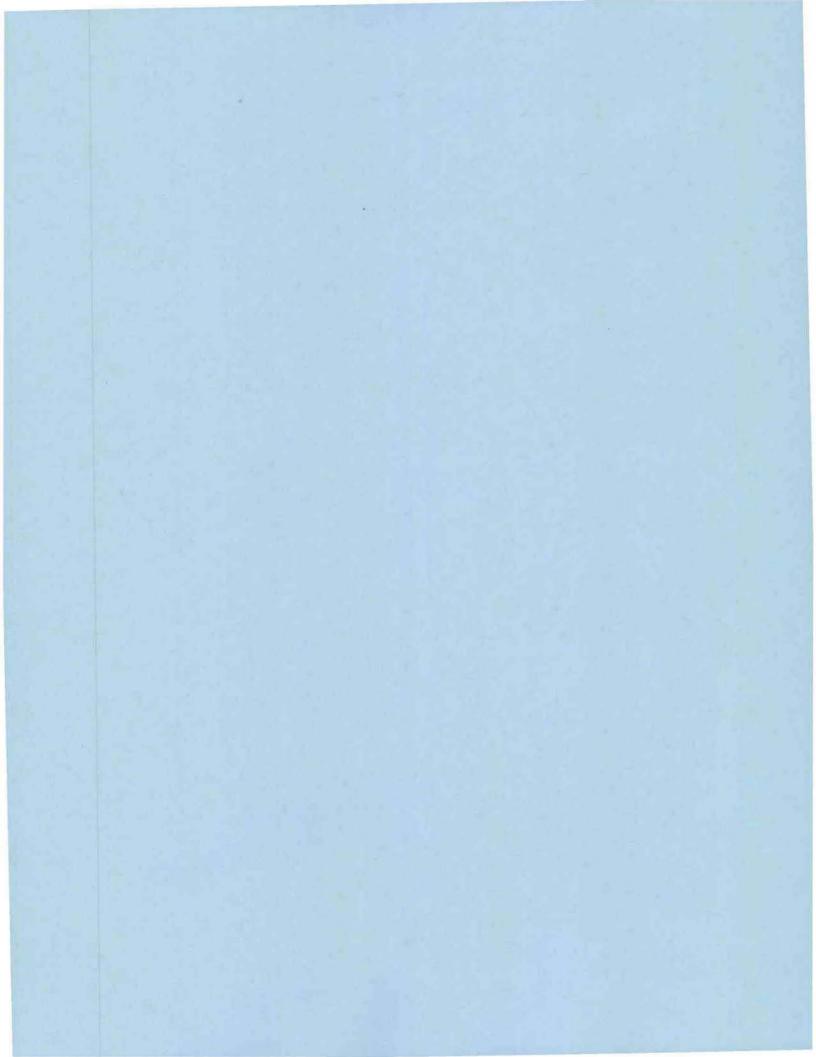
Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR Page 1 submission.

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	LIMER	ROAD STP RICK TWP IGOMERY CN	0	ERMIT NUM JTFALL:		PA005193	c	GION: DUNTY:		Monte	E Rgnl Off gomery	
ADDRESS:		EST RIDGE P RICK, PA 194				To: <u>2012-12</u>	<u>12-01</u> NO <u>-31</u> SI	TY: Dischargi TE:	E FROM		RICK	
Parameter			Quantity o	or Loading Value	Units	Quality Value	y or Cone Value	entration Value	Units		Frequency of Analysi	
Dissolved Oxygen		Sample			Onto							a type
Parameter Code:		Measurement	*****	*****		7.0	*****	*****	mg/L	0	1/day	Grab
Stage Code: 1	00300	Requirement	*****	*****		Minimum	*****	****			1/day	Grab
рН		Sample Measurement	*****	*****		6.7	*****	7.2		0	1/day	Grab
Parameter Code: Stage Code: 1	00400	Permit Requirement	*****	****		6.0 Minimum	*****	9.0 Maximum	S.U.		1/day	Grab
		Sample Measurement	<29	40		****	<5	6.8		0	1/week	24-Hr Composite
Total Suspended S Parameter Code: Stage Code: 1			425 Average Monthly	638 Weekly Average	lbs/day	****	30 Averag Monthl	45 e Weekly	mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen	1	Sample Measurement	<0.7	****		****	<0.1	****		0	1/week	24-Hr Composite
Parameter Code. Stage Code: 1	00610	Permit Requirement	114 Average Monthly	****	llbs/day	****	8 Averag Monthl		mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.802	1.592		****	*****	*****		0	Continuou	s Recorded
Parameter Code: Stage Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	. ****	****			Continuous	Recorded
Fecal Coliform		Sample Measurement	****	****		*****	<4	*****	CFU/10	0	1/week	Grab
Parameter Code: Stage Code: 1	74055	Permit Requirement	****	*****		*****	200 Geomet Mean		mL	,0,	1/week	Grab
CBOD5		Sample Measuremen	<13	<14		****	<2	<2		0	1/week	24-Hr Composite
Parameter Code: Stage Code: 1	80082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Averag Monthi		mg/L		1/week	24-Hr Composite
Name/Title of Princ Executive Officer Authorized Age	cipal q Or d nt to nt to	certify under pen irection or superv ualified personne ny inquiry of the p irectly responsibl o the best of my k ware that there a including the poss ra. C.S I 4904 (vision in accord el gather and e person or perso e for gathering mowledge and ire significant p ibility of fine al	dance with a s evaluate the internations who mana the information belief, true, a benalties for su and imprisonme	ystem des formation ige the syston, the infi ocurate ar ubmitting f ant for kno	signed to assur submitted Bas stem or those p prmation subm nd complete 1 alse information	re that sed on persons hitted is, am on,	Signature Principal Exe Officer Or Aut Agent	cutive horized	Telep	hone No	Date 2013-01-28

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			PE	RMITNUM	BER:	PA005193	4 RE	GION:	E	EP SI	E Rgni Off	
DEDMITIEE		ICK TWP GOMERY CN	TY O	JTFALL:		002	10000	DUNTY: TY:			gomery RICK	
		ST RIDGE P		NITORING		From: <u>2013-(</u> To: <u>2013-01-</u>	- <u>31</u> SI	D DISCHARGE TE:)		
Parameter		1	Quantity of Value	or Loading Value	Units	Quality Value	y or Cond Value	entration Value	Units	No.	Frequency of Analysis	Sample Type
Dissolved Oxygen		Sample	*****		Unito		*****	*****	0			
Parameter Code: 00		vleasurement Permit				7.6 5.0	****		mg/L	0	1/day	Grab
Stage Code: 1	F	Requirement	*****	*****		Minimum	*****	****		┢	1/day	Grab
pH		Sample Measurement	*****	*****		6.7	*****	7.3	S.U.	0	1/day	Grab
Parameter Code: 00 Stage Code: 1		Permit Requirement	*****	****	-	6.0 Minimum	*****	9.0 Maximum	0.0.		1/day	Grab
Total Suspended So		Sample Veasurement	<45	73		*****	<7	10.8		0	1/week	24-Hr Composite
Parameter Code: 00 Stage Code: 1	0530 F		425 Average Monthly	638 Weekly Average	lbs/day		30 Averag Month		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	<0.8	*****		****	<0.1	****		0	1/week	24-Hr Composite
Parameter Code: 00 Stage Code: 1		² ermit Requirement	114 Average Monthly	*****	lbs/day		8 Averag Monthi		mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Veasurement	0.805	1.597				*****		0	Continuous	Recorded
Parameter Code: 50 Stage Code: 1		Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD			*****			Continuous	Recorded
Fecal Coliform		Sample Measurement	*****	*****		*****	5	*****	CFU/10	0	1/week	Grab
Parameter Code: 74 Stage Code: 1	10000	² ermit Requirement	****			*****	200 Geomet Mean		mL		1/week	Grab
CBOD5		Sample Measurement	<17	25			<2	3		0	1/week	24-Hr Composite
Parameter Code: 80 Stage Code: 1		² ermit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Averag Monthl		mg/L		1/week	24-Hr Composite
Name/Title of Princip Executive Officer O Authorized Agent	pal dire qua my dire to t aw inc	ertify under pen- ection or superv alified personne r inquiry of the p ectly responsible the best of my k are that there a duding the possi L.C.S.	ision in accord gather and e erson or perse for gathering nowledge and re significant p bility of fine a	dance with a s valuate the information the information belief, true, a benalties for su	ystem des formation ge the system, the info courate an ubmitting f ent for kno	signed to assur submitted. Bas stem or those p ormation subm nd complete. I alse informatic	re that sed on persons hitted is, am on,	Signature Principal Exe Officer Or Auti Agent	cutive norized	elep	hone No	Date 2013-02-28

	LIMEF	ROAD STP RICK TWP GOMERY CN	0	RMIT NUM		PA005193	СС	GION:		Monte	E Rgnl Off	
	S. S. St. 4.	EST RIDGE P RICK, PA 1946	58 PE	ONITORING		To: 2013-02-	02-01 NC -28 SI	TY: Discharge TE:		LIME	RICK	
Parameter			Quantity o	or Loading Value	Units	Quality Value	y or Cone Value	ventration	Units	No.		Sample Type
Dissolved Oxygen	-	Sample			Units	Value		0	Units		of Analysis	Туре
		Measurement	*****	*****		8.3 5.0	*****	****	mg/L	0	1/day	Grab
Parameter Code: 0 Stage Code: 1	10300	Permit Requirement	*****	*****		5.0 Minimum	*****	*****			1/day	Grab
pН		Sample Measurement	*****	*****		6.7	*****	7.2		0	1/day	Grab
Parameter Code: 0	00400	Permit				6.0	*****	9.0	S.U.	F		
Stage Code: 1	_	Requirement Sample				Minimum		Maximum		╈	1/day	Grab 24-Hr
Total Suspended S	Solids	Measurement	<28	<31		*****	<4	4.8		0	1/week	Composite
Parameter Code: 0 Stage Code: 1	00530	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	****	30 Averag Monthl		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	2	****		****	0.3			0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1		Permit Requirement	114 Average Monthly	*****	lbs/day		8 Averag Monthi		mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.796	0.948		*****	*****			0	Continuous	Recorded
Parameter Code: 5 Stage Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	****	*****			Continuous	Recorded
Fecal Coliform		Sample Measurement	*****	*****		*****	8	*****	OFUM	0	1/week	Grab
Parameter Code: 7 Stage Code: 1	74055	Permit Requirement	****	****		*****	200 Geomet Mean	ric	CFU/10 mL		1/week	Grab
CBOD5		Sample Measurement	<14	<16		*****	<2	<2		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1	80082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Averag Monthi		mg/L		1/week	24-Hr Composite
Name/Title of Princ Executive Officer Authorized Agen	iipal Or di nt in in	ertify under pena rection or superv ualified personne y inquiry of the p rectly responsible the best of my k ware that there a cluding the possi a. C.S. □ 4904 (i	ision in accord I gather and e erson or perso for gathering nowledge and re significant p bility of fine ar	dance with a s valuate the int ons who mana the informatic belief, true, a penalties for su d imprisonme	ystem des formation ige the sys on, the info ccurate ar ubmitting f ent for kno	igned to assur submitted. Bas stem or those p prmation subm id complete. I alse information	e that sed on persons litted is, am on,	Signature Principal Exe Officer Or Autl Agent	cutive norized	Telep	hone No	Date 013-03-27

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	IMER	ROAD STP RICK TWP	01	RMIT NUM		PA005193		GION:			E Rgnl Off	
·		GOMERY CN	IΥ)02 =rom: 2013-(CI	DUNTY: TY: DISCHARGE	ł		gomery RICK	
		RICK, PA 1946		RIOD:		To: <u>2013-03-</u>		TE:)		
_				or Loading				entration		No.		Sample
Parameter	_	Sample	Value	Value	Units	Value	Value	Value	Units	EX.	of Analysis	Туре
Dissolved Oxygen		Measurement	*****	*****		8	****	*****	mg/L	0	1/day	Grab
Parameter Code: 0 Stage Code: 1		Permit Requirement	*****	*****		5.0 Minimum	*****	*****	ing/L		1/day	Grab
pН		Sample Measurement	*****	****		6.8	****	7.1	S.U.	0	1/day	Grab
Parameter Code: 0 Stage Code: 1	0400	Permit Requirement	*****	****		6.0 Minimum	*****	9.0 Maximum	3.0.		1/day	Grab
Total Suspended Se		Sample Measurement	<27	<29		****	<4	<4		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1	0530	Permit Requirement	425 Average Monthly	638 Weekiy Average	lbs/day	*****	30 Averag Monthl		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	9	****		****	1.2	****		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1	0610	Permit Requirement	114 Average Monthly	*****	lbs/day	****	8 Averag Monthl		mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.793	0.984		*****	*****	****		0	Continuous	Recorded
Parameter Code: 5 Stage Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	*****	****			Continuous	Recorded
Fecal Coliform		Sample Measurement	*****	*****		****	<4	*****	CFU/10	0	1/week	Grab
Parameter Code: 7 Stage Code: 1	4055	Permit Requirement	*****			*****	200 Geomet Mean		mL		1/week	Grab
CBOD5		Sample Measurement	<14	15		*****	<2	2.1		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1	30082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	****	20 Averag Monthl		mg/L	-	1/week	24-Hr Composite
Name/Title of Princi Executive Officer (Authorized Agen	ipal or t av in	certify under pen irection or superv ualified personne ty inquiry of the p irectly responsibl the best of my k ware that there a cluding the poss a. C.S. 4904 (vision in accord a gather and e person or perso e for gathering nowledge and re significant p ibility of fine a	dance with a s valuate the int ons who mana the information belief, true, a benalties for su and imprisonme	ystem des formation ge the syston, the info ccurate ar ubmitting f ent for kno	igned to assur submitted. Bas stem or those p ormation subm nd complete. I alse informatio	re that sed on persons nitted is, am on,	Signature Principal Exe Officer Or Aut Agent	cutive horized	Telep	hone No	Date 013-04-24

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

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	LIMEF	ROAD STP RICK TWP GOMERY CN	0	ERMIT NUM UTFALL:		PA005193					E Rgnl Off gomery	
e	646 W	EST RIDGE P RICK, PA 1946	IKE M	ONITORING ERIOD:	i 1	From: <u>2013-</u> Fo: <u>2013-04-</u>	CI 04-01 NC	TY: DISCHARGE	FROM	a series as the	RICK	
				or Loading				entration		No.		Sample
Parameter		Sample	Value	Value	Units	Value	Value	Value	Units	Ex.	of Analysis	Туре
Dissolved Oxygen		Measurement	*****	*****		7.2	*****	*****	mg/L	0	1/day	Grab
Parameter Code: 0 Stage Code: 1	00300	Permit Requirement	*****	*****		5.0 Minimum			mg/L		1/day	Grab
pН		Sample Measurement	*****	*****		6.6	*****	7	S.U.	0	1/day	Grab
Parameter Code: 0 Stage Code: 1	00400	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum	0.0.		1/day	Grab
Total Suspended S	iolids	Sample Measurement	<28	34	la mar	*****	<5	5.6		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1	00530	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Average Monthly		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	<0.6	*****		*****	<0.1	*****		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1	00610	Permit Requirement	114 Average Monthly	****	lbs/day	****	8 Average Monthly		mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.798	1.116		*****	*****	****		0	Continuous	Recorded
Parameter Code: 5 Stage Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****				Continuous	Recorded
Fecal Coliform		Sample Measurement	*****	****		*****	7	*****	CFU/10	0	1/week	Grab
Parameter Code: 7 Stage Code: 1	74055	Permit Requirement		*****			200 Geometr Mean	ic	mL		1/week	Grab
CBOD5		Sample Measurement	<13	<13		*****	<2	<2		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1	30082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	****	20 Averag Monthly		mg/L		1/week	24-Hr Composite
Name/Title of Princi Executive Officer (Authorized Agen	ipal or t t it in it	xertify under pena rection or superv Jalified personne y inquiry of the p rectly responsibli the best of my k ware that there a cluding the possi a. C.S. □ 4904 (n	vision in accord el gather and e erson or perso e for gathering nowledge and re significant p ibility of fine an	dance with a s valuate the informations who mana the information belief, true, a benalties for su	ystem des formation ge the system, the info courate ar ubmitting f ent for kno	igned to assur submitted. Bas tem or those p prmation subm d complete. I alse informatic	e that sed on persons litted is, am on,	Signature Principal Exee Officer Or Auti Agent	cutive norized	ſelep	hone No	Date

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FACILITY: KING ROAD STP PERMIT NUMBER: PA0051934 **REGION:** EP SE Rgnl Off LIMERICK TWP PERMITTEE: **OUTFALL:** MONTGOMERY CNTY 002 COUNTY: Montgomery LIMERICK CITY: 646 WEST RIDGE PIKE MONITORING From: 2013-05-01 NO DISCHARGE FROM ADDRESS: LIMERICK, PA 19468 PERIOD: To: 2013-05-31 SITE: Quantity or Loading **Quality or Concentration** No. Frequency Sample Parameter Value Value Value Value Units Value Units Ex of Analysis Type Sample **Dissolved Oxygen** ***** ***** **** ***** Measuremer 6.7 0 1/day Grab mg/L Parameter Code: 00300 Permit 5.0 ***** ***** ***** ***** Stage Code: 1 Requirement Minimum Grab 1/day Sample pН ***** ***** ***** Measuremen 6.6 7.0 0 1/day Grab S.U. Parameter Code: 00400 6.0 9.0 Permit ***** ***** ***** Stage Code: 1 Minimum Requirement Maximum 1/dav Grab Sample 24-Hr ***** Measuremen <34 55 <5 8 0 1/week Composite Total Suspended Solids mg/L lbs/dav 425 638 30 45 Parameter Code: 00530 Permit Weekly Average Weekly Average 24-Hr ***** Stage Code: 1 Requirement Monthly Average Monthly Average Composite 1/week 24-Hr Sample ***** ***** ***** <0.8 <0.1 Measuremen 0 1/week Ammonia-Nitrogen Composite lbs/day mg/L 114 8 Parameter Code: 00610 Permit Average Average 24-Hr ***** ***** ***** Stage Code: 1 Requirement Monthly Monthly 1/week Composite Sample ***** ***** ***** Measuremen 0.776 1.142 0 Continuous Recorded Flow (mgd) MGD Report Report Parameter Code: 50050 Permit Average Daily Stage Code: 1 Monthly ***** ***** ***** Recorded Requirement Maximum Continuous Sample **** ***** ***** ***** Measuremen 19 0 1/week Grab Fecal Coliform CFU/100 200 mL Parameter Code: 74055 Permit Geometric ***** ***** ***** Stage Code: 1 ***** Requirement Mean 1/week Grab Sample 24-Hr Measuremen <13 14 ***** <2 2.3 0 CBOD5 1/week Composite bs/day 284 425 20 30 mg/L Parameter Code: 80082 Permit Weekly Weekly Average Average 24-Hr Stage Code: 1 ***** Requirement Monthly Average Monthly Average 1/week Composite certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that Signature of qualified personnel gather and evaluate the information submitted. Based on Name/Title of Principa **Principal Executive** ny inquiry of the person or persons who manage the system or those persons **Executive Officer Or** Officer Or Authorized directly responsible for gathering the information, the information submitted is, **Authorized Agent** Agent **Telephone No** Date 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 2013-06-28 Pa. C.S. D 4904 (relating to unsworn falsification).

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

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Î.	ING ROA		PE	RMITNUM	BER:	PA005193	4 RI	GION:		EP S	E Rgnl Off	
PERMITTEE'	IONTGO		η ΟΙ	JTFALL:	i	002		DUNTY: TY:			gomery RICK	
	46 WEST		68 PE	DNITORING		To: <u>2013-06</u> -	<u>-30</u> SI	D DISCHARGI TE:		()		
Parameter			Quantity of Value	value	Units	Quality	y or Con Value	centration Value	Units		Frequency of Analysis	Sample Type
Dissolved Oxygen	Sam		*****		Cinto		*****		Units			
Parameter Code: 0	-	surement nit	*****	*****		6.7 5.0	*****		mg/L	0	1/day	Grab
Stage Code: 1	Req	uirement	*****	*****		Minimum	*****	*****			1/day	Grab
рH	Sam Mea	iple surement	*****	*****		6.5	*****	7.1	S.U.	0	1/day	Grab
Parameter Code: 0 Stage Code: 1		nit uirement	*****	*****		6.0 Minimum	*****	9.0 Maximum	3.0.		1/day	Grab
Total Suspended So	Sam Mea	iple surement	<33	58		*****	<5	6.4		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1	0530 Pern	nit uirement	425 Average Monthly	638 Weekly Average	lbs/day		30 Averag Monthi		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen	Sam Mea	iple surement	0.9	*****			0.1	****		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1		nit uirement	114 Average Monthly	*****	lbs/day	****	8 Averag Monthl		mg/L		1/week	24-Hr Composite
Flow (mgd)	Sam Mea	iple surement	0.916	1.562		*****	*****	*****		0	Continuous	Recorded
Parameter Code: 5 Stage Code: 1		nit uirement	Report Average Monthly	Report Daily Maximum	MGD						Continuous	Recorded
Fecal Coliform	Sam Mea	iple surement	*****	*****		*****	35	*****	0511140	0	1/week	Grab
Parameter Code: 7 Stage Code: 1		nit uirement		*****			200 Geomet Mean	ric *****	CFU/10 mL		1/week	Grab
CBOD5	Sam Mea	iple isurement	<14	<18		****	<2	<2		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1		nit uirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Averag Monthl		mg/L		1/week	24-Hr Composite
Name/Title of Princi Executive Officer C Authorized Agent	pal directio qualifie my inqu directly to the b aware l includir	n or superv d personne uiry of the p responsible pest of my k that there a ng the possi	ision in accord I gather and e erson or perso for gathering nowledge and re significant p bility of fine ar	dance with a s valuate the inf ons who mana the information belief, true, a benalties for su	ystem des ormation ge the system, the info courate ar ibmitting f ent for kno	pared under m igned to assur submitted. Bas stem or those p ormation subm id complete. I alse information wing violations	re that sed on persons hitted is, am on,	Signature Principal Exe Officer Or Autl Agent	cutive norized	Telep	hone No	Date

http://www.ahs2.dep.state.pa.us/e2/Pages/ReportManage/DisplaySubReport.ashx?subid=:... 7/26/2013

N N N N N N N N N N N N N N N N N N N	1000 1000	ROAD STP RICK TWP	PE	RMITNUM	BER:	PA005193	4 RE	GION:		EP S	E Rgnl Off	
		GOMERY CN	TY OI	JTFALL:	3	002		DUNTY: FY:			gomery RICK	
		EST RIDGE P RICK, PA 1946	58 PE	ERIOD:		From: <u>2013-</u> To: <u>2013-07-</u>	- <u>31</u> SI	DISCHARGE	ECHAPTERING COMPANY	()		
Parameter			Quantity of Value	Value	Units	Quality Value	y or Cond Value	entration Value	Units	No. Ex.		Sample Type
Dissolved Oxygen		Sample Measurement	*****			6.1	*****	*****		0	1/day	Grab
Parameter Code: 0 Stage Code: 1	0300	Permit Requirement	*****	*****		5.0 Minimum		*****	mg/L		1/day	Grab
рН		Sample Measurement	*****	*****		6.8	*****	7.3	S.U.	0	1/day	Grab
Parameter Code: 0 Stage Code: 1	0400	Permit Requirement	*****	*****		6.0 Minimum		9.0 Maximum	5.0.		1/day	Grab
Total Suspended Se	olids	Sample Measurement	<24	<26		*****	<4	4		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1		Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Averag Monthly		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	<0.6	*****		*****	<0.1	*****		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1	0610	Permit Requirement	114 Average Monthly	*****	lbs/day	*****	8 Averag Monthly		mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.758	1.041		****	****	*****		0	Continuous	Recorded
Parameter Code: 5 Stage Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	*****	*****			Continuous	Recorded
Fecal Coliform		Sample Measurement	*****	*****		*****	128	*****	CFU/10	0	1/week	Grab
Parameter Code: 7 Stage Code: 1	4055	Permit Requirement	*****	*****			200 Geomet Mean	'ic	mL		1/week	Grab
CBOD5		Sample Measurement	<12	<13		*****	<2	2		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1	30082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day		20 Averag Monthl		mg/L		1/week	24-Hr Composite
Name/Title of Princi Executive Officer (Authorized Agen	ipal m Or t to av in	certify under pena rection or superv ualified personne by inquiry of the p rectly responsible the best of my k ware that there a cluding the possi a. C.S. □ 4904 (r	ision in accord gather and e erson or perso for gathering nowledge and re significant p bility of fine ar	dance with a s valuate the informations who mana the information belief, true, a benalties for su	ystem des formation ge the syston, the info courate an ubmitting f ent for kno	signed to assur submitted. Bas stem or those p prmation subm nd complete. I alse informatic	re that sed on persons hitted is, am on,	Signature Principal Exe Officer Or Auti Agent	cutive norized	Гејер	hone No	Date 013-08-28

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	100000000000000000000000000000000000000	ROAD STP		ERMIT NUM	BER:	PA005193	4 R	EGION:		EP S	E Rgnl Off	
PERMITTEE		GOMERY CN	TY O	UTFALL:	1	002		DUNTY: TY:			gomery RICK	
		EST RIDGE P RICK, PA 1946	58 PI	ONITORING ERIOD:		To: <u>2013-08</u> -	- <u>31</u> SI	D DISCHARGI TE:	E FROM	()		
Descenter				or Loading	Unite	Quality Value		centration Value	11-14-	No		
Parameter	-	Sample	Value	Value	Units	value °	Value	value	Units	Ex.	of Analysis	Туре
Dissolved Oxygen		Measurement	*****	*****		6.4	*****	*****	mg/L	0	1/day	Grab
Parameter Code: 0 Stage Code: 1	A PROPERTY AND A PROPERTY	Permit Requirement	*****	*****		5.0 Minimum	*****	****	- mg/L		1/day	Grab
рН		Sample Measurement	****	*****		6.8	****	7.1	S.U.	0	1/day	Grab
Parameter Code: 0 Stage Code: 1	COLOR STREET	Permit Requirement	****	*****		6.0 Minimum	*****	9.0 Maximum	0.0.		1/day	Grab
Total Suspended So		Sample Measurement	<25	<28		*****	<4	<4		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1		Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Averag Monthi		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	<0.6				<0.1			0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1		Permit Requirement	114 Average Monthly	*****	lbs/day	*****	8 Averag Month		mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.754	1.054		*****	*****	*****		0	Continuous	Recorded
Parameter Code: 5 Stage Code: 1		Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD				4		Continuous	Recorded
Fecal Coliform		Sample Measurement	****	****		****	<13	*****	CFU/10	0	1/week	Grab
Parameter Code: 7 Stage Code: 1	0.000	Permit Requirement	****	*****		****	200 Geomet Mean	1 1100 March 10 August	mL		1/week	Grab
CBOD5		Sample Measurement	<13	<14		*****	<2	2		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1		Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Averag Month		mg/L		1/week	24-Hr Composite
Name/Title of Princi Executive Officer (Authorized Ageni	ipal dii m Or dii t to av	xertify under pena rection or superv Jalified personne y inquiry of the p rectly responsibil the best of my k ware that there a cluding the possi a. C.S.	ision in accord I gather and e erson or perse for gathering nowledge and re significant p bility of fine a	dance with a s valuate the inf ons who mana the information belief, true, a benalties for su and imprisonme	ystem des formation ge the syston, the info ccurate ar ubmitting f ent for kno	igned to assur submitted. Bas stem or those p ormation subm nd complete. I a alse informatio	e that sed on persons nitted is, am on,	Signature Principal Exe Officer Or Auti Agent	cutive horized	Telep	hone No	Date 2013-09-27

	IMEF	ROAD STP RICK TWP GOMERY CN	0	ERMIT NUM JTFALL:		PA005193		EGION: DUNTY:			E Rgnl Off gomery	
		EST RIDGE P RICK, PA 1946	58 P E	ONITORING ERIOD:		To: 2013-09-	09-01 N -30 SI	TY: D DISCHARGI TE:	E FROM	LIME	RICK	
Parameter			Quantity of Value	or Loading Value	Units	Quality Value	y or Con Value	centration Value	Units	No.		
Dissolved Oxygen		Sample Measurement	****			6.3	*****	*****		0	1/day	Grab
Parameter Code: 0 Stage Code: 1	0300		*****	****		5.0 Minimum	*****	*****	mg/L		1/day	Grab
pH		Sample Measurement	****			6.9		7.2		0	1/day	Grab
Parameter Code: 0 Stage Code: 1	0400	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum	S.U.		1/day	Grab
Total Suspended Se	olids	Sample Measurement	<24	<25		*****	<4	<4		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1		Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Averag Monthl		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	<0.6	*****		*****	<0.1	*****		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1	0610	Permit Requirement	114 Average Monthly	*****	lbs/day		8 Averag Month		mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.735	0.927		*****	*****	*****		0	Continuous	Recorded
Parameter Code: 5 Stage Code: 1	0050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform		Sample Measurement	*****	*****		*****	16	*****	CFU/10	0	1/week	Grab
Parameter Code: 7 Stage Code: 1		Permit Requirement	*****	*****		****	200 Geomet Mean		mL		1/week	Grab
CBOD5		Sample Measurement	<12	14		*****	<2	2.3		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1		Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Averag Month		mg/L		1/week	24-Hr Composite
Name/Title of Princi Executive Officer (Authorized Agen	pal qu m Dr di t to av	ertify under pen- rection or superv Jalified personne y inquiry of the p rectly responsibl the best of my k ware that there a cluding the possi a. C.S.	vision in accord of gather and e erson or perso for gathering nowledge and re significant p ibility of fine an	dance with a s valuate the inf ons who mana the informatic belief, true, a benalties for su d imprisonme	ystem des formation ge the syston, the info occurate ar ubmitting f ent for kno	igned to assur submitted. Bas stem or those p ormation subm id complete. I alse information	re that sed on persons nitted is, am on,	Signature Principal Exe Officer Or Auti Agent	cutive horized	Telep	hone No	Date

Pennsylvania Department of Environment Protection	Discharge Monitoring Report (DMR)
Femisylvania Department of Environment Frotection	Discharge wonitoring Report (Dwik)

	ING ROAD STP MERICK TWP ONTGOMERY CN	0	ERMIT NUM UTFALL:		PA005193	C	EGION: DUNTY: ITY:		Mont	E Rgnl Off gomery RICK	
	46 WEST RIDGE P MERICK, PA 194		ONITORING ERIOD:		From: <u>2013-</u> Γο: <u>2013-10-</u>	10-01 N	D DISCHARGI TE:	EFROM	()		
Deservator		Quantity of Value	or Loading Value	Units	Qualit Value	y or Con Value	centration Value	Units	No		Sample
Parameter	Sample	Value	value	Units	value	value	value	Units	Ex.	of Analysis	Туре
Dissolved Oxygen	Measuremen	*****	*****		6.5	*****	*****	mg/L	0	1/day	Grab
Parameter Code: 00 Stage Code: 1	300 Permit Requirement	*****	*****		5.0 Minimum	*****		ing/L		1/day	Grab
pН	Sample Measuremen	*****	*****		6.9	*****	7.2		0	1/day	Grab
Parameter Code: 00	400 Permit				6.0		9.0	S.U.	Ĕ		
Stage Code: 1	Requirement Sample				Minimum		Maximum		1	1/day	Grab 24-Hr
Total Suspended So	Management	<23	<24		****	<4	<4		0	1/week	Composite
Parameter Code: 00 Stage Code: 1	530 Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Averag Month		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measuremen	<0.6	*****		****	<0.1	*****		0	1/week	24-Hr Composite
Parameter Code: 00 Stage Code: 1	0610 Permit Requirement	114 Average Monthly		lbs/day		8 Averaç Month		mg/L		1/week	24-Hr Composite
Flow (mgd)	Sample Measuremen	0.714	1.056		*****	*****	*****		0	Continuous	Recorded
Parameter Code: 50 Stage Code: 1	050 Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****				Continuous	Recorded
Fecal Coliform	Sample Measuremen					21			0	1/week	Grab
Parameter Code: 74 Stage Code: 1	055 Permit Requirement		****		****	200 Geomet Mear	14	CFU/10 mL	0	1/week	Grab
CBOD5	Sample Measuremen	<11	<12		*****	<2	<2		0	1/week	24-Hr Composite
Parameter Code: 80 Stage Code: 1		284 Average Monthly	425 Weekly Average	lbs/day	****	20 Averag Month		rng/L	ſ	1/week	24-Hr Composite
Name/Title of Princip Executive Officer O Authorized Agent	directly responsibl	vision in accord of gather and e person or perso e for gathering mowledge and re significant p ibility of fine an	dance with a s valuate the informations who mana the information belief, true, a benalties for su	ystem des ormation : ge the sys on, the info ccurate an ibmitting fa ent for kno	igned to assur submitted. Bas item or those p ormation subm of complete. I alse information	e that sed on persons litted is, am on,	Signature Principal Exe Officer Or Auti Agent	cutive horized	Telep	hone No	Date 013-11-22

		ROAD STP	PE	ERMITNUM	BER:	PA005193	4 RI	GION:	I	EP SE Rgnl Off			
DEDMITTEE		ICK TWP GOMERY CN	TY O	UTFALL:		002	100	OUNTY:			gomery RICK		
an and a second second second		EST RIDGE P ICK, PA 1946		ONITORING ERIOD:		From: <u>2013-</u> To: <u>2013-11</u> -	11-01 NO	DISCHARGE	FROM	()			
Parameter			Quantity of Value	or Loading Value	Units	Quality Value	y or Cone Value	centration Value	Units	No. Ex.	Frequency of Analysis	Sample Type	
Dissolved Oxygen		Sample Measurement	*****	*****	٠	6.7	*****	*****		0	1/day	Grab	
Parameter Code: 0 Stage Code: 1		Permit Requirement	*****			5.0 Minimum	*****		mg/L		1/day	Grab	
pH		Sample Measurement	*****	*****		6.9	*****	7.2		0	1/day	Grab	
Parameter Code: 0 Stage Code: 1		Permit Requirement	*****			6.0 Minimum	*****	9.0 Maximum	S.U.		1/day	Grab	
Total Suspended Se		Sample Measurement	<33	63			<5	6		0	1/week	24-Hr Composite	
Parameter Code: 0 Stage Code: 1	05301	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day		30 Averag Monthl		mg/L		1/week	24-Hr Composite	
Ammonia-Nitrogen		Sample Measurement	<0.7	*****		*****	<0.1			0	1/week	24-Hr Composite	
Parameter Code: 0 Stage Code: 1		Permit Requirement	114 Average Monthly		lbs/day	*****	8 Averag Monthl		mg/L		1/week	24-Hr Composite	
Flow (mgd)		Sample Measurement	0.708	1.184		*****	*****	*****		0	Continuous	Recorded	
Parameter Code: 5 Stage Code: 1		Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****				Continuous	Recorded	
Fecal Coliform		Sample Measurement	*****	*****		****	21	*****	0511/40	0	1/week	Grab	
Parameter Code: 7 Stage Code: 1		Permit Requirement	***	*****		*****	200 Geomet Mean	ric	CFU/10 mL		1/week	Grab	
CBOD5		Sample Measurement	<13	<20		****	<2	2		0	1/week	24-Hr Composite	
Parameter Code: 8 Stage Code: 1		Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	****	20 Averag Monthi		mg/L		1/week	24-Hr Composite	
Name/Title of Princi Executive Officer (Authorized Agen	ipal Or t inc	ertify under penu ection or superv alified personne y inquiry of the p rectly responsible the best of my k vare that there a cluding the possi a. C.S 4904 (i	ision in accord I gather and e erson or perso for gathering nowledge and re significant p ibility of fine ar	dance with a s ovaluate the information ons who mana the information belief, true, a benalties for su and imprisonme	ystem des formation ge the sy on, the inf ccurate a ubmitting to nt for kno	signed to assur submitted. Bas stem or those p ormation subm nd complete. I false information	re that sed on persons nitted is, am on,	Signature Principal Exe Officer Or Auti Agent	utive orized	ſelep	hone No	Date 013-12-27	

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

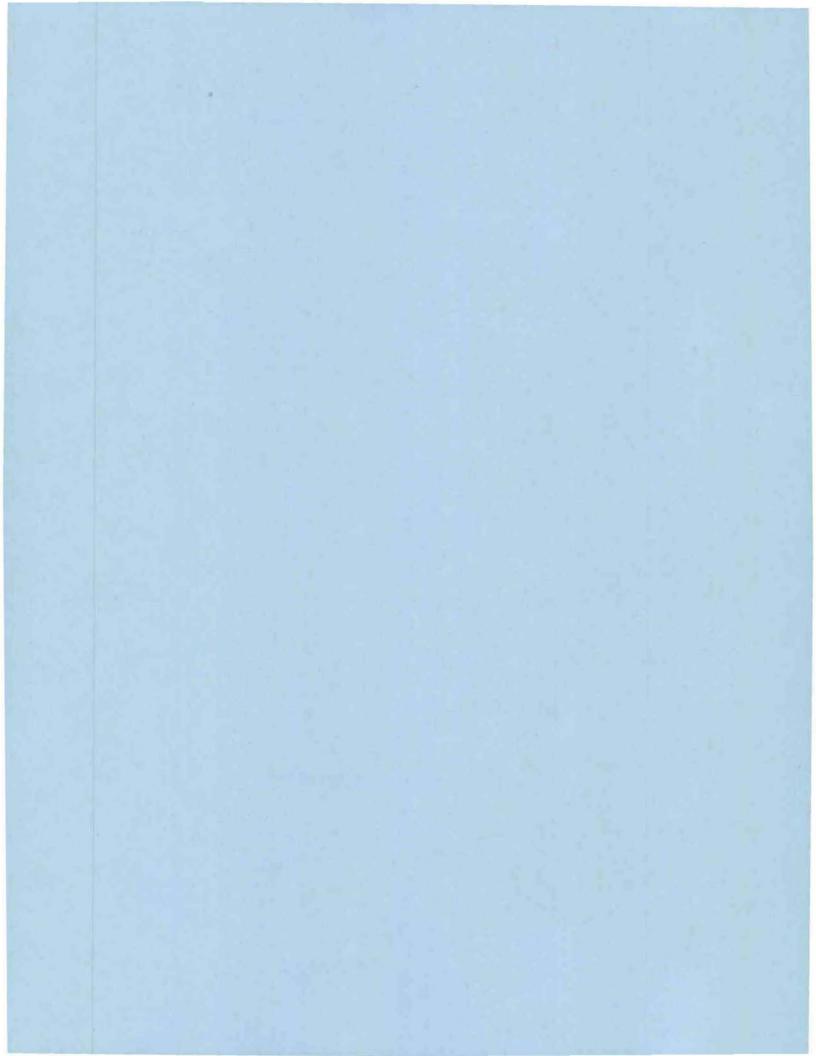
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	NG ROAD STP	PE		BER:	PA005193	4 RI	EGION:		EP SI	E Rgnl Off	
DEDMITTEE.	MERICK TWP ONTGOMERY CN	ΙΤΥ ΟΙ	JTFALL:		002		DUNTY: TY:			gomery RICK	
	6 WEST RIDGE F MERICK, PA 194		ONITORING ERIOD:		From: <u>2013-</u> To: <u>2013-12-</u>	12-01 N	D DISCHARGI TE:	FROM	()		
		Quantity of	or Loading		Quality	y or Con	centration		No.	Frequency	Sample
Parameter		Value	Value	Units	Value	Value	Value	Units		of Analysis	
Dissolved Oxygen	Sample Measurement	*****	*****		7.4	*****	*****	mg/L	0	1/day	° Grab
Parameter Code: 003 Stage Code: 1	300 Permit Requirement	*****	*****		5.0 Minimum		*****	Ing/L		1/day	Grab
pН	Sample Measuremen	*****	*****		6.6		7.2	S.U.	0	1/day	Grab
Parameter Code: 00- Stage Code: 1	100 Permit Requirement				6.0 Minimum		9.0 Maximum	5.0.	Γ	1/day	Grab
Total Suspended Sol	Sample Measuremen	<25	<27			<4	<4		0	1/week	24-Hr Composite
Parameter Code: 00 Stage Code: 1		425 Average Monthly	638 Weekly Average	lbs/day		30 Averag Monthi		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measuremen	<0.6	*****		*****	<0.1	****		0	1/week	24-Hr Composite
Parameter Code: 00 Stage Code: 1	510 Permit Requirement	114 Average Monthly	*****	lbs/day		8 Averag Monthl		mg/L		1/week	24-Hr Composite
Flow (mgd)	Sample Measuremen	0.835	1.154			*****	*****		0	Continuous	Recorded
Parameter Code: 50 Stage Code: 1	050 Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD			*****			Continuous	Recorded
Fecal Coliform	Sample Measuremen		*****		*****	18	*****	CFU/10	0	1/week	Grab
Parameter Code: 74 Stage Code: 1	055 Permit Requirement	*****				200 Geomet Mean		mL		1/week	Grab
CBOD5	Sample Measuremen	<14	21			<2	3		0	1/week	24-Hr Composite
Parameter Code: 80 Stage Code: 1	082 Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day		20 Averag Monthl		mg/L		1/week	24-Hr Composite
Name/Title of Princip Executive Officer Or Authorized Agent		vision in accord al gather and e berson or perso e for gathering mowledge and ire significant p	dance with a s valuate the ini- ons who mana the information belief, true, a benalties for su	ystem des formation ge the syston, the inf ocurate au ubmitting f	signed to assur submitted. Bas stem or those p ormation subm nd complete. I alse information	re that sed on persons nitted is, am on,	Signature Principal Exe Officer Or Aut Agent	cutive horized	ſelep	hone No	Date

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

Page 2 of 2

PARAMETER SPECIFIC COMMENTS:



	ING ROAD STP IMERICK TWP IONTGOMERY (0	ERMIT NUM UTFALL:		PA005193 002	C	EGION: DUNTY :		EP SE Rgnl Off Montgomery LIMERICK			
	46 WEST RIDGE IMERICK, PA 19	468 P	ONITORING ERIOD:		To: <u>2014-01</u> -	01-01 NG -31 SI	TY: D DISCHARGE TE:	EFROM				
Parameter		Quantity Value	or Loading Value	Units	Qualit	y or Con Value	centration Value	Units	No	Frequency of Analysis	Sample Type	
Dissolved Oxygen	Sample		*****			*****	*****					
Parameter Code: 00			*****		8.0 5.0		*****	mg/L	0	1/day	Grab	
Stage Code: 1 pH	Requiremen Sample				Minimum			<u> </u>	+	1/day	Grab	
Parameter Code: 00		FIG.	*****		6.5 6.0		7.0 9.0	S.U.	0	1/day	Grab	
Stage Code: 1	Requiremer Sample Measureme		126		Minimum	<9	Maximum 18		0	1/day 1/week	Grab 24-Hr Composite	
Total Suspended Sc Parameter Code: 00 Stage Code: 1		425 Average	638 Weekly Average	lbs/day		30 Averag Monthi	45 Weekly	mg/L		1/week	24-Hr Composite	
Ammonia-Nitrogen	Sample Measureme	nt <0.7	****		*****	<0.1	****		0	1/week	24-Hr Composite	
Parameter Code: 00 Stage Code: 1	0610 Permit Requiremer	114 Average nt Monthly		lbs/day		8 Averag Monthl		mg/L		1/week	24-Hr Composite	
Flow (mgd)	Sample Measureme	nt 0.811	1.174		•••••		*****		0	Continuous	Recorded	
Parameter Code: 50 Stage Code: 1	0050 Permit Requiremer	Report Average t Monthly	Report Daily Maximum	MGD	*****		•••••			Continuous	Recorded	
Fecal Coliform	Sample Measureme	nt	*****		*****	15	*****	CFU/10	0	1/week	Grab	
Parameter Code: 74 Stage Code: 1	4055 Permit Requiremer	nt *****	*****		*****	200 Geomet Mean		mL		1/week	Grab	
CBOD5	Sample Measureme	nt 28	45		*****	4	7		0	1/week	24-Hr Composite	
Parameter Code: 8 Stage Code: 1	0082 Permit Requiremer	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Averag Monthl		mg/L		1/week	24-Hr Composite	
Name/Title of Princip Executive Officer C Authorized Agent	direction or sup qualified person my inquiry of the directly respons	nel gather and e person or pers ible for gathering knowledge and are significant ssibility of fine a	dance with a s evaluate the int ons who mana g the informatik d belief, true, a penalties for su nd imprisonme	ystem des formation age the syston, the info ccurate ar ubmitting f ent for kno	igned to assur submitted. Bas stem or those p ormation subm of complete. I alse information	e that sed on persons nitted is, am on,	Signature Principal Exe Officer Or Auti Agent	cutive horized	Telep	hone No	Date 2014-02-28	

	(ING ROA) IMERICK MONTGON	TWP	0	ERMIT NUM JTFALL:		PA005193		GION: UNTY: Y:		Mont	E Rgnl Off gomery RICK	
	646 WEST			DNITORING RIOD:		From: <u>2014-</u> Fo: <u>2014-02-</u>	02-01 NO	DISCHARGE	FROM	()	NON	
Parameter			Quantity of Value	or Loading Value	Units	Quality Value	y or Conc Value	entration Value	Units		Frequency of Analysis	
Dissolved Oxygen	Sam		*****	*****	Units		*****	*****	Units			
Parameter Code: 0 Stage Code: 1	0300Perm	surement nit uirement	*****	*****		8.1 5.0 Minimum	*****		mg/L	0	1/day 1/day	Grab
pH	Sam		*****			6.6		7		0	1/day	Grab
Parameter Code: 0 Stage Code: 1	0400 Perm		*****	*****		6.0 Minimum	*****	9.0 Maximum	S.U.	Ē	1/day	Grab
Total Suspended S	Sam		67	145		*****	7	10	_	0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1	0530 Perm		425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen	Sam Mea	ple surement	<1			*****	<0.1	*****		0	1/week	24-Hr Composit
Parameter Code: 0 Stage Code: 1		nit uirement	114 Average Monthly	*****	lbs/day	*****	8 Average Monthly		mg/L		1/week	24-Hr Composite
Flow (mgd)	Sam Mea:	ple surement	0.969	1.672		*****	*****	*****		0	Continuous	Recorded
Parameter Code: 5 Stage Code: 1		nit uirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****				Continuous	Recorded
Fecal Coliform	Sam Mea	ple surement	*****	*****			14	*****	CFU/10	0	1/week	Grab
Parameter Code: 7 Stage Code: 1	0.1200000-040 E3.2 (0.000 0000	nit uirement	*****	*****		*****	200 Geometri Mean		mL		1/week	Grab
CBOD5	Sam Mea	ple surement	<31	63		****	<3	5		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1		nit uirement	284 Average Monthly	425 Weekly Average	lbs/day	•••••	20 Average Monthly		mg/L		1/week	24-Hr Composite
Name/Title of Princi Executive Officer (Authorized Agen	pal direction qualified my inqu directly to the be aware the includin	n or superv d personne uiry of the p responsible est of my k hat there an g the possi	ision in accord I gather and e erson or perso for gathering nowledge and re significant p bility of fine ar	this documen dance with a s valuate the inf ons who mana the informatic belief, true, a benalties for su od imprisonme worn falsificati	ystem des ormation s ge the sys on, the info ccurate an obmitting fa ent for know	igned to assur submitted. Bas tem or those p ormation subm d complete. I alse informatic	re that sed on persons hitted is, C am on,	Signature Principal Exec Ifficer Or Auth Agent	utive orized	Telep	hone No	Date 2014-03-28

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		ROAD STP	PE		BER:	PA005193	4 RI	EGION:	ļ	EP SI	E Rgnl Off	
DEDMITTEE.		RICK TWP IGOMERY CN	TY O	JTFALL:		002		OUNTY: TY:			gomery RICK	
		EST RIDGE P RICK, PA 1946		ONITORING ERIOD:		From: <u>2014-</u> To: <u>2014-03-</u>	03-01 N	D DISCHARGI	FROM	()		
Parameter			Quantity of Value	or Loading Value	Units	Quality Value	y or Con Value	centration Value	Units	No.	Frequency of Analysis	Sample Type
Dissolved Oxygen		Sample Measurement	****	****		8	*****			0	1/day	Grab
Parameter Code: 0 Stage Code: 1	00300		*****			5.0 Minimum	*****	*****	mg/L	Ē	1/day	Grab
рН		Sample Measurement	*****	*****	1.	6.4		6.9	S.U.	0	1/day	Grab
Parameter Code: 0 Stage Code: 1	0400	Permit Requirement	*****	****		6.0 Minimum		9.0 Maximum	5.0.		1/day	Grab
Total Suspended S	olids	Sample Measurement	<39	70		*****	<6	11		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1	00530	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Averag Monthl		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	<0.8	****		*****	<0.1	****		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1	00610	Permit Requirement	114 Average Monthly	*****	lbs/day	*****	8 Averag Monthi		mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.884	1.568		****	****	****		0	Continuous	Recorded
Parameter Code: 5 Stage Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform		Sample Measurement		*****			11	****	CFU/10	0	1/week	Grab
Parameter Code: 7 Stage Code: 1	74055	Permit Requirement	*****	*		*****	200 Geomet Mean		mL		1/week	Grab
CBOD5		Sample Measuremen	<18	29			<3	4		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1	30082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Averag Month		mg/L		1/week	24-Hr Composite
Name/Title of Princi Executive Officer (Authorized Agen	ipal or di nt in in	certify under pen irection or supen- ualified personne y inquiry of the p irectly responsib the best of my k ware that there a ccluding the poss a. C.S. 2 4904 (vision in accord al gather and e person or perso e for gathering mowledge and re significant p ibility of fine a	dance with a s valuate the inf ons who mana the informatic belief, true, a benalties for su nd imprisonme	ystem de formation ge the sy on, the inf ccurate a ubmitting ant for kno	signed to assur submitted. Bas stem or those p ormation subm nd complete. I false information	re that sed on persons hitted is, am on,	Signature Principal Exe Officer Or Aut Agent	cutive horized	Felep	hone No	Date 2014-04-23

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DEDMITTEE	LIME	ROAD STP RICK TWP IGOMERY CN	0	ERMIT NUM JTFALL:		PA005193	C	GION: DUNTY:		Mont	E Rgnl Off gomery	
		EST RIDGE P RICK, PA 1946		DNITORING		-rom: <u>2014-</u> To: <u>2014-04</u> -	04-01 NO	TY: D DISCHARGE TE:	FROM	()	RICK	
Parameter			Quantity of Value	or Loading Value	Units	Quality	y or Con Value	value	Units	No.		
Dissolved Oxygen	-	Sample			Unita	Value					Of Analysis	s type
		Measurement	*****	*****		7.2	*****	*****	mg/L	0	1/day	Grab
Parameter Code: 0 Stage Code: 1	00300	Requirement	*****	*****		5.0 Minimum	*****	****			1/day	Grab
pН		Sample Measurement	*****	*****		6.5	*****	6.9		0	1/day	Grab
Parameter Code: 0 Stage Code: 1	00400		*****	*****		6.0 Minimum		9.0 Maximum	S.U.	F	1/day	Grab
Stage Code. 1		Sample		151		****				+		24-Hr
Total Suspended S	Solids	Measurement	<56 425	151 638	lbs/day		<5 30	45	mg/L	0	1/week	Composite
Parameter Code: 1 Stage Code: 1	00530	Permit Requirement	Average Monthly	Weekly Average			Averag Monthl	e Weekly			1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	<4	*****		*****	<0.4	*****	ė	0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1		Permit Requirement	114 Average Monthly	*****	lbs/day		8 Averag Monthi		rng/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.937	2.669		*****				0	Continuous	Recorded
Parameter Code: 3 Stage Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****				Continuous	Recorded
Fecal Coliform		Sample Measurement				*****	12		051144	0	1/week	Grab
Parameter Code: 1	74055	Permit Requirement	*****	*****		*****	200 Geomet Mean		CFU/10 mL		1/week	Grab
CBOD5		Sample Measurement	<22	<45			<2	<2		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1	80082		284 Average Monthly	425 Weekly Average	lbs/day	****	20 Averag Monthi		mg/L		1/week	24-Hr Composite
Name/Title of Princ Executive Officer Authorized Ager	cipal m Or di nt to av	certify under pen irection or superv ualified personne ny inquiry of the p irectly responsible the best of my k ware that there a cluding the possi a. C.S.	ision in accord gather and e erson or perso for gathering nowledge and re significant p bility of fine ar	lance with a s valuate the informations who mana the information belief, true, a benalties for sum d imprisonme	ystem des ormation ge the syston, the info ccurate ar ibmitting fr ent for kno	igned to assur submitted. Bas tern or those p ormation subm id complete. I alse information	e that sed on persons sitted is, am on,	Signature Principal Exe Officer Or Auti Agent	cutive norized	Telep	hone No	Date 2014-05-28

	IMER	ROAD STP NCK TWP GOMERY CN	01	OUTFALL: 002 CC			EGION: DUNTY:		EP SE Rgnl Off Montgomery			
		EST RIDGE P RICK, PA 1946	58 PE	ONITORING RIOD:		To: <u>2014-05</u> -	05-01 NO -31 SI	TY: D DISCHARGE TE:	FROM	LIME ()	RICK	
Parameter			Quantity o	or Loading Value	Units	Quality Value	y or Con Value	centration Value	Units	No	Frequency of Analysis	Sample Type
Dissolved Oxygen		Sample			Units			1	Unita	1		
Parameter Code: 0		Measurement		*****		7.5 5.0	*****	*****	mg/L	0	1/day	Grab
Stage Code: 1		Requirement	****	****		5.0 Minimum		*****			1/day	Grab
pН		Sample Measurement	*****	*****		6.1	*****	7		1 0	1/day	Grab
Parameter Code: 0 Stage Code: 1	0400		*****	*****		6.0 Minimum	*****	9.0 Maximum	S.U.	F	1/day	Grab
÷		Sample Measurement	<57	106		*****	<8	15		0	1/week	24-Hr Composite
Total Suspended S Parameter Code: 0 Stage Code: 1	00530		425 Average Monthly	638 Weekly Average	lbs/day		30 Averag Monthl	45 e Weekly	mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	<0.8	*****		*****	<0.1	*****		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1	000000000 000000	Permit Requirement			lbs/day	*****	8 Averag Monthl		mg/L		1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.923	2.613		*****				0	Continuous	Recorded
Parameter Code: 5 Stage Code: 1		Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****					Continuous	Recorded
Fecal Coliform		Sample Measurement				*****	18		CFU/10	0	1/week	Grab
Parameter Code: 7 Stage Code: 1		Permit Requirement	*****			*****	200 Geomet Mean		mL		1/week	Grab
CBOD5		Sample Measurement	<14	<14		*****	<2	<2		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1		Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Averag Month		mg/L		1/week	24-Hr Composite
Name/Title of Princi Executive Officer (Authorized Agen	ipal dir or to aw	ertify under pena rection or superv alified personne y inquiry of the p rectly responsible the best of my k vare that there a cluding the possi a. C.S.	vision in accord el gather and e erson or perso e for gathering nowledge and re significant p ibility of fine a	dance with a s valuate the informations who mana the information belief, true, a benalties for sum of imprisonme	ystem des formation uge the syston, the info ccurate ar ubmitting f ent for kno	igned to assur submitted. Bas stem or those p ormation subm id complete. I alse informatic	re that sed on persons hitted is, am on,	Signature Principal Exe Officer Or Auti Agent	cutive horized	Telep	hone No	Date 014-06-26

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		ROAD STP	PI	ERMITNUM	BER:	PA005193	4 RI	EGION:		EP SE Rgnl Off			
		RICK TWP GOMERY CN	TY 0	UTFALL:				OUNTY: TY:			gomery RICK		
		EST RIDGE P RICK, PA 1946		ONITORING ERIOD:		From: 2014- To: 2014-06	06-01 N	D DISCHARG		()			
Parameter			Quantity Value	or Loading Value	Units	Qualit Value	y or Con Value	Centration Value	Units	No. Ex.		Sample Type	
Dissolved Oxygen		Sample Measurement	*****	*****		6.7		*****		0	1/day	Grab	
Parameter Code: 0 Stage Code: 1	0300	Permit Requirement	*****	*****		5.0 Minimum	*****	****	mg/L		1/day	Grab	
рH		Sample Measurement	*****	****		6.2	*****	7.0	S.U.	0	1/day	Grab	
Parameter Code: 0 Stage Code: 1	0400	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum	5.0.		1/day	Grab	
Total Suspended S	olids	Sample Measuremeni	<28	34		*****	<4	5		0	1/week	24-Hr Composite	
Parameter Code: 0 Stage Code: 1		Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day		30 Averag Monthi	And the second second second	mg/L		1/week	24-Hr Composite	
Ammonia-Nitrogen		Sample Measurement	<1	*****		*****	<0.2	*****		0	1/week	24-Hr Composite	
Parameter Code: 0 Stage Code: 1	0610	Permit Requirement	114 Average Monthly	*****	lbs/day		8 Averag Monthl		mg/L		1/week	24-Hr Composite	
Flow (mgd)		Sample Measurement	0.823	1.456		*****	*****	*****		0	Continuous	Recorded	
Parameter Code: 5 Stage Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD		*****			Γ	Continuous	Recorded	
Fecal Coliform		Sample Measurement	*****	*****			41		050.000	0	1/week	Grab	
Parameter Code: 7 Stage Code: 1	4055	Permit Requirement	*****	*****			200 Geornei Mean		CFU/10 mL		1/week	Grab	
CBOD5		Sample Measurement	<14	17		****	<2	3		0	1/week	24-Hr Composite	
Parameter Code: 8 Stage Code: 1	30082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Averag Month	Contraction of the second s	mg/L		1/week	24-Hr Composite	
Name/Title of Princi Executive Officer (Authorized Agen	ipal m Or t to	certify under pena rection or superv ualified personne y inquiry of the p rectly responsible the best of my k	ision in accord I gather and e erson or perse e for gathering nowledge and	dance with a s ovaluate the ini ons who mana g the information belief, true, a	ystem den formation ge the sy on, the inf ccurate a	signed to assur submitted, Bas stem or those p ormation subm nd complete. I	re that sed on persons nitted is, am	Signature Principal Exe Officer Or Aut Agent	cutive horized	Telep	hone No	Date	
	in	ware that there a cluding the possi a. C.S. 🗅 4904 (i	bility of fine a	nd imprisonme	ent for kno						2	014-07-28	

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

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

		ROAD STP	PI		BER:	PA0051934 RE		EGION:	Ĵ	EP SE Rgnl Off			
		RICK TWP IGOMERY CN	ΤΥ ΟΙ	JTFALL:	3			OUNTY: ITY:		Montgomery LIMERICK			
		ÆST RIDGE P RICK, PA 1946		DNITORING		From: <u>2014-</u> To: <u>2014-07-</u>		D DISCHARG	-	()			
				or Loading				centration	1	No.			
Parameter		Comple	Value	Value	Units	Value	Value	Value	Units	EX.	of Analysis	Туре	
Dissolved Oxygen		Sample Measurement	*****	*****		6.5	*****	*****	mg/L	0	1/day	Grab	
Parameter Code: (Stage Code: 1	00300	Permit Requirement	*****	*****		5.0 Minimum			ing/L		1/day	Grab	
pН		Sample Measurement	*****	*****		6.6	*****	7.2		0	1/day	Grab	
Parameter Code: (Stage Code: 1	00400		*****	*****		6.0 Minimum		9.0 Maximum	S.U.		1/day	Grab	
		Sample Measurement	<28	37		*****	<5	6		0	1/week	24-Hr Composite	
Total Suspended S Parameter Code: 0 Stage Code: 1			425 Average Monthly	638 Weekly Average	lbs/day		30 Averag Month	45 Weekly	mg/L		1/week	24-Hr Composite	
Ammonia-Nitrogen		Sample Measurement	<0.6	*****		*****	<0.1	*****		0	1/week	24-Hr Composite	
Parameter Code: 0 Stage Code: 1		Permit Requirement	114 Average Monthly	*****	lbs/day	****	8 Averag Month		mg/L		1/week	24-Hr Composite	
Flow (mgd)		Sample Measurement	0.718	0.892		*****	*****	*****		0	Continuous	Recorded	
Parameter Code: 4 Stage Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****			1		Continuous	Recorded	
Fecal Coliform		Sample Measurement	*****	****			40		CFU/10	0	1/week	Grab	
Parameter Code: 1	74055	Permit Requirement	*****	*****		*****	200 Geome Mear		mL		1/week	Grab	
CBOD5		Sample Measurement	<13	15		*****	<2	2		0	1/week	24-Hr Composite	
Parameter Code: 1	80082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	****	20 Averaç Month		mg/L		1/week	24-Hr Composite	
Name/Title of Princ Executive Officer Authorized Ager	cipal m or di nt to	certify under pen irection or superv ualified personne ny inquiry of the p irectly responsibl the best of my k ware that there a	rision in accord el gather and el erson or perse e for gathering nowledge and re significant p	dance with a s valuate the inf ons who mana the information belief, true, a benalties for su	ystem des ormation ge the syston, the inf occurate an ubmitting f	igned to assur submitted. Bas stem or those p ormation subm nd complete. I alse information	e that sed on persons litted is, am on,	Signature Principal Exe Officer Or Aut Agent	cutive horized	Гејер	hone No	Date	
	in	a. C.S. 0 4904 (bility of fine a	nd imprisonme	ent for kno						:	2014-08-2	

		ROAD STP	P	PERMIT NUMBER: PA0051934 RE			EGION:		EP SE Rgnl Off			
		RICK TWP GOMERY CN	ο	UTFALL:	: 	002		DUNTY: TY:			gomery RICK	
		EST RIDGE P RICK, PA 1940		ONITORING ERIOD:		From: <u>2014-</u> To: <u>2014-08</u> -	08-01 N	D DISCHARGI TE:	FROM	()		0
			Quantity	or Loading		Qualit	y or Con	centration		No	Frequency	Sample
Parameter	_		Value	Value	Units	Value	Value	Value	Units	Ex.	of Analysis	Туре
Dissolved Oxygen		Sample Measurement	*****	*****		6	****	*****	mg/L	0	1/day	Grab
Parameter Code: 0 Stage Code: 1	00300	Permit Requirement	****	*****		5.0 Minimum		•••••	Ing/C		1/day	Grab
pН		Sample Measurement	*****	*****		6.9	*****	7.2	S.U.	0	1/day	Grab
Parameter Code: 0 Stage Code: 1	00400	Permit Requirement	*****	****		6.0 Minimum	****	9.0 Maximum			1/day	Grab
Total Suspended S	olide	Sample Measurement	39	65		*****	6	11		0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1	UIUS		425 Average Monthly	638 Weekly Average	lbs/day		30 Averag Monthl	45 e Weekly	mg/L	Ē	1/week	24-Hr Composite
Ammonia-Nitrogen		Sample Measurement	<0.6				<0.1		mg/L	0	1/week	24-Hr Composite
Parameter Code: 0 Stage Code: 1	00610	Permit Requirement	114 Average Monthly	*****	lbs/day	*****	8 Averag Monthl				1/week	24-Hr Composite
Flow (mgd)		Sample Measurement	0.744	0.818		*****	*****	*****		0	Continuous	Recorded
Parameter Code: 5 Stage Code: 1	50050	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD		*****				Continuous	Recorded
Fecal Coliform		Sample Measurement	*****	*****		*****	16	*****	CFU/10	0	1/week	Grab
Parameter Code: 7 Stage Code: 1	74055	Permit Requirement		*****			200 Geomet Mean	Sector Contractor	mL		1/week	Grab
CBOD5		Sample Measurement	<14	15			<2	3		0	1/week	24-Hr Composite
Parameter Code: 8 Stage Code: 1	30082	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Averag Monthi		mg/L		1/week	24-Hr Composite
Name/Title of Princi Executive Officer (Authorized Agen	ipal di qu m Or di it to av	vertify under pena rection or superv Jalified personne y inquiry of the p rectly responsibl the best of my k ware that there a cluding the possi a. C.S. □ 4904 (t	rision in accor I gather and e erson or pers e for gathering nowledge and re significant p bility of fine a	dance with a s evaluate the inf ons who mana the information belief, true, a benalties for su and imprisonme	ystem des formation ge the syston, the info courate ar ubmitting f ent for kno	igned to assur submitted. Bas stem or those p prmation subm id complete. I alse informatic	re that sed on persons nitted is, am on,	Signature Principal Exe Officer Or Autl Agent	cutive norized	Telep	hone No	Date 2014-09-26

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DEDMITTEE, LIME	ROAD STP RICK TWP	OUTEA		R: P/	40051934	l RE	EGION:		EP SE Rgnl Off		
	TGOMERY CNT VEST RIDGE			00 Fr	2 om: 2014-0	CI	COUNTY: CITY: NO DISCHARGE FRO			Montgomer LIMERICK	У
ADDRESS: LIME	RICK, PA 1946	B PERIO	D:		: <u>2014-09</u> -		TE:			()	
Parameter		Quan Loa Value		Units	Quality Value	or Conce Value	ntration Value	Units		Frequency of Analysis	
Dissolved Oxygen	Sample	Value	Value	Units	Value	Value	value	Units	LA.	of Analysis	stype
Parameter Code:	Measurement	*****	*****		5.9	*****	*****	mg/L	0	1/day	Grab
00300 Stage Code: 1	Permit Requirement	****	*****		5.0 Minimum	****	*****			1/day	Grab
pH Decementer Code:	Sample Measurement	*****	****		7	*****	7.2	S.U.	0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	****	*****		6.0 Minimum	****	9.0 Maximum	3.0.		1/day	Grab
Total Suspended Solids	Sample Measurement	<28	37		*****	<5	6	8	0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	<0.6	*****		*****	<0.1			0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	114 Average Monthly	••••	lbs/day	****	8 Average Monthly	*****	mg/L		1/week	24-Hr Composite
Flow (mgd)	Sample Measurement	0.734	0.891		*****		*****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform	Sample Measurement	*****	*****		*****	17	*****	0511/400	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	****	*****		*****	200 Geometric Mean		CFU/100 mL		1/week	Grab
CBOD5	Sample Measurement	<16	24		*****	<3	4		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	284 Average Monthly	425 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	direction or super that qualified pers Based on my inqu	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								phone No	Date
	accurate and con submitting false in imprisonment for unsworn falsificat	nplete. I am nformation, i knowing vio	aware that the ncluding the	nere are s possibility	ignificant per / of fine and	nalties for				-	2014-10-27

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

http://www.ahs2.dep.state.pa.us/e2/Pages/ReportManage/DisplaySubReport.ashx?subid=... 10/27/2014

GENERAL REPORT COMMENT:

Fine Screen at Influent Headworks Out of Service and Using Bar Screen. It needs a new taper bushing installed. For State Sampling Event 9/23 - 9/24 Refrigerated Effluent Sampler Motor Broken. Used our automatic portable sampler with Dg packed in ice. Awaiting on new sampler pump Motor. PARAMETER SPECIFIC COMMENTS:

COMITTEE.	LIMER	ROAD STP PERMIT NUMBER: RICK TWP TGOMERY CNTY OUTFALL:				PA0051934 REGION: 002 COUNTY:			EP SE Rgnl Off Montgomery					
	PIKE	EST RIDGE		ORING D:		om: <u>2014-′</u>): <u>2014-10-</u>	10-01 NO	TY: D DISCHAF TE:	RGE FRO		LIMERICK			
Paramete	ır		Quan Loa Value		Units	Quality Value	or Conce Value	ntration Value	Units		Frequency of Analysis			
Dissolved Oxyg	i ii	Sample Measurement	****	*****		6	****	*****	mg/L	0	1/day	Grab		
00300 Stage Code: 1	σ.	Permit Requirement	*****	****		5.0 Minimum	*****	*****	mg/L		1/day	Grab		
oH Parameter Code	e:	Sample Measurement	*****	*****		6.9	*****	7.1	S.U.	0	1/day	Grab		
00400 Stage Code: 1		Permit Requirement		*****		6.0 Minimum	*****	9.0 Maximum			1/day	Grab		
Total Suspende Solids	d	Sample Measurement	43	70		*****	7	11		0	1/week	24-Hr Composit		
Parameter Code 00530 Stage Code: 1	e:	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composit		
Ammonia-Nitrog	gen	Sample Measurement	<0.6	****		****	<0.1	****		0	1/week	24-Hr Composit		
Parameter Code 00610 Stage Code: 1	e:	Permit Requirement	114 Average Monthly	•••••	lbs/day	*****	8 Average Monthly	*****	mg/L		1/week	24-Hr Composit		
Flow (mgd)		Sample Measurement	0.714	0.852		*****	*****	*****		0	Continuous	Recorde		
Parameter Code 50050 Stage Code: 1	8:	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Recorded		
Fecal Coliform		Sample Measurement	*****	*****		****	22	****	CFU/100	0	1/week	Grab		
Parameter Code 74055 Stage Code: 1	e:	Permit Requirement	****	*****			200 Geometric Mean		mL		1/week	Grab		
CBOD5		Sample Measurement	<17	24			<3	4		0	1/week	24-Hr Composit		
Parameter Code 80082 Stage Code: 1	e:	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composit		
Name/Title of Prin Executive Office Authorized Ag	ncipal E er Or t ent i	certify under per lirection or super hat qualified pers Based on my inqu hose persons dir nformation subm	vision in acc connel gathe uiry of the pe ectly respon itted is, to th	ordance with r and evalua erson or pers sible for gath e best of my	n a system te the info ons who nering the knowledg	n designed to prmation sub manage the information, ge and belief	o assure mitted. system or the , true,	Signature of Executive Of Authorized	ficer Or	Tele	phone No	Date		
	s	ccurate and com ubmitting false in mprisonment for insworn falsificat	nformation, i knowing vio	ncluding the	possibility	of fine and						2014-11-19		

GENERAL REPORT COMMENT: The Lakeside Fine Screen in the headworks is out of service - using the Bar Screen. PARAMETER SPECIFIC COMMENTS:

FACILITY: PERMITTEE:	LIMER	ROAD STP NCK TWP GOMERY CNT	OUTEA	T NUMBER	R: P/ 00	A005193 4		EGION: OUNTY:	EP SE Rgnl Off Montgomery					
ADDRESS:	PIKE	EST RIDGE RICK, PA 1946	B PERIO			om: <u>2014-</u>): <u>2014-11-</u>	11-01 N	ITY: O DISCHAF TE:	RGE FRO	2.22	LIMERICK			
Paramet	0F	٠		tity or ding Value	Units	Quality or Co		ntration Value	Units	10000	Frequency of Analysis			
Dissolved Oxy		0	Value	value	Units	Value	Value	value	Units	EX.	UT Allalysis	s rype		
Parameter Cod	•	Sample Measurement	*****	****		7	****	****	mg/L	0	1/day	Grab		
00300 Stage Code: 1		Permit Requirement	*****	****		5.0 Minimum	*****				1/day	Grab		
рН		Sample Measurement	*****	*****		6.8	****	7.2		0	1/day	Grab		
Parameter Coc 00400 Stage Code: 1		Permit Requirement	****	*****		6.0 Minimum		9.0 Maximum	S.U.		1/day	Grab		
Total Suspend Solids	ed	Sample Measurement	55	59		*****	8	10		0	1/week	24-Hr Composite		
Parameter Cod 00530 Stage Code: 1		Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite		
Ammonia-Nitro	_	Sample Measurement	<0.7	*****		*****	<0.1	*****		0	1/week	24-Hr Composite		
Parameter Cod 00610 Stage Code: 1		Permit Requirement	114 Average Monthly	*****	lbs/day		8 Average Monthly		mg/L		1/week	24-Hr Composite		
Flow (mgd)		Sample Measurement	0.774	0.858			*****	*****		0	Continuous	Recorded		
Parameter Coo 50050 Stage Code: 1		Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	****			Continuous	Recorded		
Fecal Coliform		Sample Measurement	*****	*****		*****	12	****	CFU/100	0	1/week	Grab		
Parameter Coo 74055 Stage Code: 1		Permit Requirement	****	*****		****	200 Geometri Mean		mL		1/week	Grab		
CBOD5		Sample Measurement	<17	26		****	<2	3		0	1/week	24-Hr Composite		
Parameter Coo 80082 Stage Code: 1		Permit Requirement	284 Average Monthly	425 Weekiy Average	lbs/day	*****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite		
Name/Title of Pi	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. Name/Title of Principal Executive Officer Or Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the Signature of Principal Executive Officer Or									Telephone No		Date		
		accurate and con submitting false in imprisonment for unsworn falsificat	nalties for	Autometer Agent				2014-12-23						
											Page			

PARAMETER SPECIFIC COMMENTS:

4

		PERM		R: P	A0051934	t R	EGION:			EP SE Rgn	Off
PERMITTEE: N	IMERICK TWP IONTGOMERY C 46 WEST RIDGE	NTY OUTF	ALL:	00)2		OUNTY: ITY:			Montgomer LIMERICK	y
P	IKE IMERICK, PA 19		ORING D:		om: <u>2014-</u>): <u>2014-12-</u>		O DISCHAR	RGE FRO	M	()	
Parameter			tity or ding Value	Units	Quality Value	or Conce Value	ntration Value	。 Units	20 July 194	Frequency of Analysis	
Dissolved Oxyge		Value	Value	Onita	Value	Value	Value	Units		of Analysis	s type
Parameter Code:	Measureme	nt *****	*****		7.4	*****	*****	mg/L	0	1/day	Grab
00300 Stage Code: 1	Permit Requireme	nt *****	*****	r.	5.0 Minimum	*****	*****	Ű		1/day	Grab
рН	Sample Measureme	nt *****	*****		6.7	****	7.2		0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requiremen	nt *****	*****		6.0 Minimum	*****	9.0 Maximum	S.U.	Γ	1/day	Grab
Total Suspended Solids			111		*****	10	16	1	0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requireme	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Average Monthiy	45 Weekly Average	mg/L		1/week	24-Hr Composite
Ammonia-Nitroge	en Sample Measureme	nt <0.8			*****	<0.1	*****		0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	: Permit Requireme	114 Average nt Monthly	*****	lbs/day	****	8 Average Monthly	*****	mg/L		1/week	24-Hr Composite
Flow (mgd)	Sample Measureme	nt 0.841	1.087		*****		*****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	: Permit Requireme	Report Average nt Monthly	Report Daily Maximum	MGD	*****	****	*****			Continuous	Recorded
Fecal Coliform	Sample Measureme	ent *****	*****		*****	12	****	CFU/100	0	1/week	Grab
Parameter Code 74055 Stage Code: 1	: Permit Requireme	nt *****	*****		*****	200 Geometri Mean	c	mL		1/week	Grab
CBOD5	Sample Measureme		33		****	3	5		0	1/week	24-Hr Composite
Parameter Code 80082 Stage Code: 1	: Permit Requireme	284 Average nt Monthly	425 Weekly Average	lbs/day	****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite
Name/Title of Prince Executive Officer Authorized Age	direction or su that qualified p based on my those persons information su	ersonnel gathe nquiry of the p directly respor bmitted is, to th	cordance wit er and evalua erson or pers nsible for gat ne best of my	h a syster ate the infe sons who hering the knowled	n designed t ormation sub manage the information ge and belief	o assure omitted. system or , the f, true,	Signature of Executive O Authorized	fficer Or	Tele	ephone No	Date
	accurate and e submitting fals imprisonment unsworn falsif	e information, for knowing vic	including the	possibility	of fine and					. Page	2015-01-28

GENERAL REPORT COMMENT: We had an SSO in the month of December, please see attached Reports. PARAMETER SPECIFIC COMMENTS: 3800-FM-WSFR0440 7/2009



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARDS AND FACILITY REGULATION

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:	King Road STP			Month:	December	Year:	2014
Municipality:	Limerick Township	County:	Montgomery	Permit No.:	PA0051934		

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
					8			

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
12/4/14	Raw Sewage	Near 11 Major Road	300	6.0	None	None	Clogged Air Release Valve	12/4/14

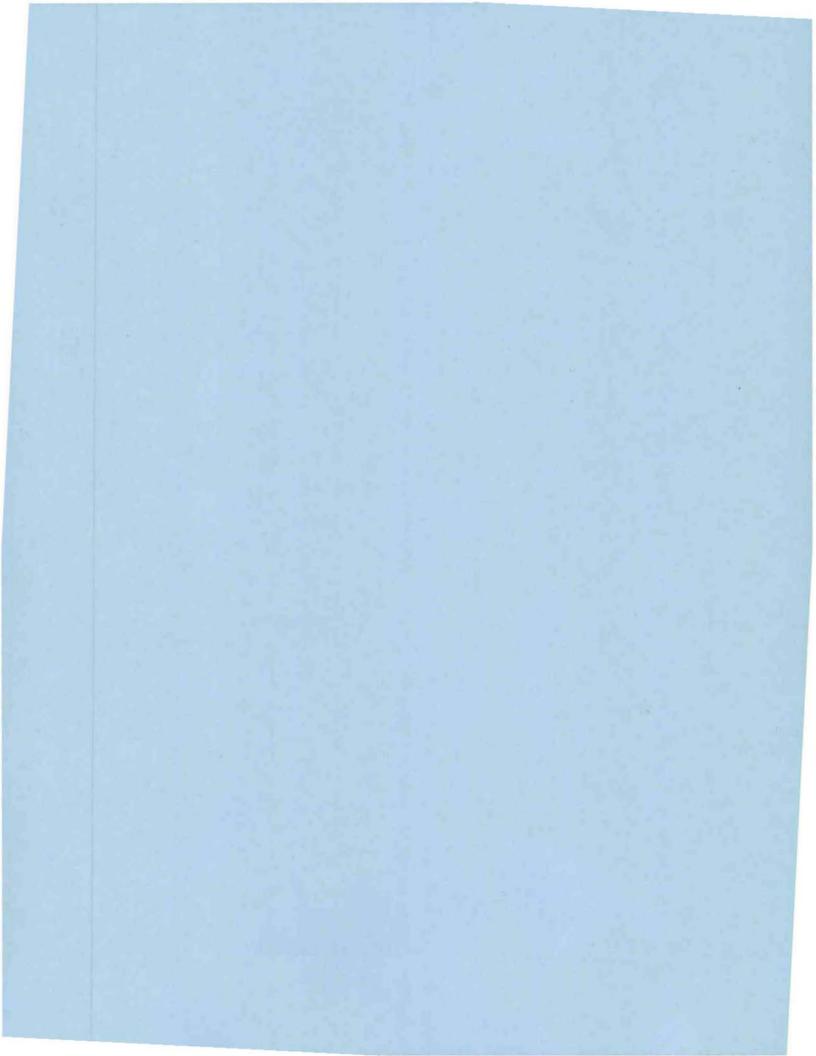
Other Permit Violations*

Sample collection less frequent than required	Explain	
Sample type not in compliance with permit	Explain	
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	Signature:		
Title:	Lead Operator	Date:	1/20/15	



FACILITY:	KING ROAD S		PERMIT	NUMBE	R: PA005 1	934	REGION:			EP SE Rgn	l Off
PERMITTEE:	LIMERICK TW MONTGOMER 646 WEST RIE	RY CNTY	OUTFAL	L:	002		COUNTY: CITY:			Montgomer LIMERICK	у
ADDRESS:	PIKE LIMERICK, PA		MONITO			From: <u>2015-01-01</u> NO To: <u>2015-01-31</u> SIT		RGE FRO	M	()	
			tity or ding	ing •		Quality or Concentr				Frequency	
Parameter		Value	Value	Units	Value	Value	Value	Units	Ex.	of Analysis	s Type
Dissolved Oxygen	Sample Measurement	*****	****		8.5	****	****		0	1/day	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	*****	*****		5.0 Instantaneous Minimum	*****	***	mg/L		1/day	Grab
рН	Sample Measurement	*****	****		6.5	****	6.9		0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	*****	*****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum	S.U.		1/day	Grab
Total Suspended Solids	Sample Measurement	78	89		*****	12	14		0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Ammonia- Nitrogen	Sample Measurement	<0.6	*****		****	<0.1			0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	114 Average Monthly	****	lbs/day	****	8 Average Monthly	*****	mg/L		1/week	24-Hr Composite
Flow (mgd)	Sample Measurement	0.816	1.056		*****	****	****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD		*****				Continuous	Recorded
Fecal Coliform	Sample Measurement		*****	э.	*****	8	****	CFU/100	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	*****	*****		*****	200 Geometric Mean	*****	mL		1/week	Grab
CBOD5	Sample Measurement	30	33		*****	5	5		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1			Weekly	lbs/day	*****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite
Name/Title of Pr Executive Offic Authorized A	direction of that quali- Based on those per information accurate submitting	or supervis fied persor my inquin sons directon submitte and compl g false info	ion in accor inel gather a / of the pers tly responsit ad is, to the l ete. I am aw rmation, inc	dance wit and evalua on or persole for gat best of my are that the luding the	ument was prepar h a system design ate the information sons who manage hering the information v knowledge and it here are significant possibility of fine 18 Pa. C.S. [] 49	ned to assure n submitted. e the system ation, the belief, true, nt penalties for and	or Signature of Executive O Authorized	fficer Or	Tele	phone No	Date 2015-03-03
		falsification								Page	

GENERAL REPORT COMMENT: This DMR was submitted after the due date, because it was missing in the eDMR system. The issue was resolved 3/3/15. PARAMETER SPECIFIC COMMENTS:

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3800-FM-WSFR0440 7/2009



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARDS AND FACILITY REGULATION

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:	King Road STP				January	Year:	2015
Municipality:	Limerick Township	County:	Montgomery	Permit No.:	PA0051934		

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 King Road report Was Not There to enter data or submit. So, we did not
	Sample type not in compliance with permit	Explain	get the King Road STP's January 2015 DMR submitted on time. I had called the help desk and
	Violation of permit schedule	Explain	then emailed the help desk, and they are working on our issues.
\bowtie	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	Signature:		
Title:	Lead Operator	Date:	3/3/15	

FACILITY:	KING ROAD S		PERMIT	NUMBE	R: PA0051	1934	REGION:			EP SE Rgnl	Off
	LIMERICK TW	RY CNTY	OUTFAL	L:	002		COUNTY:			Montgomer	/
ADDRESS:	646 WEST RIE PIKE LIMERICK, PA		MONITO PERIOD:		From: <u>20</u> To: <u>2015</u>	015-02-01 5-02-28	CITY: NO DISCHAF SITE:	RGE FRO	M	LIMERICK	
9			ntity or Iding		Quality	or Concei	ntration			Frequency	Sample
Parameter		Value	Value	Units	Value	Value	Value	Units	100000	of Analysis	
Dissolved Oxygen	Sample Measurement	*****	****		8.7	****	*****		0	1/day	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	*****	*****		5.0 Instantaneous Minimum	*****	*****	mg/L		1/day	Grab
рН	Sample Measurement	*****	*****		6.5	*****	6.9		0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	*****	*****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum	S.U.		1/day	Grab
Total Suspended Solids	Sample Measurement	<73	101		****	<11	15		0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day		30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Ammonia- Nitrogen	Sample Measurement	<2	*****		****	<0.4	****		0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1		114 Average Monthly	*****	lbs/day	*****	8 Average Monthly	****	mg/L		1/week	24-Hr Composite
Flow (mgd)	Sample Measurement	0.783	1.095		*****	****	****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Recorded
Fecal Coliform	Sample Measurement	*****				21	*****	0511400	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	****	*****		*****	200 Geometric Mean	*****	CFU/100 mL		1/week	Grab
CBOD5	Sample Measurement	24	35		****	4	6		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1			425 Weekly Average	lbs/day	****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite
Name/Title of Pri Executive Office Authorized Ag	direction of that qualif Based on those pers informatio accurate a submitting imprisonn	or supervis ied person my inquiry sons direct on submitte and comple g false info	ion in accor inel gather a y of the pers tly responsit ed is, to the l ete. I am aw rmation, inc owing violat	dance wit and evaluation or perso ole for gat pest of my pare that the buding the	ument was prepai h a system design ate the information sons who manage hering the informative knowledge and l nere are significat possibility of fine 18 Pa. C.S. 949	ned to assure n submitted. the system ation, the belief, true, nt penalties for and	e Or Executive Of Authorized	fficer Or	Telephone No		Date 2015-03-27

PARAMETER SPECIFIC COMMENTS:

FACILITY: KING	ROAD STP	PERI		BER:	PA0051934	R	EGION:		ł	EP SE Rgnl	Off
PERMITTEE: MON	RICK TWP TGOMERY CN VEST RIDGE	TY OUTI	FALL:		002		OUNTY: ITY:			Montgomer LIMERICK	/
PIKE ADDRESS: LIME	RICK, PA 1940		ITORING OD:		From: <u>2015-0</u> To: <u>2015-03-3</u>		O DISCHARGE ITE:	FRO		()	
P		Quan Loa	ding	11-14-		ər Conce			No.	Frequency of	Sample
Parameter	Sample	Value	Value	Units	Value	Value	Value	Units	Ex.	Analysis	Туре
Dissolved Oxygen	Measurement	*****	*****		8.3	*****	*****		0	1/day	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	*****	*****		5.0 Instantaneous Minimum	*****	*****	mg/L		1/day	Grab
BOD5	Sample Measurement	1732	*****		****	211	*****		0	1/week	24-Hr Composite
Parameter Code: 00310 Stage Code: RI	Permit Requirement	Report Average Monthly	*****	lbs/day	****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
рН	Sample Measurement	*****	*****		6.5	*****	7		0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	****	*****		6.0 Instantaneous Minimum	****	9.0 Instantaneous Maximum	S.U.		1/day	Grab
Total Suspended Solids	Sample Measurement	44	64			5	6		0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Total Suspended Solids	Sample Measurement	*****	*****		****	277	*****		0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: RI	Permit Requirement		*****			Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Total Nitrogen	Sample Measurement	<193	*****		*****	<22.9	****		0	1/week	24-Hr Composite
Parameter Code: 00600 Stage Code: 1	Permit Requirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	<0.9	*****		*****	<0.1	*****		0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	114 Average Monthly	*****	lbs/day	*****	8 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).										Date 2015-04-28

FACILITY: KIN	G ROAD STP	PER		BER:	PA0051	934	REGION:			EP SE Rgnl	Off
PERMITTEE: MOI 646	ERICK TWP NTGOMERY CN WEST RIDGE	II Y	FALL:		002		COUNTY: CITY:			Montgomen LIMERICK	/
ADDRESS: LIM	ERICK, PA 194		IITORING IOD:		From: <u>20</u> To: <u>2015</u> -	<u>15-03-01</u> 03-31	NO DISCHAR	GE FRC		()	
			itity or iding		Quai	ity or Cond	centration	-	No	Frequency	Sample
Parameter		Value	Value	Units	Value	Value	Value	Units		of Analysis	
Total Phosphorus	Sample Measurement	34	*****		*****	4.09	*****		0	1/week	24-Hr Composite
Parameter Code: 00665 Stage Code: 1	Permit Requirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Flow (mgđ)	Sample Measurement	0.993	1.55		****	*****	****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	****				Continuous	Recorded
U I Transmittance (II)	Sample Measurement	*****	****		100	*****	****		0	1/day	Metered
Parameter Code: 51043 Stage Code: 1	Permit Requirement	*****	*****		Report Minimum	*****	*****	U		1/day	Metered
Fecal Coliform	Sample Measurement		*****		*****	10	19	No./100	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum	mi		1/week	Grab
CBOD5	Sample Measurement	24	33			3	3		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite
CBOD5	Sample Measurement		*****		****	226	*****		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: RI	Permit Requirement	*****	****	4	*****	Report Average Monthly	****	mg/L		1/week	24-Hr Composite
Name/Title of Principa Executive Officer Or Authorized Agent	those persons d	ervision in a rsonnel gat quiry of the lirectly resp mitted is, to	accordance ther and eva person or p onsible for g the best of	with a sys luate the ersons w gathering my know	tem design information ho manage the informated edge and b	ed to assure submitted. the system o tion, the elief, true,	Signature of P Executive Off Authorized	icer Or	Tele	phone No	Date
	submitting false	curate and complete. I am aware that there are bmitting false information, including the possib prisonment for knowing violations. See 18 Pa. sworn falsification).				and	1				2015-04-28
										Page	0

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http://www.ahs2.dep.state.pa.us/e2/Pages/ReportManage/DisplaySubReport.ashx?subid=9... 5/12/2015

	ROAD STP	PERM		BER:	PA0051934	RI	EGION:		I	EP SE Rgn	Off
PERMITTEE: MON	RICK TWP FGOMERY CN /EST RIDGE	TY OUT	ALL:		002		OUNTY: TY:			Montgomer LIMERICK	y
PIKE	RICK, PA 1946		itoring OD:		From: <u>2015-04</u> To: <u>2015-04-3</u>	4-01 N	D DISCHARGE TE:	FROI	M	()	
_		Quant Load	ding			or Conce			No.	Frequency of	Sample
Parameter		Value	Value	Units	Value	Value	Value	Units	Ex.	Analysis	Туре
Dissolved Oxygen	Sample Measurement	*****	*****		7.3	*****	*****		0	1/day	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	****	*****		5.0 Instantaneous Minimum	*****	*****	mg/L		1/day	Grab
BOD5	Sample Measurement	1923	*****	iii	****	290	*****		0	1/week	24-Hr Composite
Parameter Code: 00310 Stage Code: RI	Permit Requirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
рН	Sample Measurement	*****			6.4	****	6.9		0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	*****	****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum	S.U.		1/day	Grab
Total Suspended Solids	Sample Measurement	<39	43		****	<6	7		0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Total Suspended Solids	Sample Measurement	*****			*****	275	*****		0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: RI	Permit Requirement	*****	*****		*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Total Nitrogen	Sample Measurement	171			*****	25.7	****		0	1/week	24-Hr Composite
Parameter Code: 00600 Stage Code: 1	Permit Requirement	Report Average Monthly	*****	lbs/day	****	Report Average Monthly	****	mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	<0.7			*****	<0.1	****		0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	114 Average Monthly		lbs/day	*****	8 Average Monthly		mg/L		1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	Or those persons directly responsible for gathering the information, the Executive Off							r Ör	Teler	ohone No	Date 2015-05-27

	G ROAD STP	PER		BER:	PA0051	934	REGION:			EP SE Rgnl	Off
PERMITTEE: MO	ERICK TWP NTGOMERY CN WEST RIDGE	ITY OUT	FALL:		002		COUNTY: CITY:			Montgomery LIMERICK	1
PIK			ITORING		From: <u>20'</u> To: <u>2015</u> -		NO DISCHAR	GE FRC		()	
		Loa	itity or ding			ity or Cond				Frequency	Sample
Parameter		Value	Value	Units	Value	Value	Vàlue	Units	Ex.	of Analysis	
Total Phosphorus	Sample Measurement	34	*****		*****	5.08	*****		0	1/week	24-Hr Composi
Parameter Code: 00665 Stage Code: 1	Permit Requirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composi
Flow (mgd)	Sample Measurement	0.815	0.995		*****	*****	*****		0	Continuous	Recorde
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Recorde
U : Transmittance ()	Sample Measurement	*****	****		100	*****	*****	Π	0	1/day	Metereo
Parameter Code: 51043 Stage Code: 1	Permit Requirement	****	*****		Report Minimum	*****	*****	U		1/day	Metereo
Fecal Coliform	Sample Measurement	*****	*****	1		9	20	No./100	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum	ml		1/week	Grab
CBOD5	Sample Measurement	<20	26		*****	<3	4		0	1/week	24-Hr Composi
Parameter Code: 80082 Stage Code: 1	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composi
CBOD5	Sample Measurement	*****	*****		*****	265	*****		0	1/week	24-Hr Composi
Parameter Code: 80082 Stage Code: RI	Permit Requirement	*****	*****		*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composi
Name/Title of Princips Executive Officer Or Authorized Agent	those persons of information sub	ervision in a rsonnel gat quiry of the lirectly resp mitted is, to	accordance ther and eva person or p onsible for g the best of	with a sys aluate the ersons wight gathering my knowi	tem design information ho manage the information edge and b	ed to assure submitted. the system o tion, the elief, true,	Executive Off Authorized	icer Or	Tele	phone No	Date
	accurate and co submitting false imprisonment fo unsworn falsific	information or knowing v	n, including	the possib	oility of fine a	and					2015-05-2

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

http://www.ahs2.dep.state.pa.us/e2/Pages/ReportManage/DisplaySubReport.ashx?subid=98... 6/5/2015

PARAMETER SPECIFIC COMMENTS:

		OAD STP	PERM		BER:	PA0051934	R	EGION:		Ì	EP SE Rgn	Off
PERMITTEE: N	MONTG			ALL:		002		OUNTY:			Montgomer LIMERICK	y
F	PIKE	ST RIDGE CK, PA 1946		itoring OD:		From: <u>2015-0</u> To: <u>2015-05-3</u>	5-01 N	O DISCHARGE	FRO	м		
_			Quant	ling						No.	Frequency of	Sample
Parameter	-		Value	Value	Units	Value	Value	Value	Units	Ex.	Analysis	Туре
Dissolved Oxyge	M	ample easurement	*****	*****		6.2	****	*****		0	1/day	Grab
Parameter Code 00300 Stage Code: 1	P	ermit equirement	****	*****		5.0 Instantaneous Minimum	*****	*****	mg/L		1/day	Grab
BOD5	1 Sec. 1	amp l e leasurement	1870	*****		*****	296	*****		0	1/week	24-Hr Composite
Parameter Code 00310 Stage Code: RI	P	ermit equirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly	****	mg/L		1/week	24-Hr Composite
рН		ample leasurement	*****			6.4	*****	6.8		0	1/day	Grab
Parameter Code 00400 Stage Code: 1	P	ermit equirement	*****	*****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum	S.U.		1/day	Grab
Total Suspended Solids		ample leasurement	60	72		****	10	12		0	1/week	24-Hr Composite
Parameter Code 00530 Stage Code: 1	P	ermit equirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Total Suspended Solids		ample leasurement	*****	*****		****	275	*****		0	1/week	24-Hr Composite
Parameter Code 00530 Stage Code: RI	P	ermit equirement	*****	*****		*****	Report Average Monthly		mg/L		1/week	24-Hr Composite
Total Nitrogen		ample leasurement	200	*****		*****	31.7	***		0	1/week	24-Hr Composite
Parameter Code 00600 Stage Code: 1	P	ermit equirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly		mg/L		1/week	24-Hr Composite
Ammonia-Nitrog		ample leasurement	<0.7	*****		*****	<0.1	*****		0	1/week	24-Hr Composite
Parameter Code 00610 Stage Code: 1	P	ermit equirement	114 Average Monthly	****	lbs/day	*****	8 Average Monthly		mg/L		1/week	24-Hr Composite
Name/Title of Prin Executive Office Authorized Age	icipal Ba r Or the ant int su su im											Date 2015-06-26

	ROAD STP PERMIT NUMBER				PA0051	934	REGION:			EP SE Rgnl	Off
PERMITTEE: MON	RICK TWP TGOMERY CN VEST RIDGE	TY OUT	FALL:		002		COUNTY: CITY:			Montgomen LIMERICK	1
PIKE	RICK, PA 1940		ITORING OD:		From: <u>201</u> To: <u>2015-</u>		NO DISCHAR	GE FRO		()	
		Loa	tity or ding			ity or Conc				Frequency	100
Parameter		Value	Value	Units	Value	Value	Value	Units	EX.	of Analysis	
Total Phosphorus	Sample Measurement	39	*****		*****	6.14	*****		0	1/week	24-Hr Composite
Parameter Code: 00665 Stage Code: 1	Permit Requirement	Report Average Monthly	****	lbs/day	*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Flow (mgd)	Sample Measurement	0.762	0.835		*****	****	****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Recorded
U Transmittance	Sample Measurement	*****	*****		100	*****	*****		0	1/day	Metered
Parameter Code: 51043 Stage Code: 1	Permit Requirement	*****	****		Report Minimum	****	*****			1/day	Metered
Fecal Coliform	Sample Measurement		*****		*****	30	57	NI- 14.00	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	*****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum	No./100 ml		1/week	Grab
CBOD5	Sample Measurement	21	26		*****	3	4		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite
CBOD5	Sample Measurement	*****	*****		****	299	*****		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: RI	Permit Requirement	****	****		*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	direction or super that qualified per Based on my ind those persons de information suber	hose persons directly responsible for gathering the information, the						rìncipal icer Or Agent	Tele	phone No	Date
	accurate and co submitting false imprisonment fo unsworn falsifica	mplete. I an information r knowing v	m aware than, including	at there ar the possit	e significant pility of fine a	penalties for and					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

http://www.ahs2.dep.state.pa.us/e2/Pages/ReportManage/DisplaySubReport.ashx?subid=1... 7/28/2015

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Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

	G ROAD STP	PERI	NIT NUMI	BER:	PA0051934	R	EGION:		ļ	EP SE Rgn	l Off
PERMITTEE: MON	ERICK TWP NTGOMERY CN WEST RIDGE	_{ΤΥ} ουτι	FALL:		002		OUNTY:			Montgomer LIMERICK	у
PIKE	S contractor of production		itoring od:		From: <u>2015-0</u> To: <u>2015-06-3</u>		O DISCHARGE ITE:	FRO	М	()	
Descentes		Quan Loa	ding	11-344	Quality Value	_		11-14-	No.	Frequenc	Sample
Parameter Disselyed Owysee	Sample	Value	Value	Units	value	Value	Value	Units	EX.	Analysis	Туре
Dissolved Oxygen	Measurement	****	*****		6.2	*****	*****		0	1/day	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	****			5.0 Instantaneous Minimum	****	*****	mg/L		1/day	Grab
BOD5	Sample Measurement	1837	*****		****	276	*****		0	1/week	24-Hr Composite
Parameter Code: 00310 Stage Code: RI	Permit Requirement	Report Average Monthly	*****	lbs/day		Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
рН	Sample Measurement	*****	*****		6.4	*****	7,1		о	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	*****			6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum	S.U.		1/day	Grab
Total Suspended Solids	Sample Measurement	59	66		*****	9	11		0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Total Suspended Solids	Sample Measurement		*****		*****	273	*****		0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: RI	Permit Requirement				*****	Report Average Monthly		mg/L		1/week	24-Hr Composite
Total Nitrogen	Sample Measurement	217	*****		*****	32.4	*****		0	1/week	24-Hr Composite
Parameter Code: 00600 Stage Code: 1	Permit Requirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	<0.8	*****		*****	<0.1			0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	114 Average Monthly	****	lbs/day		8 Average Monthly		mg/L		1/week	24-Hr Composite
Name/Title of Principa Executive Officer Or Authorized Agent	direction or supe that qualified per Based on my inc those persons d information subr accurate and co submitting false imprisonment fo	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 unswom falsification).									Date 2015-07-27

	G ROAD STP	PER		BER:	PA0051	934	REGION:			EP SE Rgnl	Off
PERMITTEE: MO	ERICK TWP NTGOMERY CN WEST RIDGE	ITY OUT	FALL:		002		COUNTY: CITY:			Montgomer	y
PIK			ITORING OD:		From: <u>2015</u> To: <u>2015</u> -		NO DISCHAR	GE FRC		()	
		Loa	tity or ding			ity or Cond				Frequency	
Parameter	4	Value	Value	Units	Value	Value	Value	Units	Ex.	of Analysis	
Total Phosphorus	Sample Measurement		****	20 200	*****	6.09	*****		0	1/week	24-Hr Composite
Parameter Code: 00665 Stage Code: 1	Permit Requirement	Report Average Monthly	****	lbs/day	*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Flow (mgd)	Sample Measurement	0.831	0.857		****	****	*****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Recorded
U⊡ Transmittance (□)	Sample Measurement	*****	****		100	****	****	٥	0	1/day	Metered
Parameter Code: 51043 Stage Code: 1	Permit Requirement	*****	****		Report Minimum	*****	****			1/day	Metered
Fecal Coliform	Sample Measurement	*****	****		*****	57	160	No./100	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	****	****		*****	200 Geometric Mean	1000 Instantaneous Maximum	ml		1/week	Grab
CBOD5	Sample Measurement	20	27		****	3	4		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite
CBOD5	Sample Measurement	*****	*****		****	235	****		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: RI	Permit Requirement	****	****		*****	Report Average Monthly	****	mg/L		1/week	24-Hr Composite
Name/Title of Princip Executive Officer Or Authorized Agent	those persons of information sub	ervision in a pronnel gat quiry of the lirectly resp mitted is, to	accordance ther and eva person or p onsible for g the best of	with a sys luate the ersons wighthering my knowl	tem design information ho manage the information edge and b	ed to assure submitted. the system o tion, the elief, true,	Executive Off Authorized	icer Or	Tele	phone No	Date
	submitting false	omplete. I am aware that there are significant penalties for a information, including the possibility of fine and or knowing violations. See 18 Pa. C.S.									2015-07-27

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

http://www.ahs2.dep.state.pa.us/e2/Pages/ReportManage/DisplaySubReport.ashx?subid=1... 7/28/2015

PARAMETER SPECIFIC COMMENTS:

	ROAD STP	PER		BER:	PA0051934	R	EGION:		I	EP SE Rgr	l Off
PERMITTEE: MON		τγ ουτι	FALL:		002		OUNTY: ITY:			Montgomei LIMERICK	У
PIKE	VEST RIDGE RICK, PA 1940	10000000000000000000000000000000000000	ITORING OD:		From: <u>2015-0</u> To: <u>2015-07-3</u>	7-01 N	O DISCHARGE	FRO	N		
Barrantas	a.	Loa		11-14-			entration		No.	Frequenc	Sample
Parameter	Sample	Value	Value	Units	Value	Value	Value	Units	EX.	Analysis	Туре
Dissolved Oxygen	Measurement	*****	*****		6.1	*****	****		0	1/day	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	****	****		5.0 Instantaneous Minimum	*****	*****	mg/L		1/day	Grab
BOD5	Sample Measurement	2335	*****		****	279	*****		0	1/week	24-Hr Composite
Parameter Code: 00310 Stage Code: RI	Permit Requirement	Report Average Monthly	*****	lbs/day		Report Average Monthly		mg/L		1/week	24-Hr Composite
pН	Sample Measurement		*****		6.7		7		0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Reguirement	*****	*****		6.0 Instantaneous Minimum		9.0 Instantaneous Maximum	S.U.		1/dav	Grab
Total Suspended Solids	Sample Measurement	<43	<92		*****	<5	7		0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	****	30 Average Monthly		mg/L		1/week	24-Hr Composite
Total Suspended Solids	Sample Measurement	*****	*****		****	291	*****		0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: RI	Permit Requirement	*****	*****		*****	Report Average Monthly		mg/L		1/week	24-Hr Composite
Total Nitrogen	Sample Measurement	232	*****		*****	28.8	*****		0	1/week	24-Hr Composite
Parameter Code: 00600 Stage Code: 1	Permit Requirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly		mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	<1	*****		****	<0.1	*****		0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	114 Average	*****	lbs/day	*****	8 Average Monthly	20.6 million	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).									ohone No	Date 2015-08-27

	ROAD STP	MIT NUME	BER:	PA0051	934	REGION:			EP SE Rgn	l Off	
PERMITTEE: MON 646 \	RICK TWP TGOMERY CN WEST RIDGE	ΠŸ	FALL:		002		COUNTY: CITY:			Montgomer LIMERICK	y
PIKE ADDRESS: LIME	RICK, PA 194		ITORING IOD:		From: <u>20</u> To: <u>2015</u> -		NO DISCHAR	GE FRO		()	
			tity or ding			ity or Cond	centration		No.	Frequency	Sample
Parameter		Value	Value	Units	Value	Value	Value	Units	Ex.	of Analysi	
Total Phosphorus	Sample Measurement		*****		*****	4.93	****		0	1/week	24-Hr Composite
Parameter Code: 00665 Stage Code: 1	Permit Requirement	Report Average Monthly	****	lbs/day	*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Flow (mgd)	Sample Measurement	0.808	1.532		*****	****	****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****		*****			Continuous	Recorded
U Transmittance	Sample Measurement	*****	****		100	*****	****		0	1/day	Metered
Parameter Code: 51043 Stage Code: 1	Permit Requirement	*****	*****		Report Minimum	****	*****	Ц		1/day	Metered
Fecal Coliform	Sample Measurement	*****	*****		*****	21	27	No./100	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	****	****		*****	200 Geometric Mean	1000 Instantaneous Maximum	ml		1/week	Grab
CBOD5	Sample Measurement	<17	29		*****	<2	2		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day		20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite
CBOD5	Sample Measurement	*****	*****		*****	231	*****		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: RI	Permit Requirement	*****	*****		*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Name/Title of Principal Executive Officer Or Authorized Agent	I certify under per direction or super that qualified per Based on my inc those persons d information subr	ervision in a rsonnel gat quiry of the irectly resp	Anticeordance her and evaluation person or p onsible for g	with a sys luate the ersons wighthering	tem design information ho manage the informat	ed to assure submitted. the system o tion, the		icer Or	Tele	phone No	Date
	accurate and co submitting false imprisonment fo unsworn falsifica	mplete. I an information r knowing v	n aware tha , including t	it there ar	e significant pility of fine a	t penalties for and					2015-08-27

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

http://www.ahs2.dep.state.pa.us/e2/Pages/ReportManage/DisplaySubReport.ashx?subid=10... 9/9/2015

PARAMETER SPECIFIC COMMENTS:

FACILITY:		ROAD STP				PA0051934	R	EGION:		I	EP SE Rgn	I Off
PERMITTEE:	MONT	RICK TWP	η ουτι	FALL:		002		OUNTY:			Montgomer	у
	PIKE	/EST RIDGE RICK, PA 194(ITORING OD:		From: <u>2015-0</u> To: <u>2015-08-3</u>	8-01 N	ITY: O DISCHARGE ITE:	FRO	M		
			Quan Loa	tity or ding		Quality	or Conce	entration		No.	Frequenc	y Sample
Parameter	r		Value	Value	Units	Value	Value	Value	Units		Analysis	
Dissolved Oxyg	en	Sample Measurement	*****	*****		6	*****	*****		0	1/day	Grab
Parameter Code 00300 Stage Code: 1	e:	Permit Requirement	****	****		5.0 Instantaneous Minimum	*****	*****	mg/L		1/day	Grab
BOD5		Sample Measurement	1606	*****		*****	265	****		0	1/week	24-Hr Composite
Parameter Code 00310 Stage Code: R		Permit Requirement	Report Average Monthly	****	lbs/day	*****	Report Average Monthly		mg/L		1/week	24-Hr Composite
рН		Sample Measurement	*****	*****		6.7		7.1		0	1/day	Grab
Parameter Code 00400 Stage Code: 1	e:	Permit Requirement	*****	*****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum	S.U.		1/day	Grab
Total Suspende Solids	ed	Sample Measurement	<24	<25		*****	<4	<4		0	1/week	24-Hr Composite
Parameter Code 00530 Stage Code: 1	e:	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Total Suspende Solids	ed	Sample Measurement	*****	*****			262			0	1/week	24-Hr Composite
Parameter Cod 00530 Stage Code: R		Permit Requirement		*****		****	Report Average Monthly	****	mg/L		1/week	24-Hr Composite
Total Nitrogen		Sample Measurement	187	*****		****	30.9	****		0	1/week	24-Hr Composite
Parameter Cod 00600 Stage Code: 1	e:	Permit Requirement	Report Average Monthly	****	lbs/day	*****	Report Average Monthly		mg/L		1/week	24-Hr Composite
Ammonia-Nitrog	gen	Sample Measurement	<0.7	*****		*****	<0.1	*****		0	1/week	24-Hr Composite
Parameter Cod 00610 Stage Code: 1		Permit Requirement	114 Average Monthly		lbs/day	****	8 Average Monthly	*****	mg/L		1/week	24-Hr Composite
Name/Title of Pri Executive Office Authorized Ag	er Ór	direction or supe that qualified pe Based on my ind those persons d information subr accurate and co	ervision in a rsonnel gat quiry of the irectly resp nitted is, to mplete. I an	Accordance ther and even person or p onsible for the best of m aware the	with a system aluate the persons w gathering my know at there a	was prepared un stem designed to information subm tho manage the s the information, t ledge and belief, re significant pena	assure nitted. system or the true,	Signature of Prine Executive Office Authorized Age	rÖr	Telep	phone No	Date
submitting false information, including the pos imprisonment for knowing violations. See 18 unsworn falsification).						e possibility of fine and				2015-09-27		

	G ROAD STP	PER		BER:	PA0051	934	REGION:			EP SE Rgnl	Off
PERMITTEE: MO 646	ERICK TWP NTGOMERY CN WEST RIDGE	ITY	FALL:		002		COUNTY: CITY:			Montgomen LIMERICK	/
PIK ADDRESS: LIM	erick, pa 194		ITORING		From: <u>20</u> To: <u>2015-</u>		NO DISCHAR	GE FRC	M	()	
			tity or ding		Qual	ity or Cond	centration		No.	Frequency	Sample
Parameter		Value	Value	Units	Value	Value	Value	Units		of Analysis	
Total Phosphorus	Sample Measurement	31	*****		*****	5.11	****		0	1/week	24-Hr Composite
Parameter Code: 00665 Stage Code: 1	Permit Requirement	Report Average Monthly	*****	lbs/day	****	Report Average Monthly	****	mg/L		1/week	24-Hr Composite
Flow (mgd)	Sample Measurement	0.74	0.957		*****	****	****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Recorded
U Transmittance	Sample Measurement	*****	*****		100	*****	*****	D	0	1/day	Metered
Parameter Code: 51043 Stage Code: 1	Permit Requirement	*****	*****		Report Minimum	****	****	L		1/day	Metered
Fecal Coliform	Sample Measurement	*****	****		****	21	33	No./100	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement		*****		*****	200 Geometric Mean	1000 Instantaneous Maximum	ml		1/week	Grab
CBOD5	Sample Measurement	<12	<12		*****	<2	<2		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite
CBOD5	Sample Measurement	*****	*****		*****	244	****		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: RI	Permit Requirement	****	****		****	Report Average Monthly	****	mg/L		1/week	24-Hr Composite
Name/Title of Princip Executive Officer Or Authorized Agent		ervision in a rsonnel gat quiry of the lirectly resp mitted is, to	accordance ther and eva person or p onsible for g the best of	with a sys luate the ersons wi athering my knowl	tem design information ho manage the informat edge and b	ed to assure submitted. the system o tion, the elief, true,	Executive Off Authorized	icer Or	Tele	phone No	Date
	submitting false imprisonment fo unsworn falsifica	information or knowing v	n, including t	he possib	ility of fine a	and					2015-09-27

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

http://www.ahs2.dep.state.pa.us/e2/Pages/ReportManage/DisplaySubReport.ashx?subid=1... 9/28/2015

	KING ROAD STP LIMERICK TWP MONTGOMERY C		PERMIT N OUTFALL		:: PA005193 002	cc	GION: DUNTY:	I	Mon	E Rgnl Off	
	646 WEST RIDGE LIMERICK, PA 19		MONITOR PERIOD:	RING	From: <u>2015-</u> To: <u>2015-09</u>	09-01 NC	TY: DISCHARGE COM SITE:		()	RICK	
Parameter		Quant Load Value		Units	Quality Value	or Conce Value	entration Value	Units	No. Ex.	Frequency of Analysis	Sample
Dissolved Oxygen	Sample	*****	*****	Units		*****	*****	Units			Туре
Parameter Code: 00300 Stage Code: 1	Measurement Permit Requirement	*****	*****		6 5.0 Instantaneous Minimum	****	*****	mg/L	0	1/day 1/day	Grab
BOD5	Sample Measurement	1489	*****		****	243	****		0	1/week	24-Hr Composite
Parameter Code: 00310 Stage Code: RI	Permit Requirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
рН	Sample Measurement	*****	*****		6.9	*****	7.2		0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	****	****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum	S.U.		1/day	Grab
Total Suspended Solids	Sample Measurement	<27	36		****	<5	6		0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	425 Average Monthly	638 Weekiy Average	lbs/day	*****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Total Suspended Solids	Sample Measurement	****	****		*****	212.4			0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: RI	Permit Requirement	*****	*****		*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Total Nitrogen	Sample Measurement	182	*****		*****	29.8	*****		0	1/week	24-Hr Composite
Parameter Code: 00600 Stage Code: 1	Permit Requirement	Report Average Monthly	****	lbs/day	*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Ammonia-Nitrogen	Sample Measurement	<0.6	****		*****	<0.1	*****		0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	114 Average Monthly	*****	lbs/day	****	8 Average Monthly	*****	mg/L		1/week	24-Hr Composite
Name/Title of Principal Executi Officer Or Authoriz Agent	direction or super that qualified per Based on my inc those persons di information subm accurate and co submitting false	ervision in ac rsonnel gath juiry of the p irectly respondent nitted is, to t mplete. I am information, r knowing vi	coordance v ber and evalue or son or person or person or person or person or person or person on sible for g the best of r a aware that including the source of the source	with a system luate the intersons whethering the athering the my knowled there are the possibility of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system o	as prepared unde em designed to a formation submit o manage the sys the information, the dge and belief, the significant penall ity of fine and C.S.	ssure tted. etem or e ue, ties for	Signature of Principal Execu Officer Or Authorized Age	tive	elep	hone No	Date 2015-10-28

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)

REGION:

FACILITY:

KING ROAD STP

PERMIT NUMBER: PA0051934

EP SE Rgnl Off

PERMITTEE	LIMERICK TWP MONTGOMERY C	NTY	OUTFALL	:	002		COUNTY: CITY:			itgomery ERICK	
	646 WEST RIDGE LIMERICK, PA 19		MONITOR PERIOD:	ING	From: <u>201</u> To: <u>201</u>	015-09-01 I	NO DISCHARG	E	()	LINON	
		Strain Strains	tity or ding		Qual	ity or Cond	centration		No.	Frequenc	y Sample
Parameter		Value	Value	Units	Value	Value	Value	Units	Ex.	of Analysi	s Type
Total Phosphorus	Sample Measurement	32	*****		*****	5.31	*****		0	1/week	24-Hr Composite
Parameter Code: 00665 Stage Code: 1	Permit Requirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Flow (mgd)	Sample Measurement	0.742	0.938		*****	*****	*****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	****	*****	*****			Continuous	Recorded
U Transmittance	Sample Measurement	*****	****		100	****	****		0	1/day	Metered
Parameter Code: 51043 Stage Code: 1	Permit Requirement	****	****		Report Minimum	****	*****			1/day	Metered
Fecal Coliform	Sample Measurement	*****	*****		*****	21	112	No./100	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	*****				200 Geometric Mean	1000 Instantaneous Maximum	ml		1/week	Grab
CBOD5	Sample Measurement	<12	<16		*****	<2	<2		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day		20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite
CBOD5	Sample Measurement	*****	*****		****	219	*****		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: RI	Permit Requirement	*****	*****		*****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Name/Title of Principal Executi Officer Or Authori Agent	ive Based on my inc those persons di information subn accurate and con submitting false	rvision in ac sonnel gath uiry of the p rectly responitted is, to t nplete. I arr information,	ccordance w her and evalu- berson or pe onsible for ga the best of m a ware that including th	ith a syste uate the in rsons who thering th by knowled there are e possibili	m designed formation su manage th e informatio dge and beli significant p ty of fine an	to assure ubmitted. e system or n, the ef, true, enalties for d	Signature Principal Exe Officer C Authorized J	cutive Dr	Teler	phone No	Date
	imprisonment for unsworn falsifica		olations. See	e 18 Pa. C	.s. □ 4904	(relating to					2015-10-28

÷.

FACILITY: PERMITTEE:	KING ROAD STP LIMERICK TWP MONTGOMERY C		PERMIT N OUTFALL		: PA005193 002	co	GION: UNTY:	I	Mont	E Rgnl Off	
ADDRESS:	646 WEST RIDGE LIMERICK, PA 19		MONITOR PERIOD:	RING	From: <u>2015-</u> To: <u>2015-09</u>		Y: DISCHARGE OM SITE:		LIME ()	RICK	
Parameter		Quant Load Value		Units	Quality Value	or Conce Value	entration Value	Units	No.	Frequency of Analysis	Sample Type
Dissolved Oxyger	Sample Measurement	*****	*****	Units	6	*****	*****	Units	0	1/day	Grab
Parameter Code: 00300 Stage Code: 1	Permit Requirement	*****			5.0 Instantaneous Minimum	*****	*****	mg/L		1/day	Grab
BOD5	Sample Measurement	1489	*****		*****	243	****		0	1/week	24-Hr Composite
Parameter Code: 00310 Stage Code: RI	Permit Requirement	Report Average Monthly	*****	lbs/day	****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
pН	Sample Measurement	*****	*****		6.9	*****	7.2		0	1/day	Grab
Parameter Code: 00400 Stage Code: 1	Permit Requirement	****	****		6.0 Instantaneous Minimum	*****	9.0 Instantaneous Maximum	S.U.		1/day	Grab
Total Suspended Solids	Sample Measurement	<27	36		*****	<5	6		0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: 1	Permit Requirement	425 Average Monthly	638 Weekly Average	lbs/day	*****	30 Average Monthly	45 Weekly Average	mg/L		1/week	24-Hr Composite
Total Suspended Solids	Sample Measurement	*****	*****		****	212.4	*****		0	1/week	24-Hr Composite
Parameter Code: 00530 Stage Code: RI	Permit Requirement	*****	****		*****	Report Average Monthly	****	mg/L		1/week	24-Hr Composite
Total Nitrogen	Sample Measurement	182	****		****	29.8	*****		0	1/week	24-Hr Composite
Parameter Code: 00600 Stage Code: 1	Permit Requirement	Report Average Monthly	*****	lbs/day	****	Report Average Monthly	*****	mg/L		1/week	24-Hr Composite
Ammonia-Nitroge	n Sample Measurement	<0.6	*****		****	<0.1	****		0	1/week	24-Hr Composite
Parameter Code: 00610 Stage Code: 1	Permit Requirement	114 Average Monthly	****	lbs/day	*****	8 Average Monthly		mg/L		1/week	24-Hr Composite
Name/Title of Principal Execut Officer Or Author Agent	direction or super that qualified per Based on my inc those persons di information subr accurate and co submitting false	ervision in a rsonnel gath quiry of the p irectly respo nitted is, to t mplete. I an information, r knowing vi	ccordance water and evaluer and evaluer and evaluers on or period of the best of the best of the aware that including the best of the best	with a syst luate the in ersons wh athering the my knowled there are the possibi	as prepared under em designed to a information submi o manage the sys he information, th dge and belief, tr significant penal lity of fine and C.S. 2 4904 (rela	ssure tted. stem or e ue, ties for	Signature of Principal Execu Officer Or Authorized Ag	tive	elep	hone No	Date 2015-10-28

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:

KING ROAD STP

PERMIT NUMBER: PA0051934

REGION:

EP SE Rgnl Off

http://www.ahs2.dep.state.pa.us/e2/Pages/ReportManage/DisplaySubReport.ashx?subid=... 11/12/2015

PERMITTEE:	LIMERICK TWP MONTGOMERY C	NTY	OUTFALL	:	002		COUNTY: CITY:			itgomery ERICK	
ADDRESS:	646 WEST RIDGE LIMERICK, PA 19		Monitor Period:	ING	From: <u>20</u> To: <u>201</u> 5	015-09-01 I	NO DISCHARG	E	()		
			tity or ding		Qual	ity or Cond	entration		No.	Frequency	Sample
Parameter		Value	Value	Units	Value	Value	Value	Units	Ex.	of Analysis	Туре
Total Phosphorus	Sample Measurement	32	*****		*****	5.31	*****		0	1/week	24-Hr Composite
Parameter Code: 00665 Stage Code: 1	Permit Requirement	Report Average Monthly	*****	lbs/day	*****	Report Average Monthly	****	mg/L		° 1/week	24-Hr Composite
Flow (mgd)	Sample Measurement	0.742	0.938		****	****	****		0	Continuous	Recorded
Parameter Code: 50050 Stage Code: 1	Permit Requirement	Report Average Monthly	Report Daily Maximum	MGD	*****	*****	*****			Continuous	Recorded
U⊡ Transmittance (□)	Sample Measurement	****	****		100	****	****		0	1/day	Metered
Parameter Code: 51043 Stage Code: 1	Permit Requirement	****	****		Report Minimum	*****	****	U		1/day	Metered
Fecal Coliform	Sample Measurement	*****	*****		*****	21	112	No./100	0	1/week	Grab
Parameter Code: 74055 Stage Code: 1	Permit Requirement	****	*****		*****	200 Geometric Mean	1000 Instantaneous Maximum	ml		1/week	Grab
CBOD5	Sample Measurement	<12	<16		*****	<2	<2		0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: 1	Permit Requirement	284 Average Monthly	425 Weekly Average	lbs/day	*****	20 Average Monthly	30 Weekly Average	mg/L		1/week	24-Hr Composite
CBOD5	Sample Measurement	*****	*****		*****	219			0	1/week	24-Hr Composite
Parameter Code: 80082 Stage Code: RI	Permit Requirement	****	*****		*****	Report Average Monthly	****	mg/L		1/week	24-Hr Composite
Name/Title of Principal Execut Officer Or Author Agent	ized Based on my inc those persons di information subn accurate and con	ervision in ac sonnel gath juiry of the p rectly respon nitted is, to t mplete. I am	ccordance w her and evalu- person or pe onsible for gathe best of m n aware that	ith a syste uate the in rsons who thering th ny knowled there are	m designed formation su manage th e informatio dge and beli significant p	to assure ubmitted. e system or n, the ef, true, enalties for	Signature Principal Exe Officer C Authorized /	cutive Dr	Teler	phone No	Date
	submitting false imprisonment for unswom falsifica	knowing vi									2015-10-28

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PARAMETER SPECIFIC COMMENTS:

3800-FM-WSFR0440 7/2009



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARDS AND FACILITY REGULATION

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:	King Road STP			Month:	October	Year:	2015
Municipality:	Limerick Township	County:	Montgomery	Permit No.:	PA0051934		

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*

 \boxtimes

Sample collection	less frequent	than require
- annpro - one en en		

Explain _10/8/15 Operator went home sick and the daily pH, DO and UV Intensity were overlooked.

Sample type not in compliance with permit

Violation of permit schedule

Other

Violati
Other
Other

Lynam	To operate were northe sick and the daily pri, be and by interiory were overlooked.
Explain	
Explain	
Explain	
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	Signature:		
Title:	Lead Operator	Date:	11/17/15	

3800-FM-WSFR0440 7/2009 Instructions

INSTRUCTIONS FOR COMPLETING NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report <u>all</u> 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

acility ID:	477882	Facility Name:	KING F	ROAD STP				Loc	ation Address:	529 KING RI	D, ROYERSFORD PA, 19468	
ermit Number:	PA0051934	Monitoring Period:	11/01/2	2015-11/30/20	15			Ma	iling Address:	646 WEST F	IDGE PIKE, LIMERICK PA, 19	468
ARAMETERS	REPORTED VALU	IES										
ampling Point				002		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 Meas	urement	***	***	***	6.2	***	***	mg/L	Grab	1/day
		Permit Measu	rement	•••	***		5.0 Inst Min		•••		Grab	1/day
н		Sample Meas	urement	***	***	***	6.8	***	7.2	S.U.	Grab	1/day
		Permit Measu	rement	***			6.0 Inst Min		9.0 IMAX]	Grab	1/day
fotal Suspended So	olids	Sample Meas	urement	49	57	lbs/day	***	8	9	mg/L	24-Hr Composite	1/week
		Permit Measu	rement	425 Avg Mo	638 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week
otal Nitrogen		Sample Meas		183	***	lbs/day	***	29.5		mg/L	24-Hr Composite	1/week
		Permit Measu	rement	Monitor & Report Avg Mo				Monitor & Report Avg Mo			24-Hr Composite	1/week
mmonla-Nitrogen		Sample Meas	rement	<.6	444	lbs/day	***	<1		mg/L	24-Hr Composite	1/week
		Permit Measu	rement	114 Avg Mo				8 Avg Mo			24-Hr Composite	1/week
fotal Phosphorus		Sample Meas	urement	32	***	lbs/day	***	5.12		mg/L	24-Hr Composite	1/week
		Permit Measu	rement	Monitor & Report Avg Mo	***			Monitor & Report Avg Mo			24-Hr Composite	1/week
Flow		Sample Meas	urement	.752	.824	MGD	***		***	***	Recorded	Continuous
		Permit Measu	rement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Recorded	Continuous
Jitraviolet light trans	smittance	Sample Meas	rement	***	***	***	100		***	%	Metered	1/day
		Permit Measu	rement	***			Monitor & Report Min		***		Metered	1/day
ecal Coliform		Sample Meas	urement	***	***	***	***	15	408	No./100 ml	Grab	1/week
		Permit Measu	rement	***	•••	1	•••	200 Geo Mean	1000 IMAX		Grab	1/week
Carbonaceous Bioc	hemical Oxygen Deman	d Sample Measu	rement	18	22	lbs/day	***	3	4	mg/L	24-Hr Composite	1/week
CBOD5)		Permit Measu	rement	284 Avg Mo	425 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week
Biochemical Oxyger	n Demand (BOD5)	Sample Measu		1621	***	lbs/day	***	263		mg/L	24-Hr Composite	1/week
		Permit Measu	rement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo			24-Hr Composite	1/week
otal Suspended So	blids	Sample Measu	rement		***	***		259		mg/L	24-Hr Composite	1/week
		Permit Measu	rement	***	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
	hemical Oxygen Deman	Sample Measu	urement	•••	***	***	***	286	•••	mg/L	24-Hr Composite	1/week
CBOD5)		Permit Measur	rement	***				Monitor & Report Avg Mo	•••		24-Hr Composite	1/week

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
Daily Monitoring Report - November 2015 xlsx	Daily Effluent Monitoring Form	2015-12-23T12:00:03-05:00	
Cryptographic Hash Value of File (SHA-512)	B9306B9E0DFBEDC8B8B2D4A1180	98640568AFF9BBF98F85AA264E2D	AE0DED7735099A5355B9CBC4C41CBFF3C98AE62B6216781F00EF24BAED1BABB7F12486F3E
King Road STP Biosolids_November 2015 xlsx	Sewage Sludge / Blosolids Production and Disposal Form	2015-12-23T12:02:03-05:00	
Cryptographic Hash Value of File (SHA-512)	BF8B4872272D849D506E594F89247	29239A72D4C59134B1A92DC7A0A	DB7ADA04F0B0DFFAB299F6D796ED412C1C565FD8AAD5FA157987C8CBF39FB5E3DAAF2DDB
Influent & Process Control Report_November 2015 xisx	Influent and Process Control Form	2015-12-23T12:00:46-05:00	
Cryptographic Hash Value of File (SHA-512)	94E14FAC119E4DA9757B2B33FE4F	D55836720D95B9DF88E1F9445221	F7BD1EFD81205D8BF04F940A466121128CAE1254F9FE32543C2F525B8EB606876364F32B

PERMIT VI	OLATIONS			45 11 11												
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Repor Value		ermitted alue	Load Units	Sampling Point ID	Cause Of NC		Corre	ctive Action			Comments
UNAUTHO	RISED DISC	HARGES														
Non Compliance ID	Event Begin Date	Event End Date	Time Discove		ostance charged	Event Lo	cation	Volume	Duration	Receiving Waters	lmpact Water	On	Cause Of Discharge	DEP Notified	Comme	anta
OTHER PE		TIONS							17	8						
Non Compliance ID	Stage Code (Sampling Poin	t)	Reported F	'arameter	N	lon Compil	ance Type	Comments							
COMMENT	S DETAILS										-					
Comment						0	perator Na	me						Operator Cert	lfication	Operator Contact Number
						D	avid W. Pa	lmer						T3373		610-948-4250
SUBMISSI		ATION							-			-				
official infor personnel g information	mation. You ather and ev	certify under aluate the in to the best	penalty of lay formation sub of your knowl	w that this bmitted. Ba ledge and b	documen sed on y	t and all : our inquii	attachme ry of the p	nts were prep person or per	pared under sons who ma	your direction anage the syst	or supe tem or ti	ervisio hose	n in accorda persons dire	nce with a sys	stem de le for g	of Pennsylvania. You are submitting signed to assure that qualified athering the information, the d criminal penalties, including 18 P.S.
Submitted	By GreenPo	rt User		SALKOW	/SKIE				Submittee	d By Full Nan	ne			Edward Sal	kowsk	i i
Email Add	ress			esalkows	ki@limer	ickpa.org	J		Documen	t Generated				12/23/2015		

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acility ID:	477882	Facility Name:	KING F	ROAD STP				Loca	ation Address:	529 KING RD	, ROYERSFORD PA, 19468	
ermit Number:	PA0051934	Monitoring Period:	12/01/2	2015-12/31/20	15			Mall	ing Address:	646 WEST R	DGE PIKE, LIMERICK PA, 19	468
ARAMETERS	REPORTED VALU	FS										
ampling Point				002		Stage Code		-	Final Effluent		No Discharge Indicator	N
arameter		Limit Type		Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen		Sample Meas	urement	***	***		6.3		***	mg/L	Grab	1/day
Jaaolived Oxygon		Permit Measu		***	***	-	5.0		***		Grab	1/day
		i cinic measu	oment				Inst Min				Grab	1/day
н		Sample Meas	urement	***	***	***	6.7		7.1	S.U.	Grab	1/day
		Permit Measu	rement				6.0 Inst Min		9.0 IMAX		Grab	1/day
otal Suspended Sol	ids	Sample Meas	urement	<50	88	lbs/day	•••	<7	11	mg/L	24-Hr Composite	1/week
		Permit Measu	rement	425 Avg Mo	638 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week
otal Nitrogen		Sample Meas	urement	195	***	lbs/day		26.9		mg/L	24-Hr Composite	1/week
		Permit Measu	rement	Monitor & Report Avg Mo			***	Monitor & Report Avg Mo			24-Hr Composite	1/week
mmonia-Nitrogen		Sample Meas	urement	<,9	***	lbs/day	***	<.1	***	mg/L	24-Hr Composite	1/week
		Permit Measu	rement	114 Avg Mo	***		•••	8 Avg Mo			24-Hr Composite	1/week
otal Phosphorus		Sample Meas	urement	33	•••	lbs/day		4.57	***	mg/L	24-Hr Composite	1/week
		Permit Measu	rement	Monitor & Report Avg Mo			•••	Monitor & Report Avg Mo			24-Hr Composite	1/week
low		Sample Meas	urement	.846	1.387	MGD		•••	***		Metered	Continuous
		Permit Measu	rement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Recorded	Continuous
Illraviolel light transr	nittance	Sample Meas	urement	***	***	***	100		•••	%	Metered	1/day
		Permit Measu	rement	•••			Monitor & Report Min				Melered	1/day
ecal Coliform		Sample Meas	urement	***	***		***	16	24	No./100 ml	Grab	1/week
		Permit Measu	rement		•••		•••	200 Geo Mean	1000 IMAX		Grab	1/week
	emical Oxygen Deman	Sample Meas	urement	<22	33	lbs/day		<3	4	mg/L	24-Hr Composile	1/week
CBOD5)		Permit Measu	rement	284 Avg Mo	425 Wkly Avg		1.001	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week
liochemical Oxygen	Demand (BOD5)	Sample Meas	urement	1838		lbs/day	•••	254		mg/L	24-Hr Composite	1/week
		Permit Measu	rement	Monitor & Report Avg Mo				Monitor & Report Avg Mo	•••		24-Hr Composite	1/week
olal Suspended Soli	ids	Sample Meas	urement	***				256		mg/L	24-Hr Composite	1/week
		Permit Measu	remenl	•••	***		•••	Monitor & Report Avg Mo	•••		24-Hr Composite	1/week
	emical Oxygen Deman	Sample Meas	urement	•••	***			253		mg/L	24-Hr Composite	1/week
CBOD5)	- Andrew State (1997)	Permit Measu	rement		***			Monitor & Report Avg Mo			24-Hr Composite	1/week

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
Influent & Process Control Report_December 2015.xlsx	Influent and Process Control Form	2016-01-26T12:15:48-05:00	
Cryptographic Hash Value of File (SHA-512)	062AA893761A8DB2EAEDAE66D7B5	10D7DD1F038DB7EB72D4DAFB807	653E9B6AE6023F6EB9CA2A7187D38CFAFD8F02C43A6B6BDDBD43EA238B740660831B7A81D
Daily Monitoring Report - December 2015.xlsx	Daily Effluent Monitoring Form	2016-01-26T12:15:09-05:00	
Cryptographic Hash Value of File (SHA-512)	3181567E10E41BBA90A9CECB6AB4	25B07153751C790D284B4D7B6158	A6188BC72CE7E6E76D75ABA533EDE28A1E13E700276693C190F4483DFD5B50D3B0FE257D
King Road STP Biosolids_December 2015.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-01-26T12:16:29-05:00	
Cryptographic Hash Value of File (SHA-512)	99F4308563048DF55268437E98FD0E	319DAF2E009751EA24754A55BFFA	9C8D148602409BE2617740B9F68DE46C781ACDCB074F82FDA28E21BC69F4663989B9331

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PERMIT VI	OLATIONS			1											
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reporte Value	ed Permitted Value	Load Units	Sampling Point ID	Cause Of NC	: c	orrective Actio	n		Comments	
UNAUTHO	RISED DISC	HARGES									1.11				
Non Compliance ID	Event Begin Date	Event End Date	Time Discove		tance harged	Event Location	Volume	Duration	Receiving Waters	Impact C Water	n Cause C Discharg		I Comme	ents	
OTHER PE		TIONS	_												
Non Compliance ID	Stage Code (Sampling Poln	t)	Reported Pa	rameter	Non Compli	апсе Туре	Comments						¢	
COMMENT	S DETAILS														
Comment						Operator Na	me					Operator Ce Number	rtification	Operator Contact Number	
						David W. Pal	mer					T3373		610-948-4250	
SUBMISSI	ON INFORM	ATION													
official infor personnel g information	mation. You ather and ev submitted is,	certify under aluate the in to the best	penalty of la formation sub	w that this d bmitted. Bas ledge and be	ocument ed on yo	and all attachme ur inquiry of the p	nts were prep person or per	pared under sons who ma	your direction anage the sys	or super tem or the	ision in acco se persons	ordance with a s directly respons	ystem de ble for ga	of Pennsylvania. You are submitting signed to assure that qualified athering the information, the d criminal penalties, including 18 P.S.	
Submitted	By GreenPo	rt User		SALKOW	SKIE			Submitte	d By Full Nar	ne		Edward S	alkowsk	a	
Emall Add	ress			esalkowsk	i@limeric	kpa.org		Documen	nt Generated			1/26/2016			

	NG ROAD STP	PERMIT	NUMBER:	PAC	051934	R	EGION:		I	EP SE Rgnl	Off
PERMITTEE: MC 64 PII	MERICK TWP DNTGOMERY CNT 6 WEST RIDGE KE MERICK, PA 19468	MONITO	DRING		n: <u>2015-01-</u> 2015-03-31	01 N	OUNTY: ITY: O DISCHARGE ITE:	FRO	NI I	Montgomer LIMERICK	/
		Quantity	or Loading		Quality	or Cor	ncentration		No.	Frequency	Sample
Parameter		Value	Value	Units	Value	Valu	e Value	Units		Analysis	Type
Total Copper	Sample Measurement	*****	0.1		*****	****	0.014		0	1/quarter	24-Hr Composite
Parameter Code: 01042 Stage Code: 1	Permit Requirement		Report Daily Maximum	lbs/day	*****	****	Report Daily Maximum	mg/L		1/quarter	24-Hr Composite
Total Zinc	Sample Measurement	*****	1		*****		* 0.182		0	1/quarter	24-Hr Composite
Parameter Code: 01092 Stage Code: 1	Permit Requirement	****	Report Daily Maximum	lbs/day	****	*****	Report Daily Maximum	mg/L		1/quarter	24-Hr Composite
Total Dissolved Sc	olids Sample Measurement		*****		*****	851	*****		0	1/quarter	24-Hr Composite
Parameter Code: 70295 Stage Code: 1	Permit Requirement	*****			•••••	1000 Avera Monti	ge	mg/L		1/quarter	24-Hr Composite
	i certify under per direction or super that qualified per based on my ind those persons d information subr accurate and co submitting false imprisonment fo unsworn falsifica		ordance with a and evaluate son or persor ible for gathe best of my ki ware that the cluding the po	a system d the inform is who ma ring the inf nowledge re are sign ossibility o	lesigned to a nation submit inage the sys formation, the and belief, tri ificant penalt f fine and	ssure tted. stem or e ue, ties for	Signature of Prine Executive Office Authorized Age	r Ör 📔	Teleç	ohone No	Date 2015-04-28

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

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

PARAMETER SPECIFIC COMMENTS:

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	NG ROAD STP	PERMIT	NUMBER:	PAC	051934	R	EGION:		I	EP SE Rgn	Off
PERMITTEE: MC	IERICK TWP ONTGOMERY CNT 6 WEST RIDGE	Y OUTFAL	_L:	002		-	OUNTY:			Montgomer	/
PIK	and second threader to the second and the				n: <u>2015-04-</u> 2015-06-30	<u>01</u> N	O DISCHARGE ITE:	FRO	M	()	
		Quantity o	or Loading		Quality	or Co	ncentration		No.	Frequency	Sample
Parameter		Value	Value	Units	Value	Valu	e Value	Units	1.0.00		Type
Total Copper	Sample Measurement	*****	0.1		*****	****	* 0.017		0	1/quarter	24-Hr Composite
Parameter Code: 01042 Stage Code: 1	Permit Requirement	*****	Report Daily Maximum	lbs/day	*****	****	Report Daily Maximum	mg/L		1/quarter	24-Hr Composite
Total Zinc	Sample Measurement	*****	1		*****	****	• 0.149		0	1/quarter	24-Hr Composite
Parameter Code: 01092 Stage Code: 1	Permit Requirement	****	Report Daily Maximum	lbs/day	****	****	Report Daily Maximum	mg/L		1/quarter	24-Hr Composite
Total Dissolved So	lids Sample Measurement	*****	*****		*****	551	*****		0	1/quarter	24-Hr Composite
Parameter Code: 70295 Stage Code: 1	Permit Requirement	*****	•••••			1000 Avera Monti	ige	mg/L		1/quarter	24-Hr Composite
Name/Title of Princip Executive Officer O Authorized Agent	those persons dire	vision in acco onnel gather iry of the pers actly responsi tted is, to the plete. I am av	rdance with a and evaluate son or persor ible for gather best of my kr ware that ther	the inform the inform s who maing the inform nowledge the are sign	lesigned to an nation submit nage the systemation, the and belief, the ificant penalt	ssure ted. tem or e ue,	Signature of Prin Executive Office Authorized Age	rÖr	Telep	hone No	Date
		tions. See 18			ting to					2015-07-27	

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

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)

		ROAD STP RICK TWP			BER: P	A0051934	R	EGIC	DN:		EP S	E Rgnl Of	f
PERMITTEE:	MON	TGOMERY CN	TY U	JTFALL:	00)2	-	OUN	TY:			gomery RICK	
		VEST RIDGE F RICK, PA 1940		NITORING		rom: <u>2015-0</u> p: <u>2015-09-3</u>			SCHARGE SITE:		()		
			Quantity	or Loading		Quality	or Co	oncer	ntration		No.	Frequen	sy Sample
Parameter			Value	Value	Units	Value	Val	ue	Value	Units			
Total Copper		Sample Measurement	*****	0.1		*****	***	**	0.018		0	1/quarte	24-Hr Composite
Parameter Code: 01042 Stage Code: 1		Permit Requirement	****	Report Daily Maximum	lbs/day	*****		**	Report Daily Maximum	mg/L		1/quarte	24-Hr Composite
Total Zinc	Camala			1		****	***	**	0.146		0	1/quarte	24-Hr Composite
Parameter Code: 01092 Stage Code: 1		Permit Requirement	*****	Report Daily Maximum	lbs/day	*****			Report Daily Maximum	mg/L		1/quarte	24-Hr Composite
Total Dissolved So	olids	Sample Measurement	*****	*****		*****	44	1	*****		0	1/quarte	24-Hr Composite
Parameter Code: 70295 Stage Code: 1		Permit Requirement	*****	*****		*****	100 Aver Mon	age	*****	mg/L		1/quarte	24-Hr Composite
Name/Title of Principal Executi Officer Or Authori Agent	certify under pen- irection or superv at qualified perso ased on my inqui nose persons dire nformation submit ccurate and com	rision in acco onnel gather iry of the per octly respons ted is, to the	rdance with a and evaluate t son or persons ible for gatheri best of my kn	system de the inform s who mar ng the info owledge a	esigned to ass ation submitten nage the syste prmation, the and belief, true	sure ed. em or e,	Prin	Signature of cipal Execu Officer Or thorized Age	tive	elep	hone No	Date	
	ubmitting false in nprisonment for k nswom falsificatio	formation, in nowing viola	cluding the pos	ssibility of	fine and							2015-11-05	

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 first submission of this DMR was lost in cyberspace. 10/28/15 spoke with help desk about the issue. 11/5/15 called the help desk again to see the status of the issue. He helped us locate it as an open report from a back-up so that we can resubmit and get it into the system.

PARAMETER SPECIFIC COMMENTS:

HEADER INFOR	RMATION											
Facility ID:	477882	Facility Name:	KING F	ROAD STP					Location Address:	529 KING	RD, ROYERSFORD PA, 19468	
Permit Number:	PA0051934	Monitoring Period:	10/01/2	2015-12/31/2	015				Mailing Address:	646 WEST	RIDGE PIKE, LIMERICK PA, 19	468
PARAMETERS	REPORTED VAI	UES					N. 19.					
Sampling Point				002		Stage Cod	e		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
Copper, Total		Sample Measu	irement		.1	lbs/day			.022	mg/L	24-Hr Composite	1/quarter
		Permit Measur	ement	•••	Monitor & Report Daily Max		•••		Monitor & Report Dally Max		24-Hr Composite	1/quarter
Zinc, Total		Sample Measu	irement	***	1	lbs/day			.179	mg/L	24-Hr Composite	1/quarter
		Permit Measur	ement		Monitor & Report Daily Max		•••		Monitor & Report Daily Max		24-Hr Composite	1/quarter
Total Dissolved Solid	is	Sample Measu	irement	***		***		570	•••	mg/L	24-Hr Composite	1/quarter
		Permit Measur	ement		***			1000 Avg Mo	***		24-Hr Composite	1/quarter
Facility Comments							· · · · ·					•

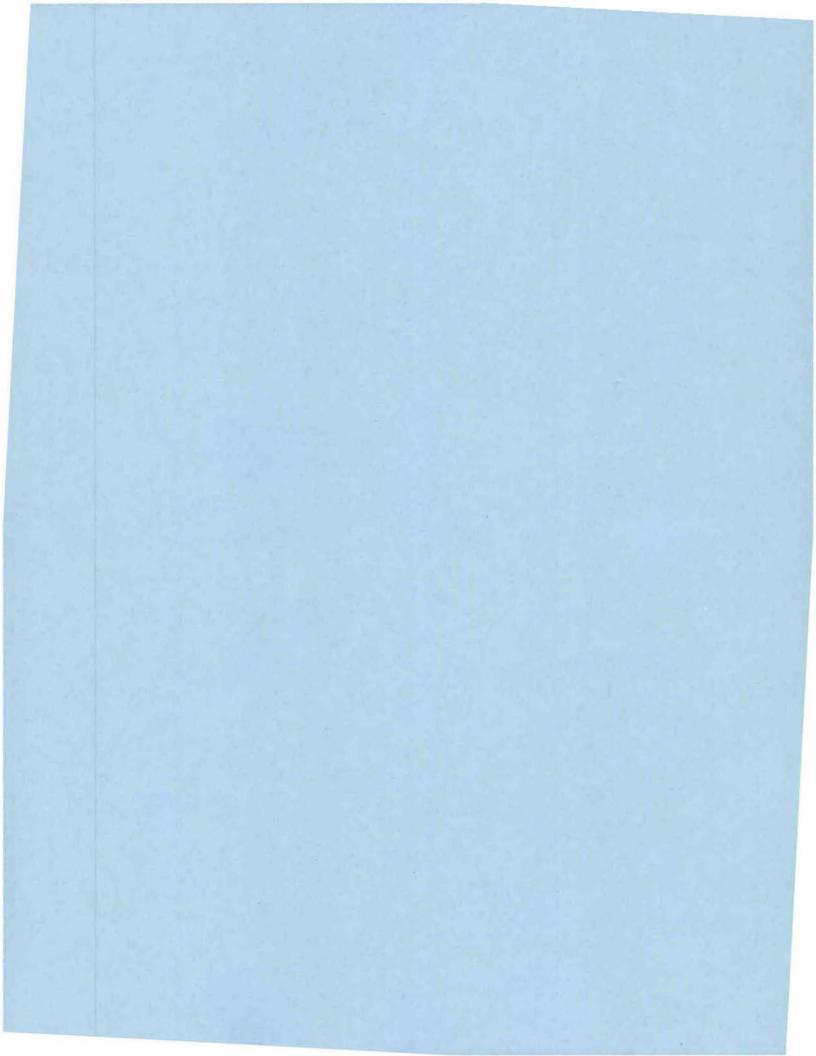
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ATTACHMENT DETAILS			
F#e Name	Attachment Type	Uploaded Time	Attachment Comment
Daily Monitoring Report - Quarterly July-Sept 2015_dax	Daily Effluent Monitoring Form	2016-01-26T12:22:04-05:00	
Cryptographic Hash Value of File (SHA-512)	21B65B5FA3E6DA6545E41FEFDE	64C7E456878571BEBA3766BD935D	FDE040B44A4BF0C3A009AFC7D8C9482735651ADADE7F75B4341CE49AD07CB8A587621A2778

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PERMIT VI	OLATIONS											100			
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	e Repor Value		d Load Units	Sampling Point ID	Cause Of NC	c	orrective Action		6	Comments	
UNAUTHO	RISED DISC	HARGES													
Non Compliance ID	Event Begin Date	Event End Date	Time Discove		bstance scharged	Event Location	Volume	Duration	Receiving Waters	Impact O Water	n Cause Of Discharge	DEP Notified	Comme	nts	
OTHER PE		TIONS													
Non Compliance ID	Stage Code (Sampling Poin	it)	Reported	Parameter	Non Con	ipliance Type	Comments							
COMMENT	S DETAILS				2.01										
Comment						Operato	Name					Operator Cert Number	lfication	Operator Contact Number	
						David W.	Palmer					T3373		610-948-4250	
SUBMISSI		ATION													
official infor personnel g information	mation. You pather and ev submitted is	certify under aluate the in , to the best	r penalty of lar iformation sul	w that this brnitted. Ba ledge and	documen ased on y belief, tru	nt and all attach our inquiry of th	ments were pre le person or pe	pared under rsons who m	your direction anage the sys	or superv	ision in accorda se persons dire	ance with a sys actly responsib	stem des le for ga	of Pennsylvania. You are submittin signed to assure that qualified thering the information, the criminal penalties, including 18 P.	
Submitted	By GreenPo	ort User		SALKO	VSKIE			Submitte	d By Full Nar	ne		Edward Sa	lkowski	£	
Email Add	ress			esalkow	ski@limer	rickpa.org		Documer	nt Generated		1/26/2016				



Facility ID:	477882	Facility Name:	KING F	ROAD STP				Lo	cation Address:	529 KING R	529 KING RD, ROYERSFORD PA, 19468				
Permit Number:	PA0051934	Monitoring Period:	01/01/2	2016-01/31/20	16			Ma	alling Address:	646 WEST R	IDGE PIKE, LIMERICK PA, 19	468			
	REPORTED VALU						_								
Sampling Point	REPORTED VAL	123	-	002	-	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 Meas	woment		LUad 2		7.5	***		mg/L	Grab	1/day			
Dissolved Oxygen		Permit Measu			***		50			-	Grab	1/day			
		Permit Measu	rement	1000			Inst Min		1000		Giab	nday			
рН		Sample Meas	urement			***	6.5	***	7.0	S.U.	Grab	1/day			
		Permit Measu	rement				6.0 Inst Min	***	9.0 IMAX		Grab	1/day			
Total Suspended So	olids	Sample Meas	urement	nt <35 47		lbs/day		<5	7	mg/L	24-Hr Composite	1/week			
		Permit Measu	rement	425 Avg Mo	638 Wkly Avg		***	30 Avg Mo	45 Wkly Avg	1	24-Hr Composite	1/week			
Fotal Nitrogen		Sample Meas	urement	174		lbs/day	***	26.8		mg/L	24-Hr Composite	1/week			
		Permit Measu	rement	Monitor & Report Avg Mo	***			Monitor & Report Avg Mo	***		24-Hr Composite	1/week			
Ammonia-Nitrogen		Sample Meas	urement	<.7		lbs/day		<.1	•••	mg/L	24-Hr Composite	1/week			
		Permit Measu	rement	114 Avg Mo		1	•••	8 Avg Mo			24-Hr Composite	1/week			
Total Phosphorus		Sample Meas	urement	27		lbs/day		4.17		mg/L	24-Hr Composite	1/week			
			rement	Monitor & Report Avg Mo			***	Monitor & Report Avg Mo			24-Hr Composite	1/week			
Flow		Sample Meas	urement	.800	1.222	MGD ····			•••	***	Recorded	Continuous			
		Permit Measu	Permit Measurement		Monitor & Report Daily Max			***			Recorded	Continuous			
Ultraviolet light trans	mittance	Sample Meas	urement	***	***		100	***	***	%	Metered	1/day			
		Permit Measu	rement		•••		Monitor & Report Min		•••		Metered	1/day			
Fecal Coliform		Sample Meas	urement	64.4				13	17	No./100 ml	Grab	1/week			
		Permit Measu	rement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/week			
	hemical Oxygen Deman	d Sample Meas	urement	20	28	lbs/day		3	4	mg/L	24-Hr Composite	1/week			
CBOD5)		Permit Measu	rement	284 Avg Mo	425 Wkly Avg			20 Avg Mo	30 Wkły Avg		24-Hr Composite	1/week			
Biochemical Oxyger	Demand (BOD5)	Sample Meas	urement	1936		lbs/day		298		mg/L	24-Hr Composite	1/week			
		Permit Measu	rement	Monitor & Report Avg Mo	42.0		** =	Monitor & Report Avg Mo			24-Hr Composite	1/week			
Fotal Suspended So	olids	Sample Meas	urement	***	•••	***	***	255		mg/L	24-Hr Composite	1/week			
		Permit Measu	rement	***	•••		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week			
	nemical Oxygen Deman	d Sample Meas	urement	***	***	***	***	287	144	mg/L	24-Hr Composite	1/week			
CBOD5)		Permit Measu	rement	***			***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week			

6C0BA0060BFDE1E6B579B81
4B7A69904D6758D6F1E3C3E2C
26E9811EC4B1B186B8A5272E
E1C63D4DF0EF2B3BFCC20
9161FC150463A16B4295BA

PERMIT VI	OLATIONS									-					
Non Complianc e ID	Event Begin Date	Event End Date	Parameter	Limit Type	Report Value	ed Permitted Value	Load Units	Sampling Point ID	Cause Of NC		Corre	ctive Action			Comments
UNAUTHO	RISED DISC	HARGES													
Non Compliance ID	Event Begin Date	Event End Date	Time Discove		stance harged	Event Location	Volume	Duration	Receiving Waters	lm pact Water	On	Cause Of Discharge	DEP Notified	Comme	ents
OTHER PE		TIONS													
Non Compliance ID	Stage Code (Sampling Poin	nt)	Reported Pa	arameter	Non Compl	llance Type	Comments							
COMMENT	S DETAILS														
Comment						Operator N	ame						Operator Cert Number	Ification	Operator Contact Number
						David W. Pa	almer						T3373		610-948-4250
SUBMISSI	ON INFORM	ATION									-				
official infor personnel g information	mation. You ather and ev submitted is.	certify under aluate the ir , to the best	r penalty of lav	w that this d omitted. Bas edge and be	ocument ed on yo	and all attachme	ents were pre person or per	pared under sons who ma	your direction anage the sys	or supe tem or t	ervisio hose	on in accorda persons dire	nce with a sys ctly responsib	stem de le for ga	of Pennsylvania. You are submitting signed to assure that qualified athering the information, the d criminal penalties, including 18 P.S
Submitted	By GreenPo	ort User		SALKOW	SKIE			Submitte	d By Full Nar	ne			Edward Sa	lkowsk	i
Email Add	ress			esalkowsk	i@limeri	ckpa.org		Documen	t Generated				2/27/2016		

Facility ID:	477882	Facility Name:	KING	ROAD STP				Loc	ation Address:	529 KING RD, ROYERSFORD PA, 19468				
Permit Number:	PA0051934	Monitoring Period:	02/01/	2016-02/29/20	16			Mail	Ing Address:	646 WEST R	DGE PIKE, LIMERICK PA, 194	468		
		18	0. 		_					la)				
	REPORTED VALU	JES												
Sampling Point				002		Stage Code	8		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 Meas	urement	***	***	***	8,1	***		mg/L	Grab	1/day		
		Permit Measu	rement				5.0 Inst Min		•••		Grab	1/day		
н		Sample Meas	urement		***	•••	6.6	***	7.0	S.U.	Grab	1/day		
		Permit Measu	rement				6.0 Inst Min		9.0 IMAX		Grab	1/day		
Fotal Suspended So	olids	Sample Meas	Jrement	<51	71	lbs/day		<5	7	mg/L	24-Hr Composite	1/week		
		Permit Measu	rement	425 Avg Mo	638 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week		
Fotal Nitrogen		Sample Meas	Irement	218	•••	lbs/day	***	21.7		mg/L	24-Hr Composite	1/week		
		Permit Measu	rement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo			24-Hr Composite	1/week		
Ammonia-Nitrogen		Sample Meas	urement	<1	***	lbs/day		<.1		mg/L	24-Hr Composite	1/week		
		Permit Measu	rement	114 Avg Mo				8 Avg Mo			24-Hr Composite	1/week		
Fotal Phosphorus		Sample Meas	urement	38	***	lbs/day	••••	3.67	•••	mg/L	24-Hr Composite	1/week		
		Permit Measu	rement	Monitor & Report Avg Mo			•••	Monitor & Report Avg Mo			24-Hr Composite	1/week		
Flow		Sample Meas	Irement	1.045	1.929	MGD		***			Recorded	Continuous		
		Permit Measu	rement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***		***	1	Recorded	Continuous		
Jitraviolet light trans	smittance	Sample Meas	Irement	•••	***	•••	100			%	Metered	1/day		
		Permit Measu	rement		***		Monilor & Report Min	***			Melered	1/day		
ecal Coliform		Sample Meas	rement	***	***	•••		17	285	No./100 ml	Grab	1/week		
		Permit Measu	rement		•••		•••	200 Geo Mean	1000 IMAX	1	Grab	1/week		
	hemical Oxygen Deman	d Sample Meas	urement	<30	46	lbs/day	***	<3	5	mg/L	24-Hr Composite	1/week		
CBOD5)		Permit Measu	rement	284 Avg Mo	425 Wkly Avg		•••	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week		
Biochemical Oxyger	n Demand (BOD5)	Sample Meas	urement	2440	***	lbs/day		241		mg/L	24-Hr Composite	1/week		
		Permit Measu	rement	Monitor & Report Avg Mo	***		***	Monilor & Report Avg Mo	***		24-Hr Composite	1/week		
otal Suspended Sc	olids	Sample Meas	irement	***	•••	***	***	222		mg/L	24-Hr Composite	1/week		
		Permit Measu	rement		***		•••	Monitor & Report Avg Mo	•••	1	24-Hr Composite	1/week		
	hemical Oxygen Deman	d Sample Measu	rement				***	221		mg/L	24-Hr Composite	1/week		
CBOD5)		Permit Measu	0.0000000000000000000000000000000000000					Monilor & Report Avg Mo		1	24-Hr Composite	1/week		

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ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
Daily Monitoring Report - February 2016.xlsx	Daily Effluent Monitoring Form	2016-03-24T11:51:45-04:00	
Cryptographic Hash Value of File (SHA-512)	C19EB856BEB16A32D05B8E935397	BE513A8215470A4B111809D212D0	AC7122D3A21F1F4EB0B66EEB85081CDF8CC74685F62F18A3F8D3F7B40885BE5831EB1AA9
Influent & Process Control Report_February 2016.xisx	Influent and Process Control Form	2016-03-24T12:04:22-04:00	
Cryptographic Hash Value of File (SHA-512)	E607415DB00217991DDF5FA770AE/	AA940494937FA1DF995117F3D3	2B78B59234955F8AA9103EB9E6A85815663E3A6A9DAB1309E4C705E32685190FEE3C7744
King Road STP Biosolids_February 2016.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-03-24T12:04:48-04:00	
Cryptographic Hash Value of File (SHA-512)	D6AF39E95EB764CBC56E43D4B929	665FC4D33DF4D3FF7B11E2EFEC	8AD6C337BB401DD74C4ED748BC64987D89A4693F8E03D90363F4A3CD8A13B336289648BBE2

PERMIT VI	OLATIONS													
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Repor Value	ted Permitte Value	d Load Units	Sampling Point ID	Cause Of NO	; Co	Corrective Action			Comments
UNAUTHO	RISED DISC	HARGES											1	
Non Compliance ID	Event Begin Date	Event End Date	Time Discove		stance harged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comme	ints
OTHER PE		TIONS								-				
Non Compliance ID	Stage Code (Sampling Poin	it)	Reported Pa	arameter	Non Cor	npllance Type	Comments						
COMMENT	S DETAILS			14										
Comment						Operato	r Name					Operator Cert Number	ification	Operator Contact Number
						David W	Palmer					T3373		610-948-4250
SUBMISSI		ATION											1.1	
official infor personnel g information	mation. You ather and ev submitted is,	certify under aluate the in to the best	penalty of la formation sul	w that this d bmitted. Bas ledge and be	ocumer ed on y	t and all attach our inquiry of th	ments were pre	pared under rsons who m	your direction anage the sys	or supervisitem or those	sion in accorda se persons dire	ance with a systematic with a systematic systematic and the systematic s	stern de le for ga	of Pennsylvania. You are submitting signed to assure that qualified athering the information, the I criminal penalties, including 18 P.S
Submitted	By GreenPo	ort User		SALKOW	SKIE			Submitte	d By Full Nar	ne		Edward Sa	lkowsk	
Email Address esalkowski@limerickpa.org Document Generated 3/24/2016												3/24/2016		

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HEADER INFO		In	Line							Iner		
Facility ID:	477882	Facility Name:	-	OAD STP					ation Address:		, ROYERSFORD PA, 19468	
Permit Number:	PA0051934	Monitoring Period:	03/01/2	016-03/31/20	16			Mall	ing Address:	646 WEST R	DGE PIKE, LIMERICK PA, 19	468
PARAMETERS	REPORTED VALU	ES			11 I V R.	TUTE						
Sampling Point				002		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 Meas	urement	•••	***	***	7.7	***	***	mg/L	Grab	1/day
		Permit Measu	rement				5.0 Inst Min				Grab	1/day
ж		Sample Meas	urement	***	***		6.6	***	7.1	S.U.	Grab 0	1/day
		Permit Measu	rement	***	•••		6.0 Inst Min		9.0 IMAX		Grab	1/day
Total Suspended Sc	olids	Sample Meas	urement	44	52	lbs/day		7	8	mg/L	24-Hr Composite	1/week
		Permit Measu		425 Avg Mo	638 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week
Folal Nitrogen		Sample Meas	urement	173	•••	lbs/day	***	26.6	***	mg/L	24-Hr Composite	1/week
		Permit Measu		Monitor & Report Avg Mo			***	Monilor & Report Avg Mo	***		24-Hr Composite	1/week
Ammonia-Nitrogen		Sample Meas	urement	<,7	***	lbs/day		<.1	***	mg/L	24-Hr Composite	1/week
		Permil Measu		114 Avg Mo	***			8 Avg Mo			24-Hr Composite	1/week
Total Phosphorus		Sample Meas	urement	34		lbs/day	•••	5.18	***	mg/L	24-Hr Composite	1/week
		Permit Measu		Monitor & Report Avg Mo			•••	Monitor & Report Avg Mo			24-Hr Composite	1/week
low		Sample Meas	urement	.790	.865	MGD		***			Recorded	Continuous
		Permit Measu		Monitor & Report Avg Mo	Monitor & Report Daily Max		***			1	Recorded	Continuous
JItraviolel light trans	mitlance	Sample Meas	urement	•••	***		100	***		%	Metered	1/day
		Permit Measu	rement		***		Monitor & Report Min		***		Metered	1/day
ecal Coliform		Sample Meas	urement	***	***		***	6	14	No./100 ml	Grab	1/week
		Permit Measu	rement				•••	200 Geo Mean	1000 IMAX		Grab	1/week
Carbonaceous Bioch	nemical Oxygen Demand	Sample Meas	urement	21	27	lbs/day		3	4	mg/L	24-Hr Composite	1/week
CBOD5)		Permit Measu		284 Avg Mo	425 Wkly Avg		***	20 Avg Mo	30 Wkiy Avg		24-Hr Composite	1/week
Biochemical Oxyger	Demand (BOD5)	Sample Meas	urement	1961		lbs/day		301	***	mg/L	24-Hr Composile	1/week
		Permit Measu		Monitor & Report Avg Mo			•••	Monitor & Report Avg Mo			24-Hr Composite	1/week
otal Suspended So	lids	Sample Meas	urement	***		***		267		mg/L	24-Hr Composite	1/week
		Permit Measu	rement	***			***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
	nemical Oxygen Demand	Sample Meas	urement	***	***	***		285		mg/L	24-Hr Composite	1/week
CBOD5)		Permit Measu						Monitor & Report Avg Mo		1	24-Hr Composite	1/week
Facility Comments							-	1. ng mo		-		

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ATTACHMENT DETAILS		and the second	
File Name	Attachment Type	Upłoaded Time	Attachment Comment
Daily Monitoring Report - March 2016.xlsx	Daily Effluent Monitoring Form	2016-04-27T12:29:53-04:00	
Cryptographic Hash Value of File (SHA-512)	D4262053213BF54475E03DF49D762	78B8FBEF3846BDE9D095A2E6750B	DD0C18D1115B4F416BE2BE50B4C866C95770AC5427A95C2B9A7E7E798E08F16C5F37F30
Influent & Process Control Report_March 2016.xlsx	Influent and Process Control Form	2016-04-27T12:30:30-04:00	
Cryptographic Hash Value of File (SHA-512)	13AAA42FC5B2EF8226706C3927C44	CE7E67B24181822E8BB7A0ACBA0	DF7F90AB5580C65DB2E0277E2497C9BBB07225C3B1B9C898F26B7F4B64AF2D19B750DF15
King Road STP Biosolids_March 2016.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-04-27T12:30:54-04:00	
Cryptographic Hash Value of File (SHA-512)	69ADADCF1FCF4ACB1AA8ED27AF0	AC1B0D51AB80257CCAF09143C94	BE75E7519BFDFDC84A06311AEED70C921CE5817FEEADF2AC43C4EE730914D6D06E34F24F4

PERMIT VI	OLATIONS														
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Repor Value		Load Units	Sampling Point ID	Cause Of NO	Cor	Corrective Action			Comments	
UNAUTHO	RISED DISC	HARGES		13									1050		
Non Compliance ID	Event Begin Date	Event End Date	Time Discove		stance charged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comme	nts	
OTHER PE	RMIT VIOLA	TIONS													
Non Compliance ID	Stage Code (S	Sampling Poin	t)	Reported P	arameter	Non Compl	lance Type	Comments							
COMMENT	S DETAILS									1111					
Comment						Operator N	ame					Operator Cert Number	lfication	Operator Contact Number	
						David W. Pa	almer					т3373		610-948-4250	
SUBMISSI	ON INFORM	ATION						Q	1000						
official infor personnel g information	mation. You (ather and ev submitted is,	certify under aluate the in to the best	penalty of la formation sul	w that this o bmitted. Ba ledge and b	locumen sed on y	t and all attachmo our inquiry of the	ents were pre person or per	pared under sons who ma	your direction anage the sys	or supervis	sion in accorda e persons dire	ance with a systectly responsib	stem des le for ga	of Pennsylvania. You are submittir signed to assure that qualified thering the information, the criminal penalties, including 18 P.	
Submitted	By GreenPo	rt User		SALKOW	SKIE			Submitte	d By Full Nar	ne		Edward Sa	lkowski		
Email Add	ress			esalkows	ki@limer	rickpa.org		Documen	t Generated			4/27/2016			

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HEADER INFO		and the second se										and the second second
Facility ID:	477882	Facility Name:	KING R	OAD STP				Loca	ation Address:		, ROYERSFORD PA, 19468	
Permit Number:	PA0051934	Monitoring Period:	04/01/2	016-04/30/20	16			Mall	Ing Address:	646 WEST R	IDGE PIKE, LIMERICK PA, 19	9468
PARAMETERS	REPORTED VALU	ES										
Sampling Point				002	St. 1999	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 Meas	urement				6,8	***		mg/L	Grab	1/day
		Permit Measu	rement				5.0 Inst Min				Grab	1/day
рH		Sample Meas	urement		••••		6.4	•••	6.9	S.U.	Grab	1/day
		Permit Measu	rement				6.0 Inst Min	•••	9.0 IMAX		Grab	1/day
Total Suspended So	lids	Sample Meas	urement	64	82	lbs/day	•••	10	13	mg/L	24-Hr Composite	1/week
		Permit Measu	rement	425 Avg Mo	638 Wkly Avg			30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week
Total Nitrogen		Sample Meas	urement	200	•••	lbs/day	•••	32.1	•••	mg/L	24-Hr Composite	1/week
		Permit Measu		Monitor & Report Avg Mo			***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Ammonia-Nilrogen		Sample Meas	urement	<.6	***	lbs/day	***	<.1	***	mg/L	24-Hr Composite	1/week
		Permit Measu		114 Avg Mo			•••	8 Avg Mo			24-Hr Composite	1/week
Total Phosphorus		Sample Meas	urement	34		lbs/day		5.43	•••	mg/L	24-Hr Composite	1/week
		Permit Measu		Monitor & Report Avg Mo			***	Monitor & Report Avg Mo	•••		24-Hr Composite	1/week
Flow		Sample Meas	urement	.763	.836	MGD	•••		***	***	Recorded	Continuous
		Permit Measu		Monitor & Report Avg Mo	Monitor & Report Daily Max		•••	***	***		Recorded	Continuous
Ultraviolet light trans	miltance	Sample Meas	urement	•••	***	***	100	***		%	Metered	1/day
		Permit Measu	rement	***	***		Monitor & Report Min	***	***		Metered	1/day
Fecal Coliform		Sample Meas	urement	***	***	***	•••	10	12	No./100 ml	Grab	1/week
		Permit Measu	rement					200 Geo Mean	1000 IMAX		Grab	1/week
Carbonaceous Bioch	nemical Oxygen Demand	Sample Meas	urement	27	40	lbs/day	•••	4	6	mg/L	24-Hr Composite	1/week
(CBOD5)		Permit Measu		284 Avg Mo	425 Wkly Avg			20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week
Biochemical Oxyger	Demand (BOD5)	Sample Meas	urement	1752	•••	lbs/day		281		mg/L	24-Hr Composite	1/week
		Permit Measu		Monitor & Report Avg Mo			•••	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Total Suspended So	lids	Sample Meas	urement		***	***		271		mg/L	24-Hr Composile	1/week
		Permit Measu	rement	•••	***		•••	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
	nemical Oxygen Demand	Sample Meas	urement	•••				263		mg/L	24-Hr Composite	1/week
(CBOD5)	100/100	Permit Measu	rement				•••	Monitor & Report Avg Mo			24-Hr Composite	1/week
Facility Comments						-						

ATTACHMENT DETAILS		and the second second	
File Name	Attachment Type	Uploaded Time	Attachment Comment
Daily Monitoring Report - April 2016 xlsx	Daily Effluent Monitoring Form	2016-05-26T11:06:05-04:00	
Cryptographic Hash Value of File (SHA-512)	D330A387E9CBF2E23916784C0ADC	AB09FF08895171124D32A6F5FD2	6866506DC7C0881A80A55FD180DCB77CB02C982D3E3F3B811F8A75B21ADC9B096CD077FA0
Influent & Process Control Report_April 2016.xlsx	Influent and Process Control Form	2016-05-26T11:06:42-04:00	
Cryptographic Hash Value of File (SHA-512)	713856AA1825D028542D2B30015D3	D7784A212E2BDEDC61FA390F64	11DF899EFDBF9C7F5A85E5764098926CFF1FA50CC4A708C2A28C05C92E35F3BE5E7E4C47
King Road STP Biosolids_April 2016.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-05-26T11:07:11-04:00	
Cryptographic Hash Value of File (SHA-512)	886C09E0939E983D54517C8093EF6	42763BBB502DC09B683DA5F6B0	6190023B3CFD8F5CA18BAC7E25FE716D415BCAA740899B7B86B476E93D31FF839BC1D351

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PERMIT VI	OLATIONS													
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reporte Value	ed Permitted Value	Load Units	Sampling Point ID	Cause Of NC	c	orrective Action		c	comments
UNAUTHO	RISED DISC	HARGES		-										¢
Non Compliance ID	Event Begin Date	Event End Date	Time Discove		tance harged	Event Location	Volume	Duration	Receiving Waters	Impact O Water	n Cause Of Discharge	DEP Notified	Commen	Its
OTHER PE		TIONS												
Non Compliance ID	Stage Code (Sampling Poin	t)	Reported Pa	rameter	Non Comp	llance Type	Comments						
COMMENT	S DETAILS													
Comment						Operator N	ame					Operator Cert Number	lfication	Operator Contact Number
						David W. Pi	almer					T3373		610-948-4250
SUBMISSI		ATION				a			1					
official infor personnel g information	mation. You ather and ev submitted is,	certify under aluate the in to the best	penalty of late	w that this de bmitted. Base edge and be	ocument ed on yo	and all attachm our inquiry of the	ents were prep person or per	pared under sons who ma	your direction anage the sys	or supervitem or the	ision in accorda se persons dire	ance with a sys actly responsib	stern des le for gat	of Pennsylvania. You are submitting igned to assure that qualified thering the information, the criminal penalties, including 18 P.S.
Submitted	By GreenPo	rt User		SALKOW	SKIE			Submitte	d By Full Nan	ne		Edward Sa	lkowski	
Email Add	mail Address esalkowski@limerick					ckpa.org		Documer	t Generated			5/26/2016		

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Facility ID:	477882	Facility Name:	KING F	ROAD STP				Lo	ation Address:	529 KING RD, ROYERSFORD PA, 19468				
Permit Number:	PA0051934	Monitoring Period:	05/01/2	2016-05/31/20	16			Ma	lling Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468				
	REPORTED VAL	IES												
Sampling Point	ILLI OITIED TAE			002	_	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 Permit Measurement				6.6	***		mg/L	Grab	1/day		
/3							5.0 Inst Min		***		Grab	1/day		
pH		Sample Meas	urement		***		6.4		6.9	S.U.	Grab	1/day		
dia		Permit Measu	rement				6.0 Inst Min		9.0 IMAX	1	Grab	1/day		
Total Suspended So	olids	Sample Meas	urement	49	56	lbs/day		7	8	mg/L	24-Hr Composite	1/week		
		Permit Measu	rement	425 Avg Mo	638 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week		
Total Nitrogen		Sample Meas	urement	207		lbs/day		30.1		mg/L	24-Hr Composite	1/week		
		Permit Measu	rement	nent Monitor & *** Report Avg Mo				Monitor & Report Avg Mo	***		24-Hr Composite	1/week		
Ammonia-Nitrogen Sample Mea Permit Meas		Sample Meas	urement	< 8	***	lbs/day		<.1		mg/L	24-Hr Composite	1/week		
		rement	114 Avg Mo	***			8 Avg Mo	***		24-Hr Composite	1/week			
Total Phosphorus		Sample Meas	urement	32	***	lbs/day		4.63	***	mg/L	24-Hr Composite	1/week		
		Permit Measu	rement	Monitor & Report Avg Mo				Monitor & Report Avg Mo	***		24-Hr Composite	1/week		
Flow		Sample Meas	rement	.876	1.413	MGD		***	***	***	Recorded	Continuous		
		Permit Measu	rement	Monitor & Report Avg Mo	Monitor & Report Daily Max						Recorded	Continuous		
Ultraviolet light trans	mittance	Sample Meas	urement		***	***	100	***	***	%	Metered	1/day		
		Permit Measu	rement	***	***		Monitor & Report Min	***	***		Metered	1/day		
Fecal Coliform		Sample Meas	rement	***	•••			21	78	No /100 ml	Grab	1/week		
		Permit Measu	rement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/week		
	hemical Oxygen Demar	d Sample Meas	urement	23	30	lbs/day		3	4	mg/L	24-Hr Composite	1 <i>f</i> week		
CBOD5)		Permit Measu	rement	284 Avg Mo	425 Wkly Avg			20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week		
Biochemical Oxyger	Demand (BOD5)	Sample Meas	rement	2066	***	lbs/day	***	301		mg/L	24-Hr Composite	1/week		
		Permit Measu	rement	Monitor & Report Avg Mo	***			Monitor & Report Avg Mo	•••		24-Hr Composite	1/week		
Total Suspended So	olids	Sample Meas	rement	***	***	•••	***	251		mg/L	24-Hr Composite	1/week		
	ERGENER CONVERTOR BUILDING		rement	•••				Monitor & Report Avg Mo	***		24-Hr Composite	1/week		
	nemical Oxygen Demar	d Sample Meas	rement				•••	253		mg/L	24-Hr Composite	1/week		
CBOD5)	cous biochemical oxygen bemand				1		Monitor & Report Avg Mo			24-Hr Composite	1/week			

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ATTACHMENT DETAILS			and the second se						
File Name	Attachment Type	Uploaded Time	Attachment Comment						
Daily Monitoring Report - May 2016 xlsx	Daily Effluent Monitoring Form	2016-06-28T11:23:43-04:00							
Cryptographic Hash Value of File (SHA-512)	95286632E97329B9C9831A315A45389A14E95C5A3CD275D39B34A2C18A4F49AE95886C32E72495DAF898E4AD106E127EEE7BC1272600A239AEE5EAF03D9036								
King Road STP Biosolids_May 2016 xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-06-28T11:24:45-04:00							
Cryptographic Hash Value of File (SHA-512)	1B3CEC4C7390A187FFE7289BA38E	187FFE7289BA38ECF0FA13893A0C9D47E38DD9277AE0B542F228A3C79DA9C716F609E1BD095F7B0E233F0FA25BC6B25BDFB863AECBDEC33E27F							
Influent & Process Control Report_May 2016 xlsx	Influent and Process Control Form	2016-06-28T11:24:08-04:00							
Cryptographic Hash Value of File (SHA-512) 88BCD9CC895FBAB8E2D1E5639E46D02F554F3E9F5570D9CC9120B8C643A91E9E8BBCDBC5DC5BB41517E70AC9CF46DF28C0033227E19D904E277E3C8									

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PERMIT VI	OLATIONS							0			-		Daniel Di			
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Repor Value		mitted lue	Load Units	Sampling Point ID	Cause Of NC	Co	prrective Action			Comments	
UNAUTHO	RISED DISC	HARGES														
Non Compliance ID	Event Begin Date	Event End Date	Time Discove		ostance charged	Event Loca	ation	Volume	Duration	Receiving Waters	Impact Or Water	Cause Of Discharge	DEP Notified	Comm	ents	
OTHER PE		TIONS			III.											
Non Compliance ID	Stage Code (Sampling Poin	nt)	Reported Parameter Non Compliance Type Comments												
COMMENT	S DETAILS		-						-							
Comment						Op	erator Na	me					Operator Cert Number	lfication	Operator Contact Number	
						Day	vid W. Pal	mer					Т3373		610-948-4250	
SUBMISSI		ATION		U., 10					1.0	101	a mêrmî	100.000		10.11		
official infor personnel g information	mation. You ather and ev submitted is	certify under aluate the in to the best	r penalty of la nformation sul	w that this omitted. Ba edge and b	documer sed on y	nt and all ai our inquiry	ttachme of the p	nts were preper	bared under sons who ma	your direction anage the sys	or supervi	sion in accorda se persons dire	ance with a sys actly responsib	stern de le for g	of Pennsylvania. You are submitti signed to assure that qualified athering the information, the d criminal penalties, including 18 P	
Submitted	By GreenPo	ort User		SALKOV	VSKIE		-		Submitte	Submitted By Full Name				Edward Salkowski		
Email Add	ress			esalkows	ki@lime	rickpa.org			Documen	t Generated 6/28/2016						

Facility ID:	477882	Facility Name:	KING F	G ROAD STP Location Address:							529 KING RD, ROYERSFORD PA, 19468				
Permit Number:	PA0051934	Monitoring Period:	06/01/2	2016-06/30/20	16				Ing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468					
		50								-7:					
	REPORTED VALU	Eð	-	laan		14			1		1	1			
Sampling Point				002 Load 1	1	Stage Code	and the second se	10	Final Effluent	In the	No Discharge Indicator	N			
Parameter			Limit Type		Load 2	Units	Conc 1 5.5	Conc 2	Conc 3	Units	Sample Type	Sample Frequency			
Dissolved Oxygen		Sample Measu		***			5.0			mg/L	Grab	1/day			
		Permit Measu	Permit Measurement		1000		Inst Min				Grab	1/day			
рН		Sample Measu	urement	***	•••	***	6.5		7.3	S.U.	Grab	1/day			
		Permit Measu	rement	•••			6.0 Inst Min		9.0 IMAX		Grab	1/day			
Total Suspended So	lids	Sample Mease	rement	40	50	lbs/day		6	8	mg/L	24-Hr Composite	1/week			
		Permit Measu	rement	425 Avg Mo	638 Wkly Avg	1		30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week			
Total Nitrogen		Sample Measu	urement			lbs/day		31.5		mg/L	24-Hr Composite	1/week			
		Permit Measu	rement	Monitor & Report Avg Mo			•••	Monitor & Report Avg Mo	***		24-Hr Composite	1/week			
Ammonia-Nilrogen		Sample Measu	urement	<.8		lbs/day		<.1		mg/L	24-Hr Composite	1/week			
Pe		Permit Measu	rement	114 Avg Mo				8 Avg Mo			24-Hr Composite	1/week			
Tolal Phosphorus		Sample Measu	urement	39	***	lbs/day		5.7		mg/L	24-Hr Composite	1/week			
		Permit Measu	rement	Monitor & Report Avg Mo				Monitor & Report Avg Mo			24-Hr Composite	1/week			
low		Sample Measu	urement	.796	.917	MGD				***	Recorded	Continuous			
Deute.		Permit Measu	rement	Monitor & Report Avg Mo	Monitor & Report Daily Max		•••	***	***		Recorded	Continuous			
Jitraviolet light trans	mitlance	Sample Measu	urement	***	***		100			%	Metered	1/day			
		Permit Measur	rement	***		1	Monitor & Report Min		***		Metered	1/day			
Fecal Coliform		Sample Measu	Irement				***	25	69	No./100 ml	Grab	1/week			
		Permit Measu	rement					200 Geo Mean	1000 IMAX		Grab	1/week			
Carbonaceous Bioch	nemical Oxygen Demand	Sample Measu	urement	25	42	lbs/day	***	4	7	mg/L	24-Hr Composite	1/week			
CBOD5)		Permit Measur	rement	284 Avg Mo	425 Wkly Avg		***	20 Avg Mo	30 Wkly Avg	1	24-Hr Composite	1/week			
Biochemical Oxygen	Demand (BOD5)	Sample Measu	urement	1803		lbs/day		263		mg/L	24-Hr Composite	1/week			
		Permit Measur	rement	Monitor & Report Avg Mo				Monitor & Report Avg Mo	***		24-Hr Composite	1/week			
Total Suspended So	lids	Sample Measu	urement	***			***	268		mg/L	24-Hr Composite	1/week			
		Permit Measur	rement	•••				Monitor & Report Avg Mo	•••		24-Hr Composite	1/week			
	emical Oxygen Demand	Sample Measu	rement	•••	•••	***		275		mg/L	24-Hr Composile	1/week			
CBOD5)	z)		Permit Measurement					Monitor & Report Avg Mo	***		24-Hr Composite	1/week			

ATTACHMENT DETAILS							
File Name	Attachment Type	Uploaded Time	Attachment Comment				
Dally Monitoring Report - June 2016 xlsx	Daily Effluent Monitoring Form	2016-07-27T13:14:02-04:00					
Cryptographic Hash Value of File (SHA-512)	54E49F8F34DD08F2BE10A290DF176	64DE470E6C8CB7D5E77B2C24FE4C	6AEFE11558376E5AA4F821CCDD0785E56510A2599D64B25193431F86EAE264E39A215F8E				
Influent & Process Control Report_June 2016.xlsx	Influent and Process Control Form	2016-07-27113:14:36-04:00					
Cryptographic Hash Value of File (SHA-512)	E6FEE55BDDE22118C007E0C9D9CI	D415E21F849F63C53FCEDFE8C0FF	F0896E3FDFCE438F4961AD7A8DAB06E20D22FB215D20B3434BE0300D254BC044E54A8DE77				
King Road STP Biosolids_June 2016.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-07-27T13:15:10-04:00					
Cryptographic Hash Value of File (SHA-512) 91B5675A6A8D4718E917F08A06BBBEF9D81372B3B0332214B59335CB4960F348C32C0A08D5D7972F25C7D4A81F68DB020C21716F8BEFC9FB4B3E12D4							

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PERMIT VI	OLATIONS													51 II	
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Repor Value	ted Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Cor	rective Action		C	Comments	
UNAUTHO	RISED DISC	HARGES			~										
Non Compliance ID	Event Begin Date	Event End Date	Time Discove		stance charged	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Commen	its	
OTHER PE		TIONS			-									J.	
Non Compliance ID	Stage Code (Sampling Point) Reported Parameter			Non Compl	lance Type	Comments									
COMMENT	S DETAILS														
Comment						Operator N	ame					Operator Cert Number	tification	Operator Contact Number	
						David W. Pa	almer		1.00			T3373		610-948-4250	
SUBMISSI		ATION	1.1												
official infor personnel g information	mation. You ather and ev submitted is,	certify under aluate the in , to the best	penalty of la formation sul	w that this c bmitted. Bas ledge and b	locumen sed on y	t and all attachme our inquiry of the	ents were pre person or per	pared under sons who ma	your direction anage the sys	or supervis	ion in accorda e persons dire	ance with a systectly responsib	stem des ble for gal	of Pennsylvania. You are submitti igned to assure that qualified thering the information, the criminal penalties, including 18 P	
Submitted	By GreenPo	ort User		RODDEN	F			Submitte	d By Full Nar	ne		Frank Rode	den		
Email Add	ress			frodden@	limerick	pa.org		Documer	t Generated			7/28/2016			

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Facility ID:	477882	Facility Name:	KING F	ROAD STP				Loca	ation Address:	529 KING RD, ROYERSFORD PA, 19468				
Permit Number:	PA0051934	Monitoring Period:	07/01/	2016-07/31/20	16			Mall	Ing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468				
PARAMETERS	REPORTED VALU	-s										and the second		
Sampling Point			-	002		Stage Code			Final Effluent	_	No Discharge Indicator	IN		
Parameter		Limit Type		Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency		
Dissolved Oxygen		Sample Measu	rement		***	***	5.5	***		mg/L	Grab	1/day		
			Permit Measurement		•••	-	5.0 Inst Min			- mg/c	Grab	1/day		
ж		Sample Measu	rement				6.6	***	7.0	S.U.	Grab	1/day		
		Permit Measur	rement				6.0 Inst Min	***	9.0 IMAX		Grab	1/day		
Fotal Suspended Se	olids	Sample Measu	rement	<28	33	lbs/day	***	<5	5	mg/L	24-Hr Composite	1/week		
		Permit Measur	Permit Measurement		63B Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week		
Fotal Nitrogen		Sample Measu		199	***	lbs/day	***	32.4	•••	mg/L	24-Hr Composite	1/week		
		Permit Measur	rement	ement Monitor & *** Report Avg Mo				Monitor & Report Avg Mo	***]	24-Hr Composite	1/week		
Ammonia-Nitrogen		Sample Measu	rement	< 6	•••	lbs/day		<.1		mg/L	24-Hr Composite	1/week		
Permit Measure		rement	114 Avg Mo				8 Avg Mo			24-Hr Composite	1/week			
Total Phosphorus		Sample Measu	rement	37	***	lbs/day	***	6.07	***	mg/L	24-Hr Composite	1/week		
		Permit Measur	rement	Monitor & Report Avg Mo	•••		***	Monitor & Report Avg Mo		1	24-Hr Composite	1/week		
Flow		Sample Measu	rement	.737	856	MGD		***			Recorded	Continuous		
		Permit Measur	ement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***			Recorded	Continuous		
Ultraviolet light trans	smittance	Sample Measu	rement			***	100	***	***	- %	Metered	1/day		
		Permit Measur	ement				Monitor & Report Min		189		Metered	1/day		
Fecal Coliform		Sample Measu	rement			***	***	16	35	No /100 ml	Grab	1/week		
		Permit Measur	ement					200 Geo Mean	1000 IMAX	-	Grab	1/week		
	hemical Oxygen Demand	Sample Measu	irement	<20	25	lbs/day		<3	4	mg/L	24-Hr Composite	1/week		
CBOD5)		Permit Measur	ement	284 Avg Mo	425 Wkly Avg		***	20 Avg Mo	30 Wikiy Avg		24-Hr Composite	1/week		
Biochemical Oxyge	n Demand (BOD5)	Sample Measu	irement	1474	***	lbs/day		241		mg/L	24-Hr Composite	1/week		
		Permit Measur	ement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	100		24-Hr Composite	1/week		
Total Suspended So	blids	Sample Measu	rement	***	***			236		mg/L	24-Hr Composite	1/week		
		Permit Measur	ement	•••	***		•••	Monitor & Report Avg Mo	***		24-Hr Composite	1/week		
	hemical Oxygen Demand	Sample Measu	irement		***	•••		230		mg/L	24-Hr Composite	1/week		
CBOD5)	bus biochemical Oxygen Demand		***				Monitor & Report Avg Mo	3. ***		24-Hr Composite	1/week			

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ATTACHMENT DETAILS							
File Name	Attachment Type	Uploaded Time	Attachment Comment				
Limerick Twp. King Road STP Coll Sys SSO 7-20-16 SSO pdf	Letter Explaining Non-Compliance	2016-08-26T10:18:22-04:00					
Cryptographic Hash Value of File (SHA-512)	F78B818F6DD9051432DD25096A15C	7B81C394A73D7478263CF079FD2AB	F9B88AD3E1CDD62167E8AD4D3793613870B9E0746D1C45361127914178445BB67D98C9				
SSO report 120 Elio doc	Letter Explaining Non-Compliance	2016-08-26T10:17:27-04:00					
Cryptographic Hash Value of File (SHA-512)	0CF16A29299CE4037295CBEEFD0A	AD5D05ED5E1B6CDFE23D3B46650F2	CE526A9A6B52FF12CCF833F3DB9D361799DF912D8E162D9F3BE6805FBDCED799B74E5E3				
Non-Compliance Reporting Form docx	Letter Explaining Non-Compliance	2016-08-26T10:16:58-04:00					
Cryptographic Hash Vatue of File (SHA-512)	1EC6D280F33B27907B654B2ECE2A/	A7454C1C85710095F017B8279774A02	4C89E2211750AE007AD931E955923FD11D874B9D6C1BFFFFE3CF3125B41917BE1D11D				
Daily Monitoring Report - July 2016 xlsx	Daily Effluent Monitoring Form	2016-08-26710:08:14-04:00					
Cryptographic Hash Value of File (SHA-512)	4D11FF7232F379F8B7FB6CA78F933	7109D3B9A876C4E8E3D649B44CF2FI	E7E4D991B24BCE438CE59763C9F62676AE396CB674EB102B1DB7DC4DF5D52167F7DD7B				
Influent & Process Control Report_July 2016 xisx	Influent and Process Control Form	2016-08-26T10:08:50-04:00					
Cryptographic Hash Value of File (SHA-512)	AB0FE5933F2292503B9E49C55E0F7	E5AFE50C8C6A5FA28D0D94D061652	7E1E56DDABCEB6232C850D1F84D910E255E4D42125C90E9711FA6376A2198B17E44F7E				
King Road STP Biosollds_July 2016 xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-08-26T10:09:47-04:00					
Cryptographic Hash Value of File (SHA-512)	FCD8AA5135A2040C24C8A078C19A	5FCE2A96CA3187C4D5C180F26F2FC	C0B0FE327467C4AC70301BE8A28152D81B91EF968C2337D7B2312E178AAB2AADD18E729				

PERMIT VI	OLATIONS														
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit		Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NO	2	Corrective Action		ľ	Comments
UNAUTHO	RISED DISC	HARGES									-				
Non Compliance ID	Event Begin Date	Event End Date	Time Discove	ered	Substar Dischar		nt Location	Volume	Duration	Receiving Waters	Impact Water	On Cause Of Discharge	DEP Notified	Comme	nte
33919	07/19/2016	07/19/2016	07/19/2016 0	B:07:00	Sewage	120	Elio Circle	20	3.50	None	None Observ	ed See attached	07/20/2016 07:07:00		
OTHER PE		TIONS		-											
Non Compliance ID	Stage Code (Sampling Point) Reported Parameter Non Compli llance			ance Type	Comments										
COMMENT	S DETAILS				-									_	
Comment							Operator Na	ime					Operator Cer Number	fication	Operator Contact Number
							David W. Pa	W. Palmer T33							610-948-4250
*Pursuant to official infor personnel g information	mation. You ather and ev	Ivania Electr certify under aluate the in to the best	penalty of la formation su of your know	w that t bmitted ledge a	his docı . Based nd belie	ument and on your ir	l all attachme iquiry of the p	nts were prep person or pers	pared under sons who ma	your directior anage the sys	n or supe stern or t	rvision in accorda hose persons dire	nce with a sy ctly responsit	stern des le for ga	of Pennsylvania. You are submittin signed to assure that qualified thering the information, the criminal penalties, including 18 P.
Submitted By GreenPort User RODDENF							Submitte	d By Full Nai	me		Frank Rod	odden			
Email Add	ress			frodd	en@lim	erickpa.or	g		Documen	t Generated			8/26/2016		

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acility ID:	477882	Facility Name:	KING F	ROAD STP				Loc	ation Address:	529 KING RD, ROYERSFORD PA, 19468			
ermit Number:	PA0051934	Monitoring Period:	08/01/2	2016-08/31/20	16			Mal	ling Address:	646 WEST R	IDGE PIKE, LIMERICK PA, 1	19468	
ARAMETERS	REPORTED VALU	ES	-										
ampling Point				002		Stage Code			Final Effluent		No Discharge Indicator	N	
Parameter		Limit Type	Limit Type		Load 2	Units	Conc 1 Conc 2		Conc 3	Units	Sample Type	Sample Frequency	
Dissolved Oxygen		Sample Meas	urement	***	***		5.7		***	ing/L	Grab	1/day	
		Permit Measu	rement	***	***	1	5.0 Inst Min	***	4 8 8		Grab	1/day	
н		Sample Meas	urement	***	***		6.9		7.2	S.U.	Grab	1/day	
	Permit Measu	rement		***		6.0 Inst Min		9.0 IMAX		Grab	1/day		
Total Suspended Solids		Sample Meas	Sample Measurement		47	lbs/day	***	<6	8	mg/L	24-Hr Composite	1/week	
Permit Measure			rement	425 Avg Mo	638 Wkly Avg		***	30 Avg Mo	45 Wkiy Avg		24-Hr Composite	1/week	
Tobi Nitrogen		Sample Meas	urement	180	***	lbs/day	***	29.2	•••	mg/L	24-Hr Composite	1/week	
		Permit Measu	rement	Monitor & Report Avg Mo			***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week	
mmonia-Nitrogen		Sample Meas	urement	< 6		lbs/day	***	<.1	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement		114 Avg Mo				8 Avg Mo			24-Hr Composite	1/week		
otal Phosphorus		Sample Meas	urement	35		lbs/day	***	5.61	•••	mg/L	24-Hr Composite	1/week	
		Permit Measu	rement	Monitor & Report Avg Mo	***	7	***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week	
		Sample Meas	urement	.749	819	MGD	***		***		Recorded	Continuous	
		Permit Measu	rement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Recorded	Continuous	
Jitraviolet light trans	smittance	Sample Meas	urement	***	***	***	100		***	%	Metered	1/day	
		Permit Measu	rement		•••		Monitor & Report Min		***		Metered	1/day	
ecal Coliform		Sample Meas	urement	*1.0			***	36	228	No./100 ml	Grab	1/week	
		Permit Measu	rement			1	***	200 Geo Mean	1000 IMAX		Grab	1/week	
	hemical Oxygen Deman	Sample Meas	urement	15	22	lbs/day		2	4	mg/L	24-Hr Composite	1/week	
CBOD5)		Permit Measu	rement	284 Avg Mo	425 Wkly Avg			20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week	
liochemical Oxyger	Demand (BOD5)	Sample Meas	urement	1566	***	lbs/day		253		mg/L	24-Hr Composite	1/week	
		Permit Measu	rement	Monitor & Report Avg Mo	•••			Monitor & Report Avg Mo	***		24-Hr Composite	1/week	
otal Suspended So	blids	Sample Meas	urement	***	***			288	•••	mg/L	24-Hr Composite	1/week	
		Permit Measu	rement		***			Monitor & Report Avg Mo	***		24-Hr Composite	1/week	
	hemical Oxygen Deman	Sample Meas	urement	***	***	•••		231		mg/L	24-Hr Composite	1/week	
		Permit Measu	rement					Monitor & Report Avg Mo			24-Hr Composite	1/week	

ATTACHMENT DETAILS								
File Name	Attachment Type	Uploaded Time	Attachment Comment					
Daily Monitoring Report - August 2016.xisx	Daily Effluent Monitoring Form	2016-09-27T09:18:23-04:00						
Cryptographic Hash Value of File (SHA-512)	757E81300CD3A70377FF4A1FAE710	757E81300CD3A70377FF4A1FAE7109928538E5B652287CE25E3EEAB816269269D732EC402D7054398508174D22E4F84AF04DCEBF6BB42035A5280A7E396B2588						
Influent & Process Control Report_August 2016.xlsx	Influent and Process Control Form	2016-09-27T09:19:04-04:00						
Cryptographic Hash Value of File (SHA-512)	56971CE4857732E79477D63B52346	EDCE8F731AF4F0E20467F7C1BE6EB	57E91D9297B23FEBB17DEE80496EF74DF1CA5E4C7167985A34A3CBE637C5F9FEBA15CC					
King Road STP Blosolids_August 2016.xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-09-27T09:19:42-04:00						
Cryptographic Hash Value of File (SHA-512)	169BC2C25F1FBE60E7F8B91E57DB	169BC2C25F1FBE60E7F8B91E57DB563EA8C614560FE42321FAF91257CF3E0116273C8531774A330A3668E1F08641F676A8C7596F35A75157F7090DDC68C9364B						

PERMIT VI	OLATIONS				1.1.1									
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	e Report Value	ed Permitter Value	Load Units	Sampling Point ID	Cause Of NC	Co	rrective Action		G	Comments
UNAUTHO	RISED DISCI	HARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discove		bstance scharged	Event Location	Volume	Duration	Receiving Waters	Impact Or Water	Cause Of Discharge	DEP Notified	Commer	its
OTHER PE	RMIT VIOLA	TIONS												
Non Compliance ID	Stage Code (S	Sampling Poin	t)	Reported	Parameter	Non Con	pllance Type	Comments						
COMMENT	S DETAILS								101 201					
Comment						Operator	Name					Operator Cert Number	lfication	Operator Contact Number
						David W.	Palmer					T3373		610-948-4250
SUBMISSIC														
official inform personnel g information	mation. You o ather and eve submitted is,	certify under aluate the in to the best	penalty of lar formation sul	w that this omitted. Ba edge and I	document ased on yo belief, true	t and all attach	ments were pre e person or per	pared under sons who m	your direction anage the sys	or supervi	sion in accorda se persons dire	ance with a sys actly responsib	stem des le for ga	of Pennsylvania. You are submittii igned to assure that qualified thering the information, the criminal penalties, including 18 P
Submitted	By GreenPo	rt User		RODDE	NF			Submitte	d By Full Nar	ne	Frank Rodden			
Email Addr	Email Address frodden@limerickpa.org			a.org		Documen	t Generated			9/27/2016	9/27/2016			

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acility ID:	477882	Facility Name:	KING	ROAD STP				Loc	ation Address:	529 KING RD, ROYERSFORD PA, 19468			
ermit Number:	PA0051934	Monitoring Period:	09/01/	2016-09/30/20	16			Ma	lling Address:	646 WEST R	IDGE PIKE, LIMERICK PA, 19	468	
PARAMETERS	REPORTED VAL	JES										and the second se	
Sampling Point				002	_	Stage Code	,		Final Effluent		No Discharge Indicator	N	
Parameter		Limit Type	Limit Type		Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency	
Dissolved Oxygen		Sample Mea	urement	***	***		5.9	***		mg/L	Grab	1/day	
		Permit Meas	urement		***	1	5.0 Inst Min				Grab	1/day	
н		Sample Mea	surement	***			7.0		7.3	SU.	Grab	1/day	
		Permit Meas	rement	***	400		6.0 Inst Min		9.0 IMAX		Grab	1/day	
otal Suspended Sc	olids	Sample Mea	urement	<23	<24	lbs/day	***	<4	4	mg/L	24-Hr Composite	1/week	
	Permit Measureme		rement	425 Avg Mo	638 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/week	
Total Nitrogen		Sample Mea	surement			lbs/day		23.2	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement		irement	Monitor & Report Avg Mo				Monitor & Report Avg Mo	•••		24-Hr Composite	1/week	
mmonia-Nitrogen		Sample Mea	urement	<3	***	lbs/day		<.5	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement		irement	114 Avg Mo	***			8 Avg Mo			24-Hr Composite	1/week	
		Sample Mea	urement	32	***	lbs/day		5.53		mg/L	24-Hr Composite	1/week	
		Permit Meas	rement	Monitor & Report Avg Mo	***]	***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week	
Flow		Sample Mea	urement	.722	1.084	MGD				***	Recorded	Continuous	
		Permit Measure	rement Monitor & Report Avg Mo		Monitor & Report Daily Max			***	***		Recorded	Continuous	
Jitraviolet light trans	mittance	Sample Mea	urement	***		•••	100		***	%	Metered	1/day	
		Permit Meas	ırement		***		Monitor & Report Min				Metered	1/day	
ecal Coliform		Sample Mea	urement	***	***	4.64	44.4	60	1500	No./100 ml	Grab	1/week	
		Permit Meas	rement	***		1	***	200 Geo Mean	1000 IMAX		Grab	1/week	
	hemical Oxygen Demar	d Sample Mea	urement	<12	13	lbs/day		<2	2	mg/L	24-Hr Composite	1/week	
CBOD5)		Permit Meas	rement	284 Avg Mo	425 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/week	
Biochemical Oxyger	Demand (BOD5)	Sample Mea	urement	1446	•••	lbs/day	***	248	***	mg/L	24-Hr Composite	1/week	
		Permit Meas	rement	Monitor & Report Avg Mo	***		98.0	Monitor & Report Avg Mo	***		24-Hr Composite	1/week	
otal Suspended So	olids	Sample Meas	urement		***			274	***	mg/L	24-Hr Composite	1/week	
		Permit Meas	irement	***	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week	
	nemical Oxygen Demar	d Sample Meas	urement	***	***			249	***	mg/L	24-Hr Composite	1/week	
(CBOD5)		Permit Measu	irement	***	***			Monitor & Report Avg Mo	***		24-Hr Composite	1/week	

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ATTACHMENT DETAILS								
File Name	Attachment Type	Uploaded Time	Attachment Comment					
King Road STP Biosolids_September 2016 xlsx	Sewage Sludge / Biosolids Production and Disposal Form	2016-10-27T13:46:59-04:00						
Cryptographic Hash Value of File (SHA-512)	802572B87A2A76DECB649DE856F3A	802572887A2A76DECB649DE856F3A418B306085016CE758D57D70D58F710CB3768B00BDF5FE7280E43B34D02CCA3BA01D4683B61B4BA909703972D6C3E2C6AB						
Non-Compliance Reporting Form.docx	Letter Explaining Non-Compliance	2016-10-27T13:47:54-04:00						
Cryptographic Hash Value of File (SHA-512)	D048D361A3F7736F9FCAF9892C307	A1C641F8DBBBC439A499A8F4B0BC	790E19CAAD8C12C5E48CFB3E7C5E8CDFDCC7669941AF884785332D082F9375509DCD49F					
Influent & Process Control Report_September 2016.xlsx	Influent and Process Control Form	2016-10-27T13:44:46-04:00						
Cryptographic Hash Value of File (SHA-512)	E63EFDA4EEEAA47E65491875A0D288B6D1134A5F92415E2DCAC0ADD3CF3B86D68CB081A3C75782E20884C570217467F9FE4A1FBC5154C5332248F943BD89144C							
Daily Monitoring Report - September 2016 xlsx	Daily Effluent Monitoring Form	2016-10-27T13:45:28-04:00						
Cryptographic Hash Value of File (SHA-512)	D632DDD6AF4C0634B2BB634D0FDBF174D51E5EB6271A37747E42053A1A9A043A23128559ED202CE93C9FAFC70BAD475F50C178A981ADC50817E1FD5C961AEB9F							

PERMIT VI	OLATIONS													
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		Cor	nments
36067	09/01/2016	09/30/2016		Instantaneous Maximum	1500	1000		002						
UNAUTHO	RISED DISCI	HARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discover	ed Substa Discha		t Location	Volume	Duration	Receiving Waters	Impact Water	On Cause Of Discharge	DEP Notified	Comments	
OTHER PE	RMIT VIOLA	TIONS												
Non Compliance ID	ompliance			imeter	Non Compil	апсе Туре	Comments							
36068						Violation of p	ermit schedule	rmit schedule Exceeded Instantaneous Maximum for Fecal Coliform for an were fine with no known difference in situations.					eable and une	explainable reason. Next weeks' results
COMMENT	S DETAILS											1.1.1.1		
Comment						Operator Na	me					Operator Cert Number	lication	Operator Contact Number
						David W. Pal	Imer					T3373		610-948-4250
SUBMISSIC		TION												
official inform personnel g information	mation. You o ather and eva submitted is,	certify under aluate the inf to the best o	penalty of law ormation sub	that this doo nitted. Base dge and beli	ument and d on your in	all attachme	nts were prep person or pers	ared under yoons who ma	our direction	or supe tem or t	rvision in accordation hose persons dire	nce with a system ctly responsib	stern design le for gathe	Pennsylvania. You are submitting ned to assure that qualified aring the information, the iminal penalties, including 18 P.S.
Submitted	By GreenPo	rt User		RODDENF				Submitted By Full Name Frank Rodden						
Email Addr	ess			frodden@lin	nerickpa.org	3		Documen	t Generated			10/28/2016		

3800-FM-WSFR0440 7/2009



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARDS AND FACILITY REGULATION

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:	King Road STP			Month:	September	Year:	2016
Municipality:	Limerick Township	County:	Montgomery	Permit No.:	PA0051934		

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
9/14/16	Fecal Coliform	1000	CFU/100ml	Inst. Maximum	1500	CFU/100ml	Unknown	None/collect with new disposable containers

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
							a.	

Other Permit Violations*

Sample collection less frequent than required	Explain	
Sample type not in compliance with permit	Explain	
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 W. Palmer	Signature:	
Title:	Lead Operator	Date:	10/27/16

INSTRUCTIONS FOR COMPLETING NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report <u>all</u> 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 pennsylvania

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

NAME:	LIMERICK TWP MONTGOMERY CNTY
ADDRESS:	645 WEST RIDGE PIKE, LIMERICK PA, 19468
FACILITY:	KING ROAD STP
LOCATION	529 KING RD, ROYERSFORD PA, 19468
STAGE:	Final Effluent

	P	A00519	934	1		002	
	PERI	NU TIN	MBER]	OUTF	ALL NU	MBER
			MONITO	ORING	PERIOD		
	YEAR	мо	DAY		YEAR	мо	DAY
FROM	2016	10	01	то	2016	10	31

Reorting Frequency
DMR Effective From:
DMR Effective To:
Permit Expires:
Permit Application Due
No Discharge?

10/01/2016	
10/31/2016	
02/29/2020	
11/28/2016	
No	

6

PARAMETERS REPORTED VALUES

PARAMETER		QUA	NTITY OR LOAD	JING	C	UANTITY OR CO	UNCENTRATIC	N I	SAMPLE TYPE	SAMPLE FREQUENCY
TARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	OAM EE THE	
Dissolved Oxygen	Sample Measurement				6,4			mg/L	Greb	1/day
	Permit Measurement		-10		5.0 Inst Min				Grab	1/dey
pH	Sample Measurement	(100	***		7.0		7.3	S.U.	Grab	1/day
	Permit Measurement				6.0 Inst Min		9.0 IMAX	1	Grab	1/dey
Total Suspended Solids	Sample Measurement	<21	29	lbs/day	***	-4	5	mg/L	24-Hr Composite	1/week
	Permit Measurement	425 Avg Mo	638 Wikiy Avg			30 Avg Mo	45 Widy Avg	1	24-Hr Composite	1/week
Total Nilrogen	Sample Measurement	116		lbs/døy		16.9		mg/L	24-Hr Composite	1/wsek
	Permit Measurement	Monitor & Report Avg Mo				Monitor & Report Avg Mo			24-Hr Composite	1/week
Ammonia-Niirogen	Sample Measurement	\$	444	lbs/day		< 9	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	114 Avg Mo	***		300	8 Avg Mo			24-Hr Composite	1/week
Tolel Phosphorus	Sample Measurement	29		lbs/day		4,66	***	mg/L	24-Hr Composite	1/weak
	Permit Measurement	Monitor & Report Avg Mo	***			Monitor & Report Avg Mo	<u></u>	1	24-1+ Composite	1/week
Flow	Sample Measurement	.744	.928	MGD	***		***	***	Recorded	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max	1 1 1	***		····		Recorded	Confinuous
Ultraviolel light transmittance	Sample Measurement	***	***		100	***	***	%	Metered	1/day
	Permit Measurement	***	***		Monitor & Report Min	***	***		Metered	1/dey
Fecal Coliform	Sample Measurement	***	444			8	10	No./100 m!	Grab	1Aveek
	Permit Measurement	***	979		***	200 Geo Mean	1000 IMAX		Grab	1/weak
Carbonaceous Blochemical Oxygen Demand (CBOD5)	Sample Measurement	<13	15	lbs/day	***	<2	3	mg/L	24-Hr Composite	1Ave ek
	Permit Measurement	284 Avg Mo	425 Wikiy Avg			20 Avg Mo	30 Wikiy Avg		24-Hr Composite	1/week
Biochemical Oxygen Demand (BOD5)	Sample Measurement	1500		lbs/dey		243		mg/L	24-Hr Composite	1/wsek
	Permit Meesurement	Monitor & Report Avg Mo	***		307	Monitor & Report Avg Mo	***)		24-Hr Composite	1/week
Total Suspended Solids	Sample Measurement		144			284	***	mg/L	24-Hr Composite	1Aveek
	Permä Meesurement	***	***			Monitor & Report Avg Mo	***		24-Hr Composile	1Aweek
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement		344			253		mg/L	24-Hr Composite	1Aweak
	Permit Measurement		***			Monitor & Report Avg Mo			24-Hr Composite	1/week
Facility Comments										

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pennsylvania

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

ATTACHMENT DETAILS

	File Name			Attachment 1)ype	1	Jptoad ed Time		Attachment Commen		
	Daily Monitoring Report - October 2016 xisx Daily Effluent Monitoring Form			Aonikoring Report - October 2016 xisx Deity Effluerri Montkoring Form 2016-11-18T13:21:25-05:00							
	Influent & Process Co	antrol Report_October	2016.xisx		Influent and Process (Control Form	2016-1	1-18T13:22:10-05:00			
	King Road STP Blosolids_October 2016 xlsx		Sew	nage Sludge / Blosolids Disposal Fo		2016-1	1-18T13:22:51-05:00				
	ATIONS					1					
Compliance	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 Event Begin Date ID	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 Peint)	Reported Parameter	Non Compliance Type	Comments

COMMENTS DETAILS

Comment	Operator Name	Operator Certification Number	Operator Contact Number
	David W. Palmer	13373	610-948-4250

SUBMISSION INFORMATION

GREENPORT USER		Frank Rodden	TELEPHO	NE		DATE	
	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 second se		AREA CODE	NUMBER	2016	11	21
RODDENF	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 FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY

N/2 pennsylvania

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

LIMERICK TWP MONTGOMERY CNTY
646 WEST RIDGE PIKE, LIMERICK PA, 19468
KING ROAD STP
529 KING RD, ROYERSFORD PA, 19468
Final Effluent

	P	A00519	934			002	
	PERM	AIT NU	MBER]	OUTF	ALL NU	MBER
			MONITO	ORING	PERIOD		
	YEAR	мо	DAY		YEAR	мо	DAY
FROM	2016	11	01	то	2016	11	30

Reorting Frequency:	
DMR Effective From:	
DMR Effective To:	
Permit Expires:	
Permit Application Due	
No Discharge?	

Monthly	0	
11/01/2016		
11/30/2016		
02/29/2020		
12/28/2016		
No		

PARAMETERS REPORTED VALUES

PARAMETER		QUA	NTITY OR LOAD	JING	G	UANTITY OR CO	DNCENTRATIC	N	SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	OAMPLE ITE	CAN CE FREQUENCI
Dissolved Oxygen	Sample Measurement	***		111	6.2			mg/L	Grab	1/day
	Permit Measurement	.000	***		5.0 Inst Min	***		1	Greb	1/day
рH	Sample Measurement				7.0	***	7.6	S.U.	Grab	1/day
	Permit Measurement				6.0 Inst Min		9.0 IMAX	1 [Grab	1/day
Tolal Suspended Solids	Sample Measurement	<29	39	ibs/day	***	-4	6	mgA	24-Hr Composite	1Avsek
	Permit Measurement	425 Avg Mo	638 Withy Avg			30 Avg Mo	45 Widy Avg	1	24-Hr Composile	1Awsek
Total Nilrogen	Sample Measurement	126		lbs/døy		19.2		mg/L	24-Hr Composite	1Awsek
	Permit Measurement	Monitor & Report Avg Mo			**	Monitor & Report Avg Mo		1	24-Hr Composite	1/week
Ammonia-Nitrogen	Sample Measurement	9	111	lbs/day		1.1	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	114 Avg Mo			10	8 Avg Mo	*** :		24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	31	***	lbs/day		4.72	***	mg/L	24-Hr Composite	1Awsek
	Permit Measurement	Monitor & Report Avg Mo				Monitor & Report Avg Mo			24-Hr Composite	1/wesk
Flow	Sample Measurement	.761	1,165	MGD				***	Recorded	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monifor & Report Delly Max		877	***			Recorded	Continuous
Ultraviolet light transmitiance	Sample Measurement			100/	100	***		76	Metered	1/day
	Permit Measurement	(81.0)	5.899		Monitor & Report Min				Melered	1/day
Fecal Collform	Sample Measurement		***			10	37	No./100 mi	Greb	1Ave ak
	Permil Measurement	***			***	200 Geo Meán	1000 IMAX	1	Greb	1/week
Carbonaceous Blochemical Oxygen Demand (CBOD5)	Sample Measurement	<15	21	fos/day	***	<2	3	mg/L	24-Hr Composite	1Ave ek
	Permit Measurement	284 Avg Mo	425 Widy Avg			20 Avg Mo	30 Wikiy Avg	1	24-Hr Composite	1/waek
Biochemical Oxygen Demand (BOD5)	Sample Measurement	1769		lbs/dey	(000)	265		mg/L	24-Hr Composite	1Ave sk
	Permit Measurement	Monitor & Report Avg Mo				Monitor & Report Avg Mo	868		24-Hr Composite	1Aweek
Total Suspended Solids	Sample Measurement		***	***	111	303	***	mg/L	24-Hr Composite	1/week
	Permit Measurement				***	Monitor & Report Avg Mo			24-Hr Composite	1/week
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Semple Measurement					253		mg/L	24-Hr Composite	1Aveak
	Permit Measurement				199	Monitor & Report Avg Mo	***		24-Hr Composite	1Aveek
Facility Comments										

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

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ATTACHMENT DETAILS

File Name	Attachment Type	Upleaded Time	Attachment Comment
Daily Monitoring Report - November 2016 xlsz	Daily Effluent Monitoring Form	2016-12-27T12:21:40-05:00	
Influent & Process Control Report_November 2016 xisx	Influent and Process Control Form	2016-12-27T12:22:16-05:00	
King Road STP Blosolids_November 2016.xisx	Sewage Sludge / Biosolids Production and Disposal Form	2016-12-27T12:22:40-05:00	

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
4:						W		22	A	51		

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

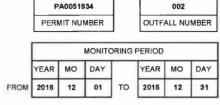
SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER		Frank Rodden	TELEPHO	DNE		DATE	
	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 state of the state of th		AREA CODE	NUMBER	2016	12	27
RODDENF	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 FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY



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

NAME:	LIMERICK TWP MONTGOMERY CNTY
ADDRESS:	545 WEST RIDGE PIKE, LIMERICK PA, 19469
FACILITY:	KING ROAD STP
LOCATION:	529 KING RD, ROYERSFORD PA, 19468
STAGE:	Final Effluent



Reorting Frequency:	1
DMR Effective From:	
DMR Effective To:	
Permit Expires:	
Permit Application Due	1
No Discharge?	1

Monthly	
12/01/2016	
12/31/2016	
02/29/2020	
09/02/2019	
No	

PARAMETERS REPORTED VALUES

PARAMETER		QUA	NTITY OR LOAD	JING	G	UANTITY OR CO	DNCENTRATIC	N	SAMPLE TYPE	SAMPLE FREQUENCY
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLETITE	SAMPLETREQUENCI
Dissolved Oxygen	Sample Measurement			***	7.0	***	***	mg/L	Grab	1/dey
	Permit Measurement	***			5.0 Inst Min	***			Greb	1/day
pH	Semple Measurement				7,0		7.3	\$.U.	Grab	1/day
	Permit Measurement		m	1	6.0 Inst Min	***	9.0 IMAX	1 [Greb	1/day
Total Suspended Solids	Semple Measurement	59	95	lbs/døy	***	6	12	mg/L	24-Hr Composite	1/wesk
	Permit Measurement	425 Avg Mo	636 Wikiy Avg		***	30 Avg Mo	45 Widy Avg		24-Hr Composite	1/week
Total Nitrogen	Sample Measurement	120	***	fbs/day		17.3		mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		**	Monflor & Report Avg Mo			24-Hr Composite	1Aveek
Ammonia-Nitrogen	Sample Measurement	34	215	ibs/day	***	5.0		mg/L	24-Hr Composite	1/week
	Permit Measurement	114 Avg Mo			***	8 Avg Mo		1	24-Hr Composite	1/week
Total Phosphorus	Sample Measurement	29		fbs/dey		4,11	2115	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monttor & Report Avg Mo			***	Monitor & Report Avg Mo	***		24-Hr Composite é	1/week
Flow	Sampla Measurement	819	1.056	MGD	***	***	***		Recorded	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max						Recorded	Continuous
Ultraviolet light transmittance	Sample Measurement	***		•••	100		***	%	Metered	1/day
	Permit Measurement		***		Monitor & Report Min	10	***		Metered	1/day
Fecal Coliform	Sample Measurement		***			9	15	No./100 ml	Grab	1Aveek
	Permit Measurement					200 Geo Mean	1000 IMAX		Grøb	1/week
Carbonaceous Blochemical Oxygen Demend (CBOD5)	Sample Measurement	26	30	lbs/day	***	4	4	mg/L	24-Hr Composite	1/week
	Permit Measursment	284 Avg Mo	425 Wikiy Avg		***	20 Avg Mo	30 Widy Avg		24-Hr Composite	1/week
Blochemical Oxygen Demand (BOD5)	Sample Measurement	2050		ibs/day		299		mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo			***	Monitor & Report Avg Mo			24-Hr Composite	1/we sk
Tatal Suspended Solids	Sample Measurement	***	244			287	***	mg/L	24-Hr Composite	1/wesk
	Permit Measurement			1		Monitor & Report Avg Mo	***		24-Hr Composite	1Ave ek
Carbonaceous Biochamical Oxygen Demand (CBOD5)	Semple Measurement					278		mg/L	24-Hr Composite	1/we ek
	Permit Measurement		***			Monitor & Report Avg Mo			24-Hr Composite	1Aveek
Facility Comments		1			1					

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

ATTACHMENT DETAILS

File Name	Altachment Type	Uploaded Time	Attachment Comment
Daily Monitoring Report - December 2016 xisx	Daily Effluent Montioring Form	2017-01-26T12:26:42-05:00	
Influent & Process Control Report_December 2016 xisx	Influent and Process Control Form	2017-01-26712:27:05-05:00	
King Road STP Biosolids_December 2016.xltx	Sewage Studge / Biosolids Production and Disposel Form	2017-01-26712:27:30-05:00	

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	Ouration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified	Comments
15								5. P				

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

SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER		Frank Rodden	TELEPHO	NE		DATE	
	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		AREA CODE	NUMBER	2017	1	27
RODDENF	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 penalites, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY

Facility ID:	477882	Facility Name:	KING F	ROAD STP					Location Address:	529 KING RD. ROYERSFORD PA. 19468			
Permit Number:	PA0051934	Monitoring Period:	01/01/2016-03/31/2016						Mailing Address:	646 WEST RIDGE PIKE, LIMERICK PA, 19468			
PARAMETERS	REPORTED VAI	LUES											
Sampling Point			002		Stage Cod	8		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	
Copper, Total Sa		Sample Meas	urement	***	.2	lbs/day		***	.018	mg/L	24-Hr Composite	1/quarter	
		Permit Measu	rement		Monilor & Report Daily Max				Monitor & Report Daily Max	1	24-Hr Composite	1/quarter	
Zinc, Tolal		Sample Meas	urement		2	lbs/day		***	.202	mg/L	24-Hr Composile	1/quarter	
		Permit Measu	rement	•••	Monitor & Report Daily Max		***		Monilor & Report Daily Max		24-Hr Composite	1/quarter	
Total Dissolved Solid	5	Sample Meas	urement	***		***		668	•••	mg/L	24-Hr Composite	1/quarter	
		Permit Measu	rement	•••	***			1000 Avg Mo	lo		24-Hr Composite	1/quarter	

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ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
Daily Monitoring Report - Quarterly Jan-Mar 2016A.xlsx	Daily Effluent Monitoring Form	2016-04-27T12:22:23-04:00	
Cryptographic Hash Value of File (SHA-512)	64DC02AA4197D66E127946E374	BEAE4DE4CA500ECF62FEAFA2D0C2	C992FD035A97FF219DBCEB660006D3C9229968185800860D2FACEAC444709E11CE4086A4CA
Daily Monitoring Report - Quarterly Jan-Mar 2016B xlsx	Daily Effluent Monitoring Form	2016-04-27T12:22:49-04:00	
Cryptographic Hash Value of File (SHA-512)	A9E957FB16556E28E721BD0912	E93E66CAE9113B022A5EF940D5916	A39B48FA75F8D00E0C906C31111D605F0B01DF5C18C54DA373BF264688CC7F0B100AFEAD

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PERMIT VI	OLATIONS														
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Typ	e Repor Value		Permitted Value	Load Units	Sampling Point ID	Cause Of NC		Corrective Action			Comments
UNAUTHO	RISED DISC	HARGES													
Non Compliance ID	Event Begin Date	Event End Date	Time Discove		ubstance Ischarged	Event	Location	Volume	Duration	Receiving Waters	Impact (Water	On Cause Of Discharge	DEP Notified	Comm	ents
OTHER PE	RMIT VIOLA	TIONS												-	
Non Compliance ID	Stage Code (S	Sampling Poln	t)	Reported	t Parameter		Non Compile	ance Type	Comments						
COMMENT	S DETAILS								-						
Comment							Operator Na	me					Operator Cer Number	tification	Operator Contact Number
							David W, Pal	mer					T3373		610-948-4250
SUBMISSI	ON INFORM	ATION				215.				De. 11					
official infor personnel g information	mation. You ather and ev submitted is,	certify under aluate the in to the best	penalty of la formation sul	w that this omitted. E edge and	s documer Based on y I belief, tru	nt and a our inq	Il attachme uiry of the p	nts were prep erson or per	pared under sons who ma	your direction anage the sys	or super tem or th	vision in accore ose persons di	dance with a sy rectly responsit	stem de ble for g	of Pennsylvania. You are submitting esigned to assure that qualified athering the information, the d criminal penalties, including 18 P.S.
Submitted	By GreenPo	rt User		SALKO	WSKIE				Submitte	d By Full Nan	ne		Edward Sa	lkowsk	ci
Email Add	ress			esalkov	vski@limer	rickpa.c	org		Documen	t Generated			4/27/2016		

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HEADER INFOR	RMATION											
Facility ID:	477882	Facility Name:	KING F	ROAD STP					Location Address:	529 KING RD, ROYERSFORD PA, 19468		
Permit Number:	PA0051934	Monitoring Period:	04/01/2	2016-06/30/2	D16				Mailing Address:	646 WEST	RIDGE PIKE, LIMERICK PA, 19	468
PARAMETERS	REPORTED VAL	UES										
Sampling Point				002		Stage Cod	e		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
Copper, Total		Sample Measu	rement	***	.1	lbs/day	***	***	.023	mg/L	24-Hr Composite	1/quarter
		Permit Measure	ement		Monitor & Report Daily Max	1	***	***	Monitor & Report Daily Max	1	24-Hr Composite	1/quarter
Zinc, Total		Sample Measu	rement	***	1	lbs/day		***	166	mg/L	24-Hr Composite	1/quarter
		Permit Measure	ement	***	Monitor & Report Daily Max	1	***		Monitor & Report Daily Max		24-Hr Composite	1/quarter
Total Dissolved Solid	is	Sample Measu	rement				***	485	***	mg/L	24-Hr Composite	1/quarter
		Permit Measure	ement	***		1	***	1000 Avg Mo			24-Hr Composite	1/quarter
Facility Comments					-							

ATTACHMENT DETAILS		State Parks in	
File Name	Attachment Type	Uploaded Time	Attachment Comment
Daily Monitoring Report - Quarterly Apr-June 2016 xlsx	Daily Effluent Monitoring Form	2016-07-27T13:06:43-04:00	
Cryptographic Hash Value of File (SHA-512)	2886C8AB7ECF24A2234F3F9483	F7BE6629F874E57F4D5EF5BF7CA47	6E6FE8538019132910E6E65803A34538A36C427B461642BF986C8BC0E944914AE42B60821

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PERMIT VI	OLATIONS													
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reporte Value	ed Permitted Value	Load Units	Sampling Point ID	Cause Of NC	C	prrective Action		1	Comments
UNAUTHO	RISED DISC	HARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discove		atance harged	Event Location	Volume	Duration	Receiving Waters	Impact O Water	n Cause Of Discharge	DEP Notified	Comme	nts
OTHER PE		TIONS												
Non Compliance ID	on Stage Code (Sampling Point) Reported Parameter Impliance					Non Compile	Non Compliance Type Comments							
COMMENT	S DETAILS		-			1000		1111	-					
Comment						Operator Na	me					Operator Cert	Ification	Operator Contact Number
						David W. Pal	mer					T3373		610-948-4250
SUBMISSI	ON INFORM	ATION												
official infor personnel g information	mation. You ather and ev submitted is	certify under aluate the in , to the best	penalty of lav	w that this d omitted. Bas edge and be	ocument ed on you	and all attachme ur inquiry of the p	nts were preperson or per	pared under sons who ma	your direction anage the syst	or superv tem or tho	ision in accorda se persons dire	nce with a sys ctly responsib	stern des le for ga	of Pennsylvania. You are submitting signed to assure that qualified athering the information, the I criminal penalties, including 18 P.S.
Submitted	By GreenPo	ort User	_	RODDEN				Submitte	d By Full Nan	ne	-	Frank Rodo	len	
Email Add	ress			frodden@	imerickpa	a_org		Documen	t Generated			7/28/2016		

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HEADER INFOR	RMATION														
Facility ID:	477882	Facility Name:	KING F	ROAD STP					Location Address:	529 KING	RD, ROYERSFORD PA, 19468				
Permit Number:	PA0051934	Monitoring Period:	07/01/2	2016-09/30/2	016				Mailing Address:	646 WEST	RIDGE PIKE, LIMERICK PA, 194	468			
PARAMETERS	REPORTED VAL	UES													
Sampling Point				002		Stage Cod	•		Final Effluent	S	No Discharge Indicator N				
Parameter		Limit Type		Load 1	Load 2	Unite	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency			
Copper, Total		Sample Measu	rement	***	.1	lbs/day		***	.02	mg/L	24-Hr Composite	1/quarter			
			Permit Measurement		Monitor & Report Daily Max		***	***	Monitor & Report Dally Max		24-Hr Composite	1/quarter			
Zinc, Total		Sample Measu	rement		.9	lbs/day		***	.148	mg/L	24-Hr Composite	1/quarter			
		Permit Measur	ement	***	Monitor & Report Daily Max		***	68.8	Monitor & Report Daily Max		24-Hr Composite	1/quarter			
Total Dissolved Solid	ds	Sample Measu	irement	***	***	***	***	530		mg/L	24-Hr Composite	1/quarter			
		Permit Measur	ement	***				1000 Avg Mo	*** fo		24-Hr Composite	1/quarter			
Facility Comments											· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			

ATTACHMENT DETAILS		1. A.	
File Name	Attachment Type	Uploaded Time	Attachment Comment
Daily Monitoring Report - Quarterly July-Sept 2016.xiex	Daily Effluent Monitoring Form	2016-10-27T13:53:23-04:00	
Cryptographic Hash Value of File (SHA-512)	79F7233F771E2D8404D0FE51CA3	37C5D8FCE891315558957493B156B	F53CE660C317EFDBFE773968BB451191F427640A1143AB972BFDB8CD804A1C256BFD1A6

PERMIT VI	OLATIONS																	
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Typ	e Repo Value			Load Units	Sampling Point ID	Cause Of NC		Correct	tive Action			Comments		
UNAUTHO	RISED DISC	HARGES										-						
Non Compliance ID	Event Begin Date	Event End Date	Time Discove		ubstance Ischarged	Event Locat	lon	Volume	Duration	Receiving Water s	Impact (Water		Cause Of Discharge	DEP Notified	Comm	ents		
OTHER PE		TIONS					-					-						
Non Compliance ID	Stage Code (Sampling Point) Reported Parameter					Non	Compila	ance Type Comments										
COMMENT	S DETAILS										10.00							
Comment						Oper	ator Nar	me						Operator Cert Number	Ification	Operator Contact Number		
						David	l W. Palı	mer						T3373		610-948-4250		
SUBMISSI		ATION																
official infor personnel g information	mation. You o ather and ev submitted is,	certify under aluate the in to the best o	penalty of lay	w that this omitted. B edge and	documer ased on y belief, tru	t and all atta our inquiry o	of the p	nts were prep erson or pers	pared under sons who ma	your direction anage the sys	or super tem or th	vision lose p	in accorda ersons dire	nce with a sys ctly responsib	stem de le for g	of Pennsylvania. You are submitting asigned to assure that qualified lathering the information, the d criminal penalties, including 18 P.S		
Submitted	By GreenPo	rt User		RODDE	NF		_	_	Submitte	d By Full Nan	ne		_	Frank Rodo	len			
Email Add	ress			frodden	@limerick	pa.org			Documen	t Generated				10/28/2016				

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

NAME:	LIMERICK TWP MONTGOMERY CNTY		P	A00519	34]		002		Rearting Frequency:	Quarterly	
ADDRESS:	646 WEST RIDGE PIKE, LIMERICK PA, 19468		PER		MBER	1	OUTE	ALL NU	MBER	DMR Effective From:	10/01/2016	
FACILITY:	KING ROAD STP					1	<u> </u>			DMR Effective To:	12/31/2016	_
LOCATION:	529 KING RD, ROYERSFORD PA, 19468				MONITO	ORING F	PERIOD			Permit Expires:	02/29/2020	
STAGE:	Final Effluent									Permit Application Due	09/02/2019	
			YEAR	MO	DAY		YEAR	MO	DAY	No Discharge?	No	_
		FROM	2016	10	01	то	2016	12	31			

PARAMETERS REPORTED VALUES

PARAMETER		QU	ANTITY OR LOAD	ING	Q	UANTITY OR	CONCENTRATION	SAMPLE TYPE	SAMPLE FREQUENCY		
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLETIFE	SAMPLEFREQUENCT	
Copper, Total	Sample Measurement		.07	lbs/day			.012	mg/L	24-Hr Composite	1/quarter	
	Permit Measurement		Monitor & Report Daily Max			<i></i>	Monitor & Report Delty Max		24-Hr Composite	1/quarter	
Zinc, Tolei	Sample Measurement		.9	lbs/day		***	.143	mg/L	24-Hr Composite	1/guarter	
	Permit Measurement		Monilor & Report Daily Max			111	Monitor & Report Daily Max		24-Hr Composite	1/quarter	
Total Dissolved Solids	Sample Measurement			***		520		mg/L	24-Hr Composile	1/quarter	
	Permit Measurement		in			1000 Avg Mo	***	1	24-Hr Composite	1/quarter	
Facility Comments			1								

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

ATTACHMENT DETAILS

		File Name		1	Attachment 1	Туре		pleaded Time				Attachment Co	mment o			
	Daily Monitoring Rep	ort - Quarterly Oct-Dec	: 2016.xisx		Daily Effluent Month	oring Form	2017-0	1-26T12-30:51-05:00								
	ATIONS															
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of N	ic .	Correctiv	e Action		Comments		
INAUTHORIS	ED DISCHARG	ES	6	N	7											
Non Compliance ID	Event Begin Date	Event End Date	Time Discov		stance E charged	vent Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified		Comments		
OTHER PERM																
Non Complian	ice ID	Stage Code (Sa	mpling Point)		Reported Paramete	r I	Non	Compliance Type				Cor	ments			
COMMENTS	DETAILS	Corre	nent				_	Operation	or Narro			Operator Certifical	on Number	Operator Contact	Number	
								Devid W				T3373		610-948-42	50	
								David ve	Palmer			13373		010-340-42	0	
SUBMISSION SUBMITTEI GREENPORT	USER elec	tronic transaction	n with the Com	nonwealth of I	ennsylvania. You	lective January 1 Jare submitting c	fficial informat	re about to engag ion. You certify u	e in an Inder	ink Rodden	TE	LEPHONE		DATE		
SUBMITTE	D BY Pursu USER elect penait syste	tronic transaction y of law that this m designed to as	n with the Com document and ssure that quali	nonwealth of I all attachment ied personnel	ennsylvania, You were prepared u gather and evalua		fficial information or supervision submitted. B	re about to engag ion. You certify u on in accordance ased on your inqu	e in an Ider Fre with a Fre Jry of	ink Rodden	TE AREA COL	LEPHONE	R 2017		27	