## **EXHIBIT N2**

## DISCHARGE MONITORING REPORTS JSA WASTEWATER TREATMENT PLANT



## **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP

LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759

COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

**FROM** 

001
OUTFALL NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2014
 01
 01
 TO
 2014
 01
 31

Report Frequency: Monthly

Monitoring Period: 01/01/2014 - 01/31/2014

Submitted By:

Submit Date: **02/13/2014** 

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAI	DING	QU.	ANTITY OR CO	ONCENTRATIO	NC	FREQUENCY OF	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				9.2 Inst Min			- mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			IIIg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				7.1 Inst Min	7.6 IMAX S.U.	SII	1/day	Grab	
рп	PERMIT MEASUREMENT				6.0 9.0	0.0.	1/day	Grab		
Total Suspended Solids	SAMPLE MEASUREMENT	830 Avg Mo	1377 Wkly Avg	lbs/day		13 Avg Mo	20 Wkly Avg	- mg/L	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	ibs/day		30	45	THG/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	480 Avg Mo		lbs/day		8.5 Avg Mo		- mg/L	1/day	24-Hr Composite
Animonia-Nitrogen	PERMIT MEASUREMENT	1351		105/day		20.0			1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	121 Avg Mo		lbs/day		2.24 Avg Mo		- mg/L	1/week	24-Hr Composite
rotal i nosphoras	PERMIT MEASUREMENT			103/44				IIIg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	7 Avg Mo	12.7 Daily Max	MGD					Continuous	Metered
1 IOW	PERMIT MEASUREMENT								Continuous	Metered
Total Pasidual Chlorina (TDC)	SAMPLE MEASUREMENT					.5 Avg Mo	.6 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L	1/day	Grab



## **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUANTITY OR LOADING		DING	Ql	UANTITY OR C	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE	
FAINAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	OAWII LE I II L	
Fecal Coliform	SAMPLE MEASUREMENT					54 Geo Mean	866 IMAX	No./100 ml	1/day	Grab	
recal Colliditi	PERMIT MEASUREMENT					200	1000	190./1001111	1/day	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	633 Avg Mo	871 Wkly Avg	lbs/day		11 Avg Mo	14 Wkly Avg	ma/l	1/day	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	1689	2702	ius/day		25	40	- mg/L	1/day	24-Hr Composite	
Facility Comments											

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
01-14 Daily Effluent Monitoring.xls	Legacy Document	12/12/2015 12:23:13 AM	
01-14 Influent and Process Control.xls	Legacy Document	12/12/2015 12:23:12 AM	
01-14 Sludge Processing.xls	Legacy Document	12/12/2015 12:23:12 AM	

### COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Timothy Boyd		610-279-5759

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELE	PHONE	DATE		
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2014	02	13
	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

## 3800-FM-BCW0462 12/2016



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

## **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH NAME Quarterly Report Frequency: PA0026816 001 **ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740** 01/01/2014 - 03/31/2014 Monitoring Period: PERMIT NUMBER **OUTFALL NUMBER EAST NORRITON PLYMOUTH STP** Submitted By: **FACILITY** MONITORING PERIOD 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740 Submit Date: 04/15/2014 LOCATION YEAR MO DAY YEAR MO DAY TELEPHONE 610-279-5759 **Final Effluent** Stage: 03 01 01 2014 31 2014 TO **FROM** COUNTY Montgomery ☐ Check here if No Discharge

GION	EP SE Rgnl Off Norristown										
	DADAMETED		QUAN	TITY OR LOAI	DING	QU	ANTITY OR C	ONCENTRATIO	ON	FREQUENCYOF	SAMPLE TYPE
	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Copper, Total	Connor Total	SAMPLE MEASUREMENT					.03 Avg	.037 Daily Max	mg/L -	1/quarter	24-Hr Composite
	PERMIT MEASUREMENT							IIIg/L	1/quarter	24-Hr Composite	
	Lead, Total	SAMPLE MEASUREMENT					.001 Avg	.001 Daily Max	- mg/L -	1/quarter	24-Hr Composite
Leau, Total	Load, Total	PERMIT MEASUREMENT							g.z	1/quarter	24-Hr Composite
	Zinc, Total	SAMPLE MEASUREMENT					.059 Avg	.06 Daily Max	mg/L -	1/quarter	24-Hr Composite
	Ziro, Total	PERMIT MEASUREMENT							mg/L	1/quarter	24-Hr Composite
	Cyanide, Free	SAMPLE MEASUREMENT					.035 Avg	.095 Daily Max	- mg/L -	1/quarter	24-Hr Composite
Cyanide, Free	Gyanide, Free	PERMIT MEASUREMENT							IIIg/L	1/quarter	Grab
Total Dissolved Solids	Total Dissalvad Salids	SAMPLE MEASUREMENT					837 Avg		- mg/L -	1/quarter	24-Hr Composite
	Total Dissolved Sullus	PERMIT MEASUREMENT					1000		IIIg/L	1/quarter	24-Hr Composite
	Facility Comments										

#### **COMMENTS**

OCIVIIVILIATO			
COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Timothy Boyd		610-279-5759

# 3800-FM-BCW0462 12/2016 pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

## **DISCHARGE MONITORING REPORT (DMR)**

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELE	EPHONE		DATE	
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2014	04	15
	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



## **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

EAST NORRITON PLYMOUTH STP

LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759

COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

**FROM** 

001
OUTFALL NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2014
 02
 01
 TO
 2014
 02
 28

Report Frequency: Monthly

Monitoring Period: **02/01/2014 - 02/28/2014** 

Submitted By:

Submit Date: **03/12/2014** 

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAI	DING	QU	ANTITY OR CO	ONCENTRATIO	NC	FREQUENCYOF	SAMPLE TYPE
FAIVAIVILIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				9.6 Inst Min			mg/L	1/day	Grab
Bissolved Oxygen	PERMIT MEASUREMENT				5.0			mg/L	1/day	Grab
pН	SAMPLE MEASUREMENT				7.2 Inst Min		7.5 IMAX	S.U.	1/day	Grab
ргг	PERMIT MEASUREMENT				6.0		9.0	0.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	944 Avg Mo	1410 Wkly Avg	lbs/day		11 Avg Mo	14 Wkly Avg	mg/L	1/day	24-Hr Composite
rotal Suspended Solids	PERMIT MEASUREMENT	2027	3040	ibs/day		30	45	mg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	571 Avg Mo		lbo/dov		7.2 Avg Mo		- mg/L	1/day	24-Hr Composite
Animonia-Nitrogen	PERMIT MEASUREMENT	1351		- Ibs/day		20.0			1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	227 Avg Mo		- Ibs/day		2.37 Avg Mo		mg/L	1/week	24-Hr Composite
Total Phospholus	PERMIT MEASUREMENT			- ibs/day				IIIg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	9.7 Avg Mo	16 Daily Max	- MGD					Continuous	Metered
ГЮМ	PERMIT MEASUREMENT								Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.5 Avg Mo	.6 IMAX	ma/l	1/day	Grab
	PERMIT MEASUREMENT					.5	1.2	- mg/L	1/day	Grab



## **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUANTITY OR LOADING		Ql	JANTITY OR C	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE		
TAIMILIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	O/ (IVIII EE TTI E	
Food Coliform	SAMPLE MEASUREMENT					67 Geo Mean	921 IMAX	No /100 ml	1/day	Grab	
Fecal Coliform	PERMIT MEASUREMENT					200	1000	No./100 ml	1/day	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	898 Avg Mo	1190 Wkly Avg	· Ibs/day		10 Avg Mo	12 Wkly Avg	ma/l	1/day	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	1689	2702	ibs/day		25	40	mg/L	1/day	24-Hr Composite	
Facility Comments											

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
02-14 Daily Effluent Monitoring.xls	Legacy Document	12/11/2015 11:11:51 PM	
02-14 Influent and Process Control.xls	Legacy Document	12/11/2015 11:11:51 PM	
02-14 Sludge Processing.xls	Legacy Document	12/11/2015 11:11:51 PM	

#### COMMENTS

COMMENTS			
COMMENT	OPERATOR	OPERATOR CERTIFICATION	OPERATOR CONTACT
	NAME	NUMBER	NUMBER
Effluent CBOD sample for 2-4 was inadvertently taken out for analysis on 2-7 (3 days of incubation) and therefore caused the sample for 2-2 to be taken out for analysis on 2-9	Timothy Boyd		610-279-5759
(7 days of incubation). Values for these days are estimated.			

	SUBMITTED BY	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an		TELL	EPHONE	DATE		
	GREENPORT USER	electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty						
		of law that this document and all attachments were prepared under your direction or supervision in accordance with a system				2014	03	12
-		designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or		<del>                                     </del>				
		persons who manage the system or those persons directly responsible for gathering the information, the information submitted is,		AREA	l			
		to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to	SUBMITTED BY FULL NAME	CODE	NUMBER	YEAR	MO	DAY
		substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unswom falsification to authorities).		JOBE				

## 3800-FM-BCW0462 12/2016



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION **BUREAU OF CLEAN WATER**

## **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

**EP SE RgnI Off Norristown** 

EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH NAME Quarterly Report Frequency: PA0026816 001 **ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740** 04/01/2014 - 06/30/2014 Monitoring Period: PERMIT NUMBER **OUTFALL NUMBER EAST NORRITON PLYMOUTH STP** Submitted By: **FACILITY** MONITORING PERIOD 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740 Submit Date: 07/11/2014 LOCATION YEAR MO DAY YEAR MO DAY TELEPHONE 610-279-5759 **Final Effluent** Stage: 04 2014 01 2014 06 30 TO **FROM** COUNTY Montgomery ☐ Check here if No Discharge

PARAMETER		QUAN	TITY OR LOAI	DING	QU.	ANTITY OR C	ONCENTRATIO	ON	FREQUENCY OF	SAMPLE TYF
PANAIVIETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETT
Conner Total	SAMPLE MEASUREMENT					.025 Avg	.026 Daily Max	ma/l	1/quarter	24-Hr Composi
Copper, Total	PERMIT MEASUREMENT							- mg/L -	1/quarter	24-Hr Composi
Lead, Total	SAMPLE MEASUREMENT	IPLE .002 .002 REMENT Daily Max	1/quarter	24-Hr Composi						
Leau, Total	PERMIT MEASUREMENT							- mg/L -	1/quarter	24-Hr Composi
Zinc, Total	SAMPLE MEASUREMENT					.051 Avg	.052 Daily Max	mg/L -	1/quarter	24-Hr Composi
Zile, lotal	PERMIT MEASUREMENT							IIIg/L	1/quarter	24-Hr Composi
Cyanide, Free	SAMPLE MEASUREMENT					.188 Avg	.376 Daily Max	mg/L -	1/quarter	24-Hr Composi
Cyaniuc, 11ee	PERMIT MEASUREMENT							mg/L	1/quarter	Grab
Total Dissolved Solids	SAMPLE MEASUREMENT					616 Avg		mg/L -	1/quarter	24-Hr Composi
TOTAL DISSUIVED SUITUS	PERMIT MEASUREMENT					1000		] IIIg/L	1/quarter	24-Hr Composi

#### COMMENTS

**REGION** 

OCIVIIVILITO			
COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Timothy Boyd		610-279-5759

# 3800-FM-BCW0462 12/2016 pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

## **DISCHARGE MONITORING REPORT (DMR)**

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELE	PHONE		DATE	
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2014	07	11
	persons who manage the system or those persons directly responsible for gathering the information, the information submitted is,		AREA		\		
	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	CODE	NUMBER	YEAR	MO	DAY



## **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP

LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759

COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

**FROM** 

001
OUTFALL NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2014
 03
 01
 TO
 2014
 03
 31

Report Frequency: Monthly

Monitoring Period: 03/01/2014 - 03/31/2014

Submitted By:

Submit Date: **04/15/2014** 

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAI	DING	QU.	ANTITY OR CO	ONCENTRATIO	NC	FREQUENCYOF	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				9.9 Inst Min			- mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			IIIg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				7.1 Inst Min		7.7 IMAX	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	1/day	Grab	
Total Suspended Solids	SAMPLE MEASUREMENT	789 Avg Mo	2504 Wkly Avg	lbs/day		11 Avg Mo	19 Wkly Avg	- mg/L	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	ibs/day		30	45	IIIg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	576 Avg Mo		lbs/day		8.4 Avg Mo		- mg/L	1/day	24-Hr Composite
Animonia-Nitrogen	PERMIT MEASUREMENT	1351		105/day		20.0		TIIG/L	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	160 Avg Mo		lbs/day		2.51 Avg Mo		- mg/L	1/week	24-Hr Composite
rotai i nosphorus	PERMIT MEASUREMENT			105/day				ing/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	8.4 Avg Mo	16.6 Daily Max	MGD					Continuous	Metered
1 IOW	PERMIT MEASUREMENT								Continuous	Metered
Total Pasidual Chlorina (TDC)	SAMPLE MEASUREMENT					.5 Avg Mo	.6 IMAX	mc/l	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L	1/day	Grab



## **DISCHARGE MONITORING REPORT (DMR)**

DADAMETED	PARAMETER		TITY OR LOAD	DING	QUANTITY OR CONCENTRATION				FREQUENCYOF	SAMDLE TVDE
TAIMILIER			VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	JAMI LE III L
Fecal Coliform	SAMPLE MEASUREMENT					81 Geo Mean	687 IMAX	No./100 ml	1/day	Grab
recai collotti	PERMIT MEASUREMENT					200	1000	100./1001111	1/day	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	818 Avg Mo	2422 Wkly Avg	· Ibs/day		12 Avg Mo	18 Wkly Avg	ma/l	1/day	
(CBOD5)	PERMIT MEASUREMENT	1689	2702	ius/day		25	40	· mg/L	1/day	24-Hr Composite
Facility Comments										

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
03-14 Daily Effluent Monitoring.xls	Legacy Document	12/12/2015 12:24:06 AM	
03-14 Influent and Process Control.xls	Legacy Document	12/12/2015 12:24:06 AM	
03-14 Sludge Processing.xls	Legacy Document	12/12/2015 12:24:06 AM	

#### COMMENTS

O MINIEL TO			
COMMENT	OPERATOR	OPERATOR CERTIFICATION	OPERATOR CONTACT
	NAME	NUMBER	NUMBER
On March 27th all final effluent CBOD sample dilutions had a residual dissolved oxygen of less than 1.0 mg/l after 5 days of incubation therefore the value for	Timothy Boyd		610-279-5759
this day was estimated.			

SUBMITTED BY	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an		TELI	EPHONE	DATE		
GREENPORT USER	electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty						
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system				2014	04	15
	designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or		<b></b>			0.	10
	persons who manage the system or those persons directly responsible for gathering the information, the information submitted is,		AREA				
	to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to	SUBMITTED BY FULL NAME	CODE	NUMBER	YEAR	MO	DAY
	substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unswom falsification to authorities).		L				

### 3800-FM-BCW0462 12/2016



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

## **DISCHARGE MONITORING REPORT (DMR)**

001

#### PERMITEE NAME/ADDRESS

Montgomery

COUNTY

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP

LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759

PERMIT NUMBER **OUTFALL NUMBER** MONITORING PERIOD YEAR MO DAY YEAR MO DAY 07 09 2014 01 2014 30 TO **FROM** 

PA0026816

Report Frequency:

Monitoring Period:

Submitted By:

Submit Date:

10/08/2014

Stage:

Final Effluent

☐ Check here if No Discharge

REGION	EP SE Rgnl Off Norristown										
			QUAN	TITY OR LOAI	DING	QU	ANTITY OR C	ONCENTRATIO	ON	FREQUENCYOF	SAMPLE TYPE
	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
	Connor Total	SAMPLE MEASUREMENT					.021 Avg	.027 Daily Max	mg/L	1/quarter	24-Hr Composite
	Copper, Total  PERMIT  MEASUREMENT	- IIIg/L	1/quarter	24-Hr Composite							
	Lead, Total	SAMPLE MEASUREMENT					.001 Avg	.001 Daily Max	mg/L -	1/quarter	24-Hr Composite
	Leau, Total	PERMIT MEASUREMENT							IIIg/L	1/quarter	24-Hr Composite
	Zinc, Total	SAMPLE MEASUREMENT					.061 Avg	.072 Daily Max	- mg/L -	1/quarter	24-Hr Composite
		PERMIT MEASUREMENT							- IIIg/L	1/quarter	24-Hr Composite
	Cyanide, Free	SAMPLE MEASUREMENT					.005 Avg	.007 Daily Max	- mg/L -	1/quarter	24-Hr Composite
	Cyanide, Free	PERMIT MEASUREMENT							- IIIg/L	1/quarter	Grab
	Total Dissolved Solids	SAMPLE MEASUREMENT					600 Avg		- mg/L -	1/quarter	24-Hr Composite
	TOTAL DISSUIVEU SUIIUS	PERMIT MEASUREMENT					1000		] 1119/L [	1/quarter	24-Hr Composite
	Facility Comments										

#### **COMMENTS**

OOMINETATO			
COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Timothy Boyd		610-279-5759

# 3800-FM-BCW0462 12/2016 pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

## **DISCHARGE MONITORING REPORT (DMR)**

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELE	EPHONE		DATE	
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2014	10	08
	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



## **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP

LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759

COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

**FROM** 

001
OUTFALL NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2014
 04
 01
 TO
 2014
 04
 30

Report Frequency: Monthly

Monitoring Period: 04/01/2014 - 04/30/2014

Submitted By:

Submit Date: **05/19/2014** 

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAD	DING	QUANTITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE	
FAINAIVIETEIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE	
Dissolved Oxygen	SAMPLE MEASUREMENT				9 Inst Min			- mg/L	1/day	Grab	
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			IIIg/L	1/day	Grab	
рН	SAMPLE MEASUREMENT				7.1 Inst Min		7.6 IMAX	S.U.	1/day	Grab	
рп	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab	
Total Suspended Solids	SAMPLE MEASUREMENT	887 Avg Mo	1369 Wkly Avg	lbs/day		12 Avg Mo	17 Wkly Avg	mg/l	1/day	24-Hr Composite	
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	105/day		30	45	- mg/L	1/day	24-Hr Composite	
Ammonia-Nitrogen	SAMPLE MEASUREMENT	697 Avg Mo		lbs/day		9.3 Avg Mo		ma/l	1/day	24-Hr Composite	
Ammonia-Nitrogen	PERMIT MEASUREMENT	1351		105/day		20.0		- mg/L	1/day	24-Hr Composite	
Total Phosphorus	SAMPLE MEASUREMENT	180 Avg Mo		lbs/day		2.71 Avg Mo		- mg/L	1/week	24-Hr Composite	
Total Phosphorus	PERMIT MEASUREMENT			105/day				IIIg/L	1/week	24-Hr Composite	
Flow	SAMPLE MEASUREMENT	8.4 Avg Mo	14.8 Daily Max	MGD					Continuous	Metered	
I IOW	PERMIT MEASUREMENT			IVIOD					Continuous	Metered	
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.4 Avg Mo	.6 IMAX	mg/l	1/day	Grab	
Total Nesidual Gillottile (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L	1/day	Grab	



## **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	QUANTITY OR LOADING			JANTITY OR C	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	OAIVII LE TTI L	
Food Coliform	SAMPLE MEASUREMENT					63 Geo Mean	308 IMAX	No./100 ml	1/day	Grab	
Fecal Coliform	PERMIT MEASUREMENT					200	1000	100./1001111	1/day	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	798 Avg Mo	1409 Wkly Avg	lbs/day		11 Avg Mo	14 Wkly Avg	- mg/L	1/day	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	1689	2702	ius/uay		25	40		1/day	24-Hr Composite	
Facility Comments										_	

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
04-14 Daily Effluent Monitoring.xls	Legacy Document	12/12/2015 7:21:05 AM	
04-14 Influent and Process Control.xls	Legacy Document	12/12/2015 7:21:05 AM	
04-14 Sludge Processing.xls	Legacy Document	12/12/2015 7:21:05 AM	

### COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER OPERATOR CONTACT NUMBER
On April 30th our plant flow meters were reading above their design capacity due to heavy rainfall therefore flows for that day are estimated.	Timothy Boyd	610-279-5759

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELI	EPHONE		DATE	
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2014	05	19
	persons who manage the system or those persons directly responsible for gathering the information, the information submitted is,		AREA				
	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	CODE	NUMBER	YEAR	MO	DAY

## 3800-FM-BCW0462 12/2016



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION **BUREAU OF CLEAN WATER**

## **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH NAME ADDRESS **200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740 EAST NORRITON PLYMOUTH STP FACILITY 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740** LOCATION TELEPHONE 610-279-5759 COUNTY Montgomery

PA0026816	
PERMIT NUMBER	

**FROM** 

001 OUTFALL NUMBER

		MONITO	ORING	PERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
2014	10	01	то	2014	12	31

Quarterly Report Frequency:

Monitoring Period: 10/01/2014 - 12/31/2014

Submit Date: 01/12/2015

**Final Effluent** Stage:

☐ Check here if No Discharge

Submitted By:

REGION	EP SE Rgnl Off Norristown										
	PARAMETER		QUAN	TITY OR LOAI	DING	QUANTITY OR CONCENTRATION				FREQUENCYOF	SAMPLE TYPE
	PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
	Copper, Total	SAMPLE MEASUREMENT					.022 Avg	.026 Daily Max	- mg/L -	1/quarter	24-Hr Composite
	сорры, тога	PERMIT MEASUREMENT							IIIg/L	1/quarter	24-Hr Composite
	Lead, Total	SAMPLE MEASUREMENT					.002 Avg	.002 Daily Max	- mg/L -	1/quarter	24-Hr Composite
	Lead, Total	PERMIT MEASUREMENT							mg/L	1/quarter	24-Hr Composite
	Zinc, Total	SAMPLE MEASUREMENT					.055 Avg	.065 Daily Max	- mg/L -	1/quarter	24-Hr Composite
	Zilo, Total	PERMIT MEASUREMENT							- IIIg/L	1/quarter	24-Hr Composite
	Cyanide, Free	SAMPLE MEASUREMENT					.049 Avg	.112 Daily Max	- mg/L -	1/quarter	24-Hr Composite
	Cyanide, Flee	PERMIT MEASUREMENT							IIIg/L	1/quarter	Grab
	Total Dissalvad Salids	SAMPLE MEASUREMENT					746 Avg		ma/l	1/quarter	24-Hr Composite
	Total Dissolved Solids	PERMIT MEASUREMENT					1000		- mg/L -	1/quarter	24-Hr Composite
	Facility Comments										

#### COMMENTS

OCIVIIVILIATO			
COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Timothy Boyd		610-279-5759

# 3800-FM-BCW0462 12/2016 pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

## **DISCHARGE MONITORING REPORT (DMR)**

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELE	EPHONE		DATE	
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2015	01	12
	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



## **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME

EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH

200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

EAST NORRITON PLYMOUTH STP

LOCATION

200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759

COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

**FROM** 

001
OUTFALL NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2014
 05
 01
 TO
 2014
 05
 31

Report Frequency: Monthly

Monitoring Period: **05/01/2014 - 05/31/2014** 

Submitted By:

Submit Date: **06/20/2014** 

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAD	DING	QUANTITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE
FAINAIVIETEIN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				8.6 Inst Min			- mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			IIIg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				7.2 Inst Min		7.5 IMAX	S.U.	1/day	Grab
ριι	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	1379 Avg Mo	1556 Wkly Avg	lbs/day		20 Avg Mo	24 Wkly Avg	- mg/L	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	105/uay		30	45	IIIg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	544 Avg Mo		lbs/day		8 Avg Mo		mg/L	1/day	24-Hr Composite
Animonia-Nitrogen	PERMIT MEASUREMENT	810		105/day		12.0		IIIg/L	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	184 Avg Mo		lbs/day		2.56 Avg Mo		- mg/L	1/week	24-Hr Composite
Total Phospholus	PERMIT MEASUREMENT			105/uay				IIIg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	8.8 Avg Mo	18.9 Daily Max	MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT			IVIOD					Continuous	Metered
Total Decidual Chlorina (TDC)	SAMPLE MEASUREMENT					.4 Avg Mo	.6 IMAX	ma/l	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L	1/day	Grab



## **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	QUANTITY OR LOADING			JANTITY OR C	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVII LL I II L	
Food Coliform	SAMPLE MEASUREMENT					43 Geo Mean	308 IMAX	No /100 ml	1/day	Grab	
Fecal Coliform	PERMIT MEASUREMENT					200	1000	No./100 ml	1/day	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	716 Avg Mo	772 Wkly Avg	· Ibs/day		10 Avg Mo	11 Wkly Avg	- mg/L -	1/day	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	1351	2027	ius/day		20	30		1/day	24-Hr Composite	
Facility Comments											

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
05-14 Daily Effluent Monitoring.xls	Legacy Document	12/12/2015 7:28:47 AM	
05-14 Influent and Process Control.xls	Legacy Document	12/12/2015 7:28:47 AM	
05-14 Sludge Processing.xls	Legacy Document	12/12/2015 7:28:47 AM	

### COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
Due to extreme flooding on May 1st plant effluent laboratory testing was not performed. Flows for that time period are also estimated.	Timothy Boyd		610-279-5759

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELI	EPHONE		DATE	
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2014	06	20
	persons who manage the system or those persons directly responsible for gathering the information, the information submitted is,		AREA				
	to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to	SUBMITTED BY FULL NAME	CODE	NUMBER	YEAR	MO	DAY
	substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unswom falsification to authorities).						



## **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP

LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759
COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

**FROM** 

001
OUTFALL NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2014
 06
 01
 TO
 2014
 06
 30

Report Frequency: Monthly

Monitoring Period: <u>06/01/2014 - 06/30/2014</u>

Submitted By:

Submit Date: **07/11/2014** 

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAI	DING	QU	ANTITY OR CO	ONCENTRATIO	ON	FREQUENCY OF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				8.1 Inst Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			TIIG/L	1/day	Grab
рН	SAMPLE MEASUREMENT				7.3 Inst Min		7.5 IMAX	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	0.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	961 Avg Mo	1508 Wkly Avg	lbs/day		16 Avg Mo	21 Wkly Avg	mg/L	1/day	24-Hr Composite
rotal daspertaed dollas	PERMIT MEASUREMENT	2027	3040	103/443		30	45	ing/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	401 Avg Mo		lbs/day		7 Avg Mo		mg/L	1/day	24-Hr Composite
Aninona-Nitogen	PERMIT MEASUREMENT	810		ibs/day		12.0		IIIg/L	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	179 Avg Mo		lbs/day		3.09 Avg Mo		- mg/L	1/week	24-Hr Composite
Total T Hospitoras	PERMIT MEASUREMENT			103/04				IIIg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	6.9 Avg Mo	10.9 Daily Max	MGD					Continuous	Metered
1 IOW	PERMIT MEASUREMENT			IVIOD					Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.4 Avg Mo	.6 IMAX	mg/L	1/day	Grab
iolai Nesiduai Gillolille (1190)	PERMIT MEASUREMENT					.5	1.2	] 1119/ L	1/day	Grab



## **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUANTITY OR LOADIN		DING	ING QUAN		JANTITY OR CONCENTRAT		FREQUENCY OF	SAMPLE TYPE
FAIVAIVILILIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIFLE TIFL
Fecal Coliform	SAMPLE MEASUREMENT					127 Geo Mean	2420 IMAX	No./100 ml	1/day	Grab
	PERMIT MEASUREMENT					200	1000	1 100./100 1111	1/day	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	609 Avg Mo	809 Wkly Avg	lbs/day		11 Avg Mo	11 Wkly Avg	ma/l	1/day	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	1351	2027	105/day		20	30	- mg/L	1/day	24-Hr Composite
Facility Comments										

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
06-14 Daily Effluent Monitoring.xls	Legacy Document	12/12/2015 7:33:51 AM	
06-14 Influent and Process Control.xls	Legacy Document	12/12/2015 7:33:51 AM	
06-14 Sludge Processing.xls	Legacy Document	12/12/2015 7:33:51 AM	
Non-Compliance Form Fecal.doc	Legacy Document	12/12/2015 7:33:51 AM	

### NON-COMPLIANCES

PERMIT	SAMPLING	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED
NUMBER	POINT	PERIOD	PERIOD	TYPE		CODE	BASE CODE	VALUE	VALUE	LOCATION	VALUE
	OTHER ID	<b>BEGIN DATE</b>	END DATE							CODER	UOM
PA0026816	001	06/01/2014	06/30/2014	CONDI	Fecal Coliform	3	Instantaneous	>2420	1000	No./100 ml	No./100 ml
							Maximum				

#### COMMENTS

COMMENTS			
COMMENT	OPERATOR	OPERATOR	OPERATOR
	NAME	CERTIFICATION	CONTACT NUMBER
		NUMBER	
On June 9th our trickling filter meter was reading above its design capacity due to heavy rainfall therefore flows for that day is estimated. On June 6th and 11th our trickling filter meter	Timothy Boyd		610-279-5759
briefly dropped to zero due to maintenance on it therefore the flows for those days are estimated.			

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELE	PHONE		DATE	
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2014	07	11
	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



## **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

EAST NORRITON PLYMOUTH STP

200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759

LOCATION

COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

FROM

001
OUTFALL NUMBER

YEAR	МО	DAY		YEAR	МО	DAY
2014	07	01	то	2014	07	31

Report Frequency: Monthly

Monitoring Period: 07/01/2014 - 07/31/2014

Submitted By:

Submit Date: **08/12/2014** 

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAI	DING	QU.	ANTITY OR CO	ONCENTRATIO	ON	FREQUENCYOF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				7.4 Inst Min			mg/L	1/day	Grab
Bissored Oxygen	PERMIT MEASUREMENT				5.0			mg/L	1/day	Grab
pН	SAMPLE MEASUREMENT				7.2 Inst Min		7.5 IMAX	S.U.	1/day	Grab
μι	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	506 Avg Mo	686 Wkly Avg	- Ibs/day		14 Avg Mo	17 Wkly Avg	mg/L	1/day	24-Hr Composite
Total Susperided Solids	PERMIT MEASUREMENT	2027	3040	- ibs/day		30	45	IIIg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	249 Avg Mo		- Ibs/day		6.7 Avg Mo		ma/l	1/day	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	810		- ibs/day		12.0		- mg/L -	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	165 Avg Mo		- Ibs/day		4.34 Avg Mo		mg/L	1/week	24-Hr Composite
τοιαι εποερποιαε	PERMIT MEASUREMENT			1DS/day				IIIg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	4.4 Avg Mo	5.7 Daily Max	- MGD					Continuous	Metered
FIOW	PERMIT MEASUREMENT								Continuous	Metered
Total Decidual Chlorina (TDC)	SAMPLE MEASUREMENT					.4 Avg Mo	.7 IMAX	ma/l	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L -	1/day	Grab



## **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	TITY OR LOAD	DING	QI	JANTITY OR C	CONCENTRA	TION	FREQUENCY OF	SAMPLE TYPE
FARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Food Coliform	SAMPLE MEASUREMENT					114 Geo Mean	1203 IMAX	No./100 ml	1/day	Grab
Fecal Coliform	PERMIT MEASUREMENT					200	1000	1 100./ 100 1111	1/day	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	403 Avg Mo	472 Wkly Avg	· Ibs/day		11 Avg Mo	13 Wkly Avg	ma/l	1/day	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	1351	2027	ius/day		20	30	- mg/L	1/day	24-Hr Composite
Facility Comments										

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
07-14 Daily Effluent Monitoring.xls	Legacy Document	12/12/2015 7:41:37 AM	
07-14 Influent and Process Control.xls	Legacy Document	12/12/2015 7:41:37 AM	
07-14 Sludge Processing.xls	Legacy Document	12/12/2015 7:41:37 AM	
Non-Compliance Form Fecal.doc	Legacy Document	12/12/2015 7:41:37 AM	

### NON-COMPLIANCES

PERMIT	SAMPLING	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTE	DLIMITED	MONITOR	REPORTED
NUMBER	POINT	PERIOD	PERIOD	TYPE		CODE	BASE CODE	VALUE	VALUE	LOCATION	VALUE
	OTHER ID	<b>BEGIN DATE</b>	END DATE							CODER	UOM
PA0026816	001	07/01/2014	07/31/2014	CONDI	Fecal Coliform	3	Instantaneous	1203	1000	No./100 ml	No./100 ml
							Maximum				

#### COMMENTS

COMMENTO			
COMMENT	OPERATOR	OPERATOR CERTIFICATION	OPERATOR CONTACT
	NAME	NUMBER	NUMBER
On July 2nd a lightning strike damaged our activated sludge effluent meter. This affected flows from July 2nd to July 9th therefore flows during that time	Timothy Boyd		610-279-5759
period are estimated.			

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELE	PHONE		DATE	
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2014	08	12
	persons who manage the system or those persons directly responsible for gathering the information, the information submitted is,		AREA				
	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	CODE	NUMBER	YEAR	МО	DAY



## **DISCHARGE MONITORING REPORT (DMR)**

### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP

LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759
COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

FROM

001
OUTFALL NUMBER

		MONIT	ORING	PERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
2014	08	01	то	2014	08	31

Report Frequency: Monthly

Monitoring Period: 08/01/2014 - 08/31/2014

Submitted By:

Submit Date: **09/12/2014** 

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAD	DING	QU	ANTITY OR CO	ONCENTRATIO	NC	FREQUENCYOF	SAMPLE TYPE
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				7.7 Inst Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			IIIg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				6.6 Inst Min		7.5 IMAX	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	0.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	458 Avg Mo	636 Wkly Avg	lbs/day		12 Avg Mo	15 Wkly Avg	- mg/L	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	- ibs/day		30	45	- Hig/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	195 Avg Mo		lbs/day		5.3 Avg Mo		ma/l	1/day	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	810		105/day		12.0		- mg/L	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	179 Avg Mo		lbs/day		4.38 Avg Mo		- mg/L	1/week	24-Hr Composite
Total i Hospilorus	PERMIT MEASUREMENT			103/44				mg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	4.5 Avg Mo	5.6 Daily Max	MGD					Continuous	Metered
I IOW	PERMIT MEASUREMENT								Continuous	Metered
Total Posidual Chlorina (TPC)	SAMPLE MEASUREMENT					.4 Avg Mo	1 IMAX	mg/l	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L	1/day	Grab



## **DISCHARGE MONITORING REPORT (DMR)**

DADAMETED	PARAMETER		QUANTITY OR LOADING			UANTITY OR C	CONCENTRA	TION	FREQUENCY OF	SAMPLE TYPE	
FAIVAIVILILIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	O/ WIT EL TTT E	
Food Coliform	SAMPLE MEASUREMENT					77 Geo Mean	1986 IMAX	No./100 ml	1/day	Grab	
Fecal Coliform	PERMIT MEASUREMENT					200	1000	1 NO./ 100 Mil	1/day	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	371 Avg Mo	471 Wkly Avg	· Ibs/day		10 Avg Mo	11 Wkly Avg	ma/l	1/day	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	1351	2027	ibs/day		20	30	- mg/L	1/day	24-Hr Composite	
Facility Comments											

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
08-14 Daily Effluent Monitoring.xls	Legacy Document	12/12/2015 7:51:55 AM	
08-14 Influent and Process Control.xls	Legacy Document	12/12/2015 7:51:55 AM	
08-14 Sludge Processing.xls	Legacy Document	12/12/2015 7:51:55 AM	
Non-Compliance Form Fecal.doc	Legacy Document	12/12/2015 7:51:55 AM	

### NON-COMPLIANCES

PERMIT	SAMPLING	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED
NUMBER	POINT	PERIOD	PERIOD	TYPE		CODE	BASE CODE	VALUE	VALUE	LOCATION	VALUE
	OTHER ID	<b>BEGIN DATE</b>	END DATE							CODER	UOM
PA0026816	001	08/01/2014	08/31/2014	CONDI	Fecal Coliform	3	Instantaneous	1986	1000	No./100 ml	No./100 ml
							Maximum				

#### COMMENTS

COMMENTO			
COMMENT	OPERATOR	OPERATOR CERTIFICATION	OPERATOR CONTACT
	NAME	NUMBER	NUMBER
From 8-15 to 8-23 our trickling filter plant effluent meter malfunctioned and was reading about 1.0 mgd higher than it should have therefore flows for that time	Timothy Boyd		610-279-5759
period are estimated.			

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELE	PHONE		DATE	
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2014	09	12
	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



## **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP
LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759

1ELEPHONE 010-279-3739

COUNTY

REGION EP SE Rgnl Off Norristown

Montgomery

PA0026816
PERMIT NUMBER

**FROM** 

001
OUTFALL NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2014
 09
 01
 TO
 2014
 09
 30

Report Frequency: Monthly

Monitoring Period: 09/01/2014 - 09/30/2014

Submitted By:

Submit Date: 10/08/2014

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAD	DING	QUANTITY OR CONCENTRATION			ON	FREQUENCY OF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				7.5 Inst Min		mg/L	1/day	Grab	
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			TIIg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				7.3 Inst Min		7.7 IMAX	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	0.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	421 Avg Mo	714 Wkly Avg	lbs/day		13 Avg Mo	22 Wkly Avg	mg/L	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	103/day		30	45	mg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	257 Avg Mo		lbs/day		8 Avg Mo		- mg/L	1/day	24-Hr Composite
Animonia-Nitrogen	PERMIT MEASUREMENT	810		105/uay		12.0		TIIG/L	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	255 Avg Mo		lbs/day		5.08 Avg Mo		- mg/L	1/week	24-Hr Composite
Total T Hoophords	PERMIT MEASUREMENT			103/04				IIIg/ E	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	3.8 Avg Mo	4.3 Daily Max	MGD					Continuous	Metered
1 IOW	PERMIT MEASUREMENT			IVIOD					Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.5 Avg Mo	.8 IMAX	mg/L	1/day	Grab
Total Nesidual Gillottile (TRG)	PERMIT MEASUREMENT					.5	1.2	] 1119/ L	1/day	Grab



## **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	QUANTITY OR LOADING			UANTITY OR C	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE	
TAIVAIVILILIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVII LE TITL	
Food Coliform	SAMPLE MEASUREMENT					31 Geo Mean	461 IMAX	No./100 ml	1/day	Grab	
Fecal Coliform	PERMIT MEASUREMENT					200	1000	140./1001111	1/day	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	285 Avg Mo	395 Wkly Avg	lbs/day		9 Avg Mo	12 Wkly Avg	ma/l	1/day	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	1351	2027	ibs/day		20	30	mg/L	1/day	24-Hr Composite	
Facility Comments											

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
09-14 Daily Effluent Monitoring.xls	Legacy Document	12/12/2015 10:10:23 AM	
09-14 Influent and Process Control.xls	Legacy Document	12/12/2015 10:10:23 AM	
09-14 Sludge Processing.xls	Legacy Document	12/12/2015 10:10:23 AM	

### COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Timothy Boyd		610-279-5759

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELE	EPHONE	DATE		
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2014	10	08
	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



## **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP

LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE <u>610-279-5759</u>

COUNTY

REGION EP SE Rgnl Off Norristown

Montgomery

PA0026816
PERMIT NUMBER

**FROM** 

001
OUTFALL NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2014
 10
 01
 TO
 2014
 10
 31

Report Frequency: Monthly

Monitoring Period: 10/01/2014 - 10/31/2014

Submitted By:

Submit Date: 11/11/2014

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAI	DING	QU.	ANTITY OR CO	ONCENTRATIO	N	FREQUENCYOF	SAMPLE TYPE	
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE TIPE	
Dissolved Oxygen	SAMPLE MEASUREMENT				7.7 Inst Min			mg/L	1/day	Grab	
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			mg/L	1/day	Grab	
рН	SAMPLE MEASUREMENT				7.1 Inst Min		7.7 IMAX	S.U.	1/day	Grab	
рп	PERMIT MEASUREMENT				6.0		9.0	0.0.	1/day	Grab	
Total Suspended Solids	SAMPLE MEASUREMENT	345 Avg Mo	398 Wkly Avg	lbs/day		11 Avg Mo	13 Wkly Avg	mg/L	1/day	24-Hr Composite	
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	ibs/day		30	45	mg/L	1/day	24-Hr Composite	
Ammonia-Nitrogen	SAMPLE MEASUREMENT	254 Avg Mo		lbs/day		7.7 Avg Mo		- mg/L	1/day	24-Hr Composite	
Animonia-Nitrogen	PERMIT MEASUREMENT	810		105/day		12.0		IIIg/∟	1/day	24-Hr Composite	
Total Phosphorus	SAMPLE MEASUREMENT	151 Avg Mo		lbs/day		4.78 Avg Mo		mg/L	1/week	24-Hr Composite	
rotal i nosphoras	PERMIT MEASUREMENT			103/44				mg/L	1/week	24-Hr Composite	
Flow	SAMPLE MEASUREMENT	3.9 Avg Mo	5 Daily Max	MGD					Continuous	Metered	
1 IOW	PERMIT MEASUREMENT								Continuous	Metered	
Total Pasidual Chlorina (TDC)	SAMPLE MEASUREMENT					.5 Avg Mo	.8 IMAX	ma/l	1/day	Grab	
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L	1/day	Grab	



## **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUANTITY OR LOADING			Ql	UANTITY OR C	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE	
TAIMILILIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	OAMI EL TITE	
Food Coliform	SAMPLE MEASUREMENT					40 Geo Mean	387 IMAX	No./100 ml	1/day	Grab	
Fecal Coliform	PERMIT MEASUREMENT					200	1000	140./1001111	1/day	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	247 Avg Mo	273 Wkly Avg	lbs/day		8 Avg Mo	9 Wkly Avg	ma/l	1/day	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	1351	2027	ius/uay		20	30	mg/L	1/day	24-Hr Composite	
Facility Comments											

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
10-14 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 10:17:31 AM	
10-14 Influent and Process Control.xls	Legacy Document	12/12/2015 10:17:31 AM	
10-14 Sludge Processing.xls	Legacy Document	12/12/2015 10:17:31 AM	

#### **COMMENTS**

O O O MINICIPATO			
COMMENT	OPERATOR	OPERATOR CERTIFICATION	OPERATOR CONTACT
	NAME	NUMBER	NUMBER
CBOD test dilution water blank exceeded 0.2 mg/l on 10-6, 10-8, 10-10, 10-12, 10-13, 10-14, 10-17 and 10-19 due to contaminated storage containers. Once realized,	Timothy Boyd		610-279-5759
containers were cleaned and blanks returned to acceptable levels.			

	SUBMITTED BY	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an		TELL	EPHONE		DATE	
	GREENPORT USER	electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty					DAIL	
		of law that this document and all attachments were prepared under your direction or supervision in accordance with a system				2014	11	11
_		designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or		$\vdash$				<u> </u>
		persons who manage the system or those persons directly responsible for gathering the information, the information submitted is,		AREA				
		to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to	SUBMITTED BY FULL NAME	CODE	NUMBER	YEAR	MO	DAY
L		substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unswom falsification to authorities).		JOODE				



## **DISCHARGE MONITORING REPORT (DMR)**

### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP

LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759

COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

FROM

001
OUTFALL NUMBER

		MONIT	ORING	PERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
2014	11	01	то	2014	11	30

Report Frequency: Monthly

Monitoring Period: 11/01/2014 - 11/30/2014

Submitted By:

Submit Date: 12/17/2014

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAI	DING	QU	ANTITY OR CO	ONCENTRATIO	ON	FREQUENCYOF	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIFLE TIFE
Dissolved Oxygen	SAMPLE MEASUREMENT				8.4 Inst Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			mg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				6.9 Inst Min		7.6 IMAX	S.U.	1/day	Grab
μι	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	386 Avg Mo	465 Wkly Avg	- Ibs/day		12 Avg Mo	14 Wkly Avg	mg/L	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	- ibs/day		30	45	IIIg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	226 Avg Mo		- Ibs/day		6.6 Avg Mo		mg/L	1/day	24-Hr Composite
Amnonia-Nitrogen	PERMIT MEASUREMENT	1351		- ibs/day		20.0		IIIg/L	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	201 Avg Mo		- Ibs/day		3.78 Avg Mo		mg/L	1/week	24-Hr Composite
rotar i nospriorus	PERMIT MEASUREMENT			105/day				mg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	4.1 Avg Mo	6.8 Daily Max	- MGD					Continuous	Metered
i iow	PERMIT MEASUREMENT								Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.4 Avg Mo	.6 IMAX	mg/l	1/day	Grab
Total Residual Gillottile (TRC)	PERMIT MEASUREMENT					.5	1.2	mg/L -	1/day	Grab



## **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUANTITY OR LOADING			Ql	UANTITY OR C	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE	
TAIMILIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	OAWII LE TIT L	
Fecal Coliform	SAMPLE MEASUREMENT					31 Geo Mean	687 IMAX	No./100 ml	1/day	Grab	
recai comonn	PERMIT MEASUREMENT					200	1000	100./1001111	1/day	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	247 Avg Mo	298 Wkly Avg	lbs/day		7 Avg Mo	8 Wkly Avg	ma/l	1/day	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	1689	2702	ius/day		25	40	- mg/L	1/day	24-Hr Composite	
Facility Comments											

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
11-14 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 10:27:22 AM	
11-14 Influent and Process Control.xlsx	Legacy Document	12/12/2015 10:27:22 AM	
11-14 Sludge Processing.xlsx	Legacy Document	12/12/2015 10:27:22 AM	

#### COMMENTS

O O O MINICIPATO			
COMMENT	OPERATOR	OPERATOR CERTIFICATION	OPERATOR CONTACT
	NAME	NUMBER	NUMBER
On 11-13 and from 11-18 to 11-26 our activated sludge flow meter malfunctioned therefore flows for that time period are estimated. The SM5210B CBOD GGA QC sample	Timothy Boyd		610-279-5759
was outside the defined range on 11-6, 11-8, 11-9 and 11-21.			

SUBMITTED BY	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an		TELL	EPHONE	DATE		
GREENPORT USER	electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELET HORE				
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system				2014	12	17
	designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or		$\vdash$			<u> </u>	
	persons who manage the system or those persons directly responsible for gathering the information, the information submitted is,		AREA				
	to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to	SUBMITTED BY FULL NAME	CODE	NUMBER	YEAR	MO	DAY
	substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unswom falsification to authorities).		JOBE				



## **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

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LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE <u>610-279-5759</u>

COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

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OUTFALL NUMBER

	MONITORING PERIOD										
YEAR	МО	DAY		YEAR	МО	DAY					
2014	12	01	то	2014	12	31					

Report Frequency: Monthly

Monitoring Period: 12/01/2014 - 12/31/2014

Submitted By:

Submit Date: **01/12/2015** 

Stage: Final Effluent

PARAMETER		QUAN	TITY OR LOAD	DING	QUANTITY OR CONCENTRATION				FREQUENCYOF	SAMPLE TYPE	
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETIFE	
Dissolved Oxygen	SAMPLE MEASUREMENT				9.3 Inst Min			mg/L	1/day	Grab	
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			mg/L	1/day	Grab	
рН	SAMPLE MEASUREMENT				6.9 Inst Min		7.7 IMAX	S.U.	1/day	Grab	
ρΠ	PERMIT MEASUREMENT				6.0		9.0	5.5.	1/day	Grab	
Total Suspended Solids	SAMPLE MEASUREMENT	448 Avg Mo	604 Wkly Avg	· Ibs/day		10 Avg Mo	11 Wkly Avg	mg/L	1/day	24-Hr Composite	
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	105/day		30	45	I IIIg/L	1/day	24-Hr Composite	
Ammonia-Nitrogen	SAMPLE MEASUREMENT	382 Avg Mo		lbs/day		8.4 Avg Mo		ma/l	1/day	24-Hr Composite	
Animonia-Nitrogen	PERMIT MEASUREMENT	1351		105/day		20.0		mg/L	1/day	24-Hr Composite	
Total Phosphorus	SAMPLE MEASUREMENT	122 Avg Mo		· Ibs/day		3.01 Avg Mo		mg/L	1/week	24-Hr Composite	
Total Phospholus	PERMIT MEASUREMENT			105/day				IIIg/∟	1/week	24-Hr Composite	
	SAMPLE MEASUREMENT	5.4	8.5 Daily Max						Continuous	Metered	
Flow	PERMIT MEASUREMENT	Avg Mo	Dally Iviax	MGD					Continuous	Metered	
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.4 Avg Mo	.6 IMAX		1/day	Grab	
Total Nesidual Officiale (1110)	PERMIT MEASUREMENT					.5	1.2	mg/L	1/day	Grab	



## **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	TITY OR LOAD	DING	Ql	UANTITY OR C	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	JAMI LE THE
Food Coliform	SAMPLE MEASUREMENT					10 Geo Mean	450 IMAX	No./100 ml	1/day	Grab
Fecal Coliform	PERMIT MEASUREMENT					200	1000	140./1001111	1/day	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	284 Avg Mo	385 Wkly Avg	· Ibs/day		6 Avg Mo	8 Wkly Avg	- mg/L	1/day	24-Hr Composite
	PERMIT MEASUREMENT	1689	2702	ibs/day		25	40		1/day	24-Hr Composite
Facility Comments										

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
12-14 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 10:33:57 AM	
12-14 Influent and Process Control.xlsx	Legacy Document	12/12/2015 10:33:57 AM	
12-14 Sludge Processing.xlsx	Legacy Document	12/12/2015 10:33:57 AM	

#### COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
The SM5210B CBOD GGA QC sample was outside the defined range on 12-7 and 12-19.	Timothy Boyd		610-279-5759

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELEPHONE		DATE		
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2015	01	12
	persons who manage the system or those persons directly responsible for gathering the information, the information submitted is,		AREA				
	to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to	SUBMITTED BY FULL NAME	CODE	NUMBER	YEAR	MO	DAY
	substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).						



## **DISCHARGE MONITORING REPORT (DMR)**

### PERMITEE NAME/ADDRESS

EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH NAME **ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740 EAST NORRITON PLYMOUTH STP FACILITY** 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740 LOCATION

TELEPHONE 610-279-5759

COUNTY

**REGION EP SE RgnI Off Norristown** 

Montgomery

PA0026816
PERMIT NUMBER

FROM

001 **OUTFALL NUMBER** 

	MONITORING PERIOD										
YEAR	МО	DAY		YEAR	МО	DAY					
2015	01	01	то	2015	01	31					

Monthly Report Frequency:

Monitoring Period: 01/01/2015 - 01/31/2015

Submitted By:

Submit Date: 02/12/2015

**Final Effluent** Stage:

DADAMETED	PARAMETER		ITITY OR LOAI	DING	QU.	ANTITY OR CO	TITY OR CONCENTRATION FREQUENCY OF		FREQUENCYOF	SAMPLE TYPE	
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE TIPE	
Dissolved Oxygen	SAMPLE MEASUREMENT				9.7 Inst Min		mg/L	1/day	Grab		
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			IIIg/L	1/day	Grab	
рН	SAMPLE MEASUREMENT				7 Inst Min		7.7 IMAX	S.U.	1/day	Grab	
рп	PERMIT MEASUREMENT				6.0		9.0	0.0.	1/day	Grab	
Total Suspended Solids	SAMPLE MEASUREMENT	678 Avg Mo	798 Wkly Avg	lbs/day		14 Avg Mo	17 Wkly Avg	- mg/L	1/day	24-Hr Composite	
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	- ibs/day		30	45	- IIIg/L	1/day	24-Hr Composite	
Ammonia-Nitrogen	SAMPLE MEASUREMENT	427 Avg Mo		lbs/day		9.2 Avg Mo		ma/l	1/day	24-Hr Composite	
Ammonia-Nitrogen	PERMIT MEASUREMENT	1351		105/day		20.0		- mg/L	1/day	24-Hr Composite	
Total Phosphorus	SAMPLE MEASUREMENT	115 Avg Mo		lbs/day		2.39 Avg Mo		- mg/L	1/week	24-Hr Composite	
Total i Hospilorus	PERMIT MEASUREMENT			103/44				mg/L	1/week	24-Hr Composite	
Flow	SAMPLE MEASUREMENT	5.7 Avg Mo	8.6 Daily Max	MGD					Continuous	Metered	
1 IOW	PERMIT MEASUREMENT								Continuous	Metered	
Total Posidual Chlorina (TPC)	SAMPLE MEASUREMENT					.4 Avg Mo	.6 IMAX	mg/l	1/day	Grab	
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L	1/day	Grab	



## **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCYOF	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	O/ ((VIII EL TTI L	
Food Coliform	SAMPLE MEASUREMENT					14 Geo Mean	727 IMAX	No./100 ml	1/day	Grab	
Fecal Coliform	PERMIT MEASUREMENT					200	1000	NO./ IOU IIII	1/day	Grab	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	450 Avg Mo	600 Wkly Avg	lbs/day		9 Avg Mo	13 Wkly Avg	mall	1/day	24-Hr Composite	
	PERMIT MEASUREMENT	1689	2702	105/day		25	40	- mg/L	1/day	24-Hr Composite	
Facility Comments											

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
01-15 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 3:38:57 AM	
01-15 Influent and Process Control.xlsx	Legacy Document	12/12/2015 3:38:57 AM	
01-15 Sludge Processing.xlsx	Legacy Document	12/12/2015 3:38:57 AM	

#### COMMENTS

OOMINETTO			
COMMENT	OPERATOR	OPERATOR CERTIFICATION	OPERATOR CONTACT
	NAME	NUMBER	NUMBER
On January 18th our trickling filter meter was reading above its design capacity due to heavy rainfall therefore flow for that days is estimated. The SM5210B CBOD GGA	Timothy Boyd		610-279-5759
sample was outside the defined range on 1-1, 1-6 and 1-29.			

	SUBMITTED BY	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an		TELF	EPHONE		DATE	
	GREENPORT USER	electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		166			DITTE	
Ī		of law that this document and all attachments were prepared under your direction or supervision in accordance with a system				2015	02	12
_		designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or						
		persons who manage the system or those persons directly responsible for gathering the information, the information submitted is,		AREA				
		to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to	SUBMITTED BY FULL NAME	CODE	NUMBER	YEAR	MO	DAY
		substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unswom falsification to authorities).		CODE				

## 3800-FM-BCW0462 12/2016



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION **BUREAU OF CLEAN WATER**

## **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

**EP SE RgnI Off Norristown** 

EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH NAME Quarterly Report Frequency: PA0026816 001 **ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740** 01/01/2015 - 03/31/2015 Monitoring Period: PERMIT NUMBER **OUTFALL NUMBER EAST NORRITON PLYMOUTH STP** Submitted By: **FACILITY** MONITORING PERIOD 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740 Submit Date: 04/14/2015 LOCATION YEAR MO DAY YEAR MO DAY TELEPHONE 610-279-5759 **Final Effluent** Stage: 03 2015 01 01 2015 31 TO **FROM** COUNTY Montgomery ☐ Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE	
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIFLE ITF	
	SAMPLE					.034	.038		1/quarter	24-Hr Composite	
Copper, Total	MEASUREMENT					Avg	Daily Max	mg/L	17 quartor	24111 Gomposite	
Soppor, Total	PERMIT							""9"	1/quarter	24-Hr Composite	
	MEASUREMENT								1/quaitei	24-i ii Goi ii posii	
	SAMPLE					.002	.002		1/quarter	24-Hr Composite	
Lead, Total	MEASUREMENT					Avg	Daily Max	mg/L		24-111 Composite	
Local, Total	PERMIT							""9"	1/quarter	24-Hr Composite	
	MEASUREMENT								17 quartor	2 <del>1</del> ii Composite	
	SAMPLE					.07	.077		1/quarter	24-Hr Composit	
Zinc, Total	MEASUREMENT					Avg	Daily Max	mg/L	17 quartor	Z+1 ii Oomposit	
2110, 10tal	PERMIT							""9"	1/quarter	24-Hr Composit	
	MEASUREMENT								17 quartor	Z+1 ii Oomposit	
	SAMPLE					.136	.216		1/quarter	24-Hr Composit	
Cyanide, Free	MEASUREMENT					Avg	Daily Max	mg/L	17 quartor	Z+1 ii Oomposit	
Cyaniac, 1100	PERMIT							""9"	1/quarter	Grab	
	MEASUREMENT								17 quartor	Grab	
Total Dissolved Solids	SAMPLE					726			1/quarter	24-Hr Composit	
	MEASUREMENT					Avg		mg/L	1/ qual to	Z-T II OOI II POSIC	
	PERMIT					1000		'''9'	1/quarter	24-Hr Composite	
	MEASUREMENT					1000			i/qualtoi	2+1 ii 00/1/p03/0	
Facility Comments											

#### COMMENTS

**REGION** 

OCIVIIVILITO			
COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Timothy Boyd		610-279-5759

# 3800-FM-BCW0462 12/2016 pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

#### **DISCHARGE MONITORING REPORT (DMR)**

SUBMITTED BY GREENPORT USER	3.0					DATE		
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2015	04	14	
	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	



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

EAST NORRITON PLYMOUTH STP

LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759

COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

FROM

001
OUTFALL NUMBER

		MONIT	ORING	PERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
2015	02	01	то	2015	02	28

Report Frequency: Monthly

Monitoring Period: 02/01/2015 - 02/28/2015

Submitted By:

Submit Date: **03/16/2015** 

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAI	DING	QU	ANTITY OR CO	ONCENTRATIO	NC	FREQUENCYOF	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIFLE TIFE
Dissolved Oxygen	SAMPLE MEASUREMENT				10.1 Inst Min			mg/L	1/day	Grab
bissolved Oxygen	PERMIT MEASUREMENT				5.0			IIIg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				6.8 Inst Min		7.4 IMAX	S.U	1/day	Grab
μι	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	683 Avg Mo	732 Wkly Avg	- Ibs/day		16 Avg Mo	18 Wkly Avg	mg/L -	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	- ios/day		30	45	IIIg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	362 Avg Mo		- Ibs/day		8.3 Avg Mo		ma/l	1/day	24-Hr Composite
Ammonia-nitrogen	PERMIT MEASUREMENT	1351		- ibs/day		20.0		- mg/L -	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	123 Avg Mo		- Ibs/day		2.87 Avg Mo		mg/L	1/week	24-Hr Composite
Total Phospholds	PERMIT MEASUREMENT			105/day				IIIg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	5.3 Avg Mo	9.5 Daily Max	- MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT								Continuous	Metered
Total Pasidual Chlorina (TDC)	SAMPLE MEASUREMENT					.4 Avg Mo	.5 IMAX	ma/l	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L -	1/day	Grab



#### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	QUANTITY OR LOADING			JANTITY OR C	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE	
TAIMILIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	JAMI LE I II L	
Fecal Coliform	SAMPLE MEASUREMENT					10 Geo Mean	187 IMAX	1/day No./100 ml		Grab	
recai Collotti	PERMIT MEASUREMENT					200	1000	140./1001111	1/day	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	477 Avg Mo	497 Wkly Avg	lbs/day		11 Avg Mo	13 Wkly Avg	ma/l	1/day	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	1689	2702	105/day		25	40	mg/L	1/day	24-Hr Composite	
Facility Comments											

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
02-15 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 10:49:01 AM	
02-15 Influent and Process Control.xls	Legacy Document	12/12/2015 10:49:01 AM	
02-15 Sludge Processing.xls	Legacy Document	12/12/2015 10:49:01 AM	

#### COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Timothy Boyd		610-279-5759

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELI	EPHONE		DATE	
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2015	03	16
	persons who manage the system or those persons directly responsible for gathering the information, the information submitted is,		AREA				
	to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to	SUBMITTED BY FULL NAME	CODE	NUMBER	YEAR	MO	DAY
	substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).						

#### 3800-FM-BCW0462 12/2016



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

**EP SE RgnI Off Norristown** 

EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH NAME Quarterly Report Frequency: PA0026816 001 **ADDRESS** 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740 Monitoring Period: 04/01/2015 - 06/30/2015 PERMIT NUMBER **OUTFALL NUMBER EAST NORRITON PLYMOUTH STP** Submitted By: **FACILITY** MONITORING PERIOD 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740 Submit Date: 07/07/2015 LOCATION YEAR MO DAY YEAR MO DAY TELEPHONE 610-279-5759 **Final Effluent** Stage: 04 2015 01 2015 06 30 TO **FROM** COUNTY Montgomery ☐ Check here if No Discharge

PARAMETER		QUAN	TITY OR LOAI	DING	QU	ANTITY OR C	ONCENTRATIO	ON	FREQUENCYOF	SAMPLE TYPE
FAIMILILIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Copper, Total	SAMPLE MEASUREMENT					.024 Avg	.025 Daily Max	mg/L -	1/quarter	24-Hr Composite
ооры, паа	PERMIT MEASUREMENT							mg/L	1/quarter	24-Hr Composite
Lead, Total	SAMPLE MEASUREMENT					.002 Avg	.002 Daily Max	mg/L	1/quarter	24-Hr Composit
Lead, Total	PERMIT MEASUREMENT							IIIg/L	1/quarter	24-Hr Composit
Zinc, Total	SAMPLE MEASUREMENT					.064 Avg	.067 Daily Max	mg/L	1/quarter	24-Hr Composit
Ziro, Total	PERMIT MEASUREMENT							mg/L	1/quarter	24-Hr Composit
Cyanide, Free	SAMPLE MEASUREMENT					.005 Avg	.005 Daily Max	mg/L -	1/quarter	24-Hr Composit
Oyanide, Free	PERMIT MEASUREMENT							mg/L	1/quarter	Grab
Total Dissolved Solids	SAMPLE MEASUREMENT					610 Avg		mg/L	1/quarter	24-Hr Composit
iotai dissolved solids	PERMIT MEASUREMENT					1000		IIIg/L	1/quarter	24-Hr Composit
Facility Comments										

#### **COMMENTS**

**REGION** 

OCIVIIVILITO			
COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Timothy Boyd		610-279-5759

# 3800-FM-BCW0462 12/2016 pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

#### **DISCHARGE MONITORING REPORT (DMR)**

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELE	EPHONE		DATE		
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2015	07	07	
	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	



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP

LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE <u>610-279-5759</u>

COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

**FROM** 

001
OUTFALL NUMBER

		MONITO	ORING	PERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
2015	03	01	то	2015	03	31

Report Frequency: Monthly

Monitoring Period: 03/01/2015 - 03/31/2015

Submitted By:

Submit Date: **04/14/2015** 

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAD	DING	QUA	ANTITY OR CO	ONCENTRATIO	N	FREQUENCYOF	SAMPLE TYPE
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				9.6 Inst Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			IIIg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				7 Inst Min		7.5 IMAX	S.U.	1/day	Grab
ρΠ	PERMIT MEASUREMENT				6.0		9.0	0.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	944 Avg Mo	1342 Wkly Avg	lbs/day		14 Avg Mo	21 Wkly Avg	· mg/L	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	- ibs/day		30	45	mg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	566 Avg Mo		lbs/day		8.3 Avg Mo		mg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	1351		105/day		20.0		IIIg/L	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	132 Avg Mo		lbs/day		2.33 Avg Mo		ma/l	1/week	24-Hr Composite
Total Phosphorus	PERMIT MEASUREMENT			105/day				- mg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	8.3 Avg Mo	13.6 Daily Max	MGD					Continuous	Metered
FIOW	PERMIT MEASUREMENT			טטואו					Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.5 Avg Mo	.7 IMAX	ma/l	1/day	Grab
Total Residual Chlonne (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L	1/day	Grab



#### **DISCHARGE MONITORING REPORT (DMR)**

DADAMETED	PARAMETER		QUANTITY OR LOADING			JANTITY OR C	CONCENTRA	TION	FREQUENCY OF	SAMPLE TYPE	
TAIMILIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVII LL I II L	
Fecal Coliform	SAMPLE MEASUREMENT					27 Geo Mean	921 IMAX	No./100 ml	1/day	Grab	
recai collotti	PERMIT MEASUREMENT					200	1000	190./ 100 1111	1/day	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	878 Avg Mo	1369 Wkly Avg	lbs/day		13 Avg Mo	23 Wkly Avg	ma/l	1/day	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	1689	2702	ius/uay		25	40	- mg/L	1/day	24-Hr Composite	
Facility Comments											

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
03-15 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 12:40:08 PM	
03-15 Influent and Process Control.xls	Legacy Document	12/12/2015 12:40:08 PM	
03-15 Sludge Processing.xlsx	Legacy Document	12/12/2015 12:40:08 PM	
Supplemental Lab Accreditation Form.pdf	Legacy Document	12/12/2015 12:40:08 PM	

#### COMMENTS

,	OUNIMETATO			
	COMMENT	OPERATOR	OPERATOR	OPERATOR CONTACT
		NAME	CERTIFICATION NUMBER	NUMBER
	On 3-4, 3-9, 3-10, 3-11, 3-14 and 3-27 our trickling filter meter was reading above its design capacity due to high flows therefore the flow for those days are estimated. The	Timothy Boyd		610-279-5759
	SM5210B CBOD GGA sample was outside the defined range on 3-3, 3-9, 3-26 and 3-27.			

SUBMITTED BY	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an		TEL	EPHONE	DATE		
GREENPORT USER	electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty					1	
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system				2015	04	14
	$\perp$ designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or $\perp$		<del>                                     </del>			ļ .	<u> </u>
	persons who manage the system or those persons directly responsible for gathering the information, the information submitted is,		AREA				
	to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to	SUBMITTED BY FULL NAME	CODE	NUMBER	YEAR	MO	DAY
	substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).		JOBE				

#### 3800-FM-BCW0462 12/2016



#### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION **BUREAU OF CLEAN WATER**

#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

EP SE Rgnl Off Norristown

EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH Quarterly NAME Report Frequency: PA0026816 001 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740 07/01/2015 - 09/30/2015 **ADDRESS** Monitoring Period: **OUTFALL NUMBER** PERMIT NUMBER EAST NORRITON PLYMOUTH STP FACILITY Submitted By: MONITORING PERIOD 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740 10/08/2015 LOCATION Submit Date: MO DAY YEAR MO DAY YEAR TELEPHONE 610-279-5759 **Final Effluent** Stage: 07 01 09 30 2015 2015 TO **FROM COUNTY** Montgomery ☐ Check here if No Discharge

**QUANTITY OR LOADING QUANTITY OR CONCENTRATION FREQUENCY OF PARAMETER** SAMPLE TYPE **ANALYSIS VALUE UNITS VALUE UNITS VALUE VALUE VALUE** SAMPLE .069 .102 1/quarter 24-Hr Composite **MEASUREMENT** Avg Daily Max Copper, Total mg/L **PERMIT** 1/quarter 24-Hr Composite **MEASUREMENT** SAMPLE .004 .009 1/quarter 24-Hr Composite **MEASUREMENT** Avg Daily Max Lead, Total mg/L **PERMIT** 24-Hr Composite 1/quarter **MEASUREMENT** .225 SAMPLE .18 1/quarter 24-Hr Composite **MEASUREMENT** Avg Daily Max Zinc, Total mg/L **PERMIT** 1/quarter 24-Hr Composite **MEASUREMENT** .004 SAMPLE .005 1/quarter 24-Hr Composite **MEASUREMENT** Avg Daily Max Cvanide, Free mg/L **PERMIT** 1/quarter Grab **MEASUREMENT** 781 SAMPLE 24-Hr Composite 1/quarter **MEASUREMENT** Avg Total Dissolved Solids mg/L **PERMIT** 1000 1/quarter 24-Hr Composite **MEASUREMENT** 

#### COMMENTS

**REGION** 

OCIVIIVILIATO			
COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Timothy Boyd		610-279-5759

#### SUBMISSION CONFIRMATION:

**Facility Comments** 

# 3800-FM-BCW0462 12/2016 pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

#### **DISCHARGE MONITORING REPORT (DMR)**

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELE	EPHONE	DATE		
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2015	10	08
	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



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP
LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759

COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

**FROM** 

001
OUTFALL NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2015
 04
 01
 TO
 2015
 04
 30

Report Frequency: Monthly

Monitoring Period: 04/01/2015 - 04/30/2015

Submitted By:

Submit Date: **05/13/2015** 

Stage: Final Effluent

DADAMETED	PARAMETER		QUANTITY OR LOADING		QU.	ANTITY OR CO	ONCENTRATIO	NC	FREQUENCYOF	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				9.1 Inst Min			- mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			IIIg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				7 Inst Min		7.5 IMAX	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	0.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	875 Avg Mo	1057 Wkly Avg	lbs/day		17 Avg Mo	20 Wkly Avg	- mg/L	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	1DS/day		30	45	IIIg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	428 Avg Mo		lbs/day		8.2 Avg Mo		- mg/L	1/day	24-Hr Composite
Animonia-Nitrogen	PERMIT MEASUREMENT	1351		105/day		20.0		IIIg/L	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	157 Avg Mo		lbs/day		2.82 Avg Mo		- mg/L	1/week	24-Hr Composite
rotal i nosphoras	PERMIT MEASUREMENT			103/44				IIIg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	6.1 Avg Mo	9.3 Daily Max	MGD					Continuous	Metered
1 IOW	PERMIT MEASUREMENT								Continuous	Metered
Total Posidual Chlorina (TPC)	SAMPLE MEASUREMENT					.5 Avg Mo	.6 IMAX	mg/l	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L	1/day	Grab



#### **DISCHARGE MONITORING REPORT (DMR)**

DADAMETED	PARAMETER		QUANTITY OR LOADING		QUANTITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE	
FAIVAIVILIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIFLE TIFE	
Fecal Coliform	SAMPLE MEASUREMENT					13 Geo Mean	141 IMAX	No./100 ml	1/day	Grab	
recai Collotti	PERMIT MEASUREMENT					200	1000	190./ 100 1111	1/day	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	582 Avg Mo	942 Wkly Avg	· Ibs/day		11 Avg Mo	15 Wkly Avg	ma/l	1/day	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	1689	2702	ius/day		25	40	- mg/L	1/day	24-Hr Composite	
Facility Comments											

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
04-15 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 12:47:08 PM	
04-15 Influent and Process Control.xls	Legacy Document	12/12/2015 12:47:09 PM	
04-15 Sludge Processing.xls	Legacy Document	12/12/2015 12:47:09 PM	

#### COMMENTS

	CHARLETTO			
	COMMENT	OPERATOR	OPERATOR CERTIFICATION	OPERATOR CONTACT
		NAME	NUMBER	NUMBER
-	On 4-20 our trickling filter meter was reading above its design capacity due to high flows therefore the flow for that day is estimated. The SM5210B CBOD GGA sample	Timothy Boyd		610-279-5759
	was outside the defined range on 4-3 and 4-29.			

SUBMITTED BY GREENPORT USER	3.0						
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2015	05	13
	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

HEADER INFORM	HEADER INFORMATION									
Facility ID:	479872	Facility Name:	EAST NORRITON PLYMOUTH STP	Location Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740					
Permit Number:	PA0026816	Monitoring Period:	10/01/2015-12/31/2015	Mailing Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740					

Sampling Point		001		Stage Cod	Stage Code			t	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 Measurement	***	***	***	***	.024	.030	mg/L	24-Hr Composite	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
∟ead, Total	Sample Measurement	***	***	***	***	<.001	<.001	mg/L	24-Hr Composite	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Zinc, Total	Sample Measurement	***	***	***	***	.047	.052	mg/L	24-Hr Composite	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Cyanide, Free Available	Sample Measurement	***	***	***	***	.010	.020	mg/L	Grab	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		Grab	1/quarter
Total Dissolved Solids	Sample Measurement	***	***	***	***	612	***	mg/L	24-Hr Composite	1/month
	Permit Measurement	***	***		***	1000 Avg	***		24-Hr Composite	1/quarter

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment

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		Correc	ctive Action		C	Comments
UNAUTHO	RISED DISC	HARGES													
Non Compliance ID	Event Begin Date	Event End Date	Time Discove		ance Event arged	Location	Volume	Duration	Receiving Waters	Impact Water	t On	Cause Of Discharge	DEP Notified	Commer	nts
OTHER PE	RMIT VIOLA	TIONS													
Non Compliance ID	Stage Code (S	Sampling Point	)	Reported Par	ameter	Non Complia	nce Type	Comments							
	•														
COMMENT	S DETAILS														
Comment						Operator Nan	ne						Operator Cert Number	ification	Operator Contact Number
						_ <b></b>							<u> </u>		
SUBMISSIO	ON INFORMA	ATION													
official information	mation. You on ather and evalued is,	certify under aluate the inf to the best c	penalty of law formation sub	w that this do omitted. Base edge and bel	cument and a	all attachmer quiry of the pe	its were preperson or pers	pared under y sons who mai	our direction on age the systematical contractions of the systematical contractions of the contraction of th	or supe em or t	ervisior those p	n in accordar persons direc	nce with a sys tly responsib	stem des le for ga	of Pennsylvania. You are submitting signed to assure that qualified thering the information, the criminal penalties, including 18 P.S.
Submitted	By GreenPo	rt User	·	BOYDT	·			Submitted	By Full Nam	ie			Timothy Bo	yd	

**Document Generated** 

1/12/2016

DIRECTOR@ENPWJSA.ORG

**Email Address** 



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME

EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH

ADDRESS

200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

EAST NORRITON PLYMOUTH STP

LOCATION

200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE <u>610-279-5759</u>

COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

**FROM** 

001
OUTFALL NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2015
 05
 01
 TO
 2015
 05
 31

Report Frequency: Monthly

Monitoring Period: **05/01/2015 - 05/31/2015** 

Submitted By:

Submit Date: **06/05/2015** 

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAD	DING	QU.	ANTITY OR CO	ONCENTRATIO	NC	FREQUENCY OF ANALYSIS  1/day  1/day  1/day  1/day  1/day  1/day	SAMPLE TYPE
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				8.3 Inst Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			IIIg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				6.9 Inst Min		7.6 IMAX	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	0.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	627 Avg Mo	839 Wkly Avg	lbs/day		16 Avg Mo	21 Wkly Avg	- mg/L	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	1DS/day		30	45	Ting/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	319 Avg Mo		lbs/day		8.2 Avg Mo		- mg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	810		105/day		12.0		Ting/E	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	153 Avg Mo		lbs/day		3.96 Avg Mo		- mg/L	1/week	24-Hr Composite
Total i Hospilorus	PERMIT MEASUREMENT			103/44				mg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	4.6 Avg Mo	5.5 Daily Max	MGD					Continuous	Metered
I IOW	PERMIT MEASUREMENT								Continuous	Metered
Total Posidual Chlorina (TDC)	SAMPLE MEASUREMENT					.3 Avg Mo	.5 IMAX	mc/l	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L	1/day	Grab



#### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	QUANTITY OR LOADING			UANTITY OR C	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE	
TAINMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	JAMI LE III L	
Fecal Coliform	SAMPLE MEASUREMENT					32 Geo Mean	219 IMAX	No./100 ml	1/day	Grab	
recai comonn	PERMIT MEASUREMENT					200	1000	140./1001111	1/day	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	363 Avg Mo	473 Wkly Avg	lbs/day		9 Avg Mo	11 Wkly Avg	ma/l	1/day	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	1351	2027	ius/uay		20	30	mg/L	1/day	24-Hr Composite	
Facility Comments											

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
05-15 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 12:53:00 PM	
05-15 Influent and Process Control.xls	Legacy Document	12/12/2015 12:53:00 PM	
05-15 Sludge Processing.xls	Legacy Document	12/12/2015 12:53:00 PM	

#### COMMENTS

	COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
Ī	The SM5210B CBOD GGA sample was outside the defined range on 5-1 and 5-14.	Timothy Boyd		610-279-5759

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELI	EPHONE	DATE		
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2015	06	05
	persons who manage the system or those persons directly responsible for gathering the information, the information submitted is,		AREA				
	to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to	SUBMITTED BY FULL NAME	CODE	NUMBER	YEAR	MO	DAY
	substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).						



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP
LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE <u>610-279-5759</u>

Montgomery

REGION EP SE Rgnl Off Norristown

COUNTY

PA0026816
PERMIT NUMBER

**FROM** 

001
OUTFALL NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2015
 06
 01
 TO
 2015
 06
 30

Report Frequency: Monthly

Monitoring Period: 06/01/2015 - 06/30/2015

Submitted By:

Submit Date: **07/07/2015** 

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAI	DING	QU	ANTITY OR CO	ONCENTRATIO	ON	FREQUENCYOF	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIFLE TIFE
Dissolved Oxygen	SAMPLE MEASUREMENT				7.9 Inst Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			mg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				7.1 Inst Min		7.5 IMAX	S.U	1/day	Grab
μι	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	634 Avg Mo	840 Wkly Avg	- Ibs/day		15 Avg Mo	21 Wkly Avg	mg/L	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	- ibs/day		30	45	] IIIg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	366 Avg Mo		- Ibs/day		8.8 Avg Mo		mg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	810		- ibs/day		12.0		IIIg/L	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	199 Avg Mo		- Ibs/day		4.52 Avg Mo		mg/L	1/week	24-Hr Composite
rotal i nospilorus	PERMIT MEASUREMENT			1D3/day				mg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	5.1 Avg Mo	9.8 Daily Max	- MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT								Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.4 Avg Mo	.6 IMAX	mg/l	1/day	Grab
TULAI RESIDUAI GIIIOIIIIE (TRC)	PERMIT MEASUREMENT					.5	1.2	mg/L -	1/day	Grab



#### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	ITITY OR LOAD	DING	QI	UANTITY OR C	CONCENTRA	TION	FREQUENCY OF	SAMPLE TYPE	
FAIVAIVILILIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIFE	
Fecal Coliform	SAMPLE MEASUREMENT					38 Geo Mean	2420 IMAX	No./100 ml	1/day	Grab	
recai colliomi	PERMIT MEASUREMENT					200	1000	- No./ 100 Mi	1/day	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	400 Avg Mo	466 Wkly Avg	· Ibs/day		9 Avg Mo	11 Wkly Avg	mg/l	1/day	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	1351	2027	ius/uay		20	30	- mg/L	1/day	24-Hr Composite	
Facility Comments											

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
06-15 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 1:00:05 PM	
06-15 Influent and Process Control.xls	Legacy Document	12/12/2015 1:00:05 PM	
06-15 Sludge Processing.xls	Legacy Document	12/12/2015 1:00:05 PM	
Non-Compliance Form Fecal.doc	Legacy Document	12/12/2015 1:00:06 PM	

#### NON-COMPLIANCES

PERMIT	SAMPLING	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTE	DLIMITED	MONITOR	REPORTED
NUMBER	POINT	PERIOD	PERIOD	TYPE		CODE	BASE CODE	VALUE	VALUE	LOCATION	VALUE
	OTHER ID	<b>BEGIN DATE</b>	END DATE							CODER	UOM
PA0026816	001	06/01/2015	06/30/2015	CONDI	Fecal Coliform	3	Instantaneous	>2420	1000	No./100 ml	No./100 ml
							Maximum				

#### COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Timothy Boyd		610-279-5759

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELE	PHONE		DATE	
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2015	07	07
	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



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP
LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759

COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

FROM

001
OUTFALL NUMBER

		MONIT	ORING	PERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
2015	07	01	то	2015	07	31

Report Frequency: Monthly

Monitoring Period: **07/01/2015 - 07/31/2015** 

Submitted By:

Submit Date: **08/25/2015** 

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAI	DING	QU.	ANTITY OR CO	ONCENTRATION	NC	FREQUENCYOF	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				7.5 Inst Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			IIIg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				7.1 Inst Min		7.6 IMAX	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	0.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	578 Avg Mo	763 Wkly Avg	lbs/day		14 Avg Mo	17 Wkly Avg	- mg/L	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	ibs/day		30	45	IIIg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	289 Avg Mo		lbs/day		6.6 Avg Mo		- mg/L	1/day	24-Hr Composite
Animonia-Nittogen	PERMIT MEASUREMENT	810		105/day		12.0		Ting/E	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	147 Avg Mo		lbs/day		3.5 Avg Mo		- mg/L	1/week	24-Hr Composite
rotal i nosphoras	PERMIT MEASUREMENT			103/44				mg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	5.1 Avg Mo	6.9 Daily Max	MGD					Continuous	Metered
1 IOW	PERMIT MEASUREMENT								Continuous	Metered
Total Pasidual Chlorina (TDC)	SAMPLE MEASUREMENT					.4 Avg Mo	.7 IMAX	mc/l	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L	1/day	Grab



#### **DISCHARGE MONITORING REPORT (DMR)**

DADAMETED	PARAMETER		QUANTITY OR LOADING			JANTITY OR C	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Fecal Coliform	SAMPLE MEASUREMENT					33 Geo Mean	2420 IMAX	No./100 ml	1/day	Grab
recai Colliomi	PERMIT MEASUREMENT					200	1000	- No./ 100 Mi	1/day	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	419 Avg Mo	546 Wkly Avg	· Ibs/day		10 Avg Mo	12 Wkly Avg	mg/l	1/day	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	1351	2027	105/day		20	30	- mg/L	1/day	24-Hr Composite
Facility Comments										

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
07-15 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 1:29:19 PM	
07-15 Influent and Process Control.xls	Legacy Document	12/12/2015 1:29:19 PM	
07-15 Sludge Processing.xls	Legacy Document	12/12/2015 1:29:19 PM	
Non-Compliance Form Fecal Attachment.doc	Legacy Document	12/12/2015 1:29:19 PM	
Non-Compliance Form Fecal.doc	Legacy Document	12/12/2015 1:29:19 PM	
Non-Compliance Form Fecal.doc	Legacy Document	12/12/2015 1:29:19 PM	

#### NON-COMPLIANCES

	I TO I TO O IVII EVII T	320										
•	PERMIT	SAMPLING	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED
	NUMBER	POINT	PERIOD	PERIOD	TYPE		CODE	BASE CODE	VALUE	VALUE	LOCATION	VALUE
		OTHER ID	<b>BEGIN DATE</b>	END DATE							CODER	UOM
	PA0026816	001	07/01/2015	07/31/2015	CONDI	Fecal Coliform	3	Instantaneous	>2420	1000	No./100 ml	No./100 ml
								Maximum				

#### COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
The SM5210B CBOD GGA sample was outside the defined range on 7-2, 7-8 and 7-16.	Timothy Boyd		610-279-5759

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELE	EPHONE		DATE	
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2015	08	25
	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



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP

LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE <u>610-279-5759</u>

COUNTY

REGION EP SE Rgnl Off Norristown

Montgomery

PA0026816
PERMIT NUMBER

**FROM** 

001
OUTFALL NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2015
 08
 01
 TO
 2015
 08
 31

Report Frequency: Monthly

Monitoring Period: 08/01/2015 - 08/31/2015

Submitted By:

Submit Date: **09/14/2015** 

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAI	DING	QU	ANTITY OR CO	ONCENTRATIO	ON	FREQUENCYOF	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETTE
Dissolved Oxygen	SAMPLE MEASUREMENT				6.9 Inst Min		mg/L	1/day	Grab	
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			IIIg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				7.1 Inst Min		7.6 IMAX	S.U.	1/day	Grab
μι	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	338 Avg Mo	382 Wkly Avg	- Ibs/day		10 Avg Mo	12 Wkly Avg	mg/L	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	- ibs/day		30	45	IIIg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	190 Avg Mo		- Ibs/day		5.7 Avg Mo		ma/l	1/day	24-Hr Composite
Aminonia-Nitrogen	PERMIT MEASUREMENT	810		- ibs/day		12.0		- mg/L -	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	135 Avg Mo		- Ibs/day		4.03 Avg Mo		mg/L	1/week	24-Hr Composite
Total Phosphorus	PERMIT MEASUREMENT			105/day				IIIg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	3.9 Avg Mo	6.1 Daily Max	- MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT								Continuous	Metered
Total Poolidual Chlorina (TDC)	SAMPLE MEASUREMENT					.3 Avg Mo	.7 IMAX	me/l	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L -	1/day	Grab



#### **DISCHARGE MONITORING REPORT (DMR)**

DADAMETED	PARAMETER		QUANTITY OR LOADING			JANTITY OR C	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Fecal Coliform	SAMPLE MEASUREMENT					49 Geo Mean	517 IMAX	No./100 ml	1/day	Grab
recai Comorm	PERMIT MEASUREMENT					200	1000	- No./ 100 Mil	1/day	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	322 Avg Mo	417 Wkly Avg	· Ibs/day		10 Avg Mo	12 Wkly Avg	mg/l	1/day	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	1351	2027	ius/day		20	30	- mg/L	1/day	24-Hr Composite
Facility Comments										

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
08-15 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 1:09:15 PM	
08-15 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 2:03:27 AM	
08-15 Influent and Process Control.xls	Legacy Document	12/12/2015 1:09:15 PM	
08-15 Influent and Process Control.xls	Legacy Document	12/12/2015 2:03:27 AM	
08-15 Sludge Processing Revised.xls	Legacy Document	12/12/2015 2:03:27 AM	This is a revised sludge processing spreadsheet. The file was revised to include hauled out sludge. We were unable to delete the original file.
08-15 Sludge Processing Revised.xls	Legacy Document	12/12/2015 1:09:15 PM	This is a revised sludge processing spreadsheet. The file was revised to include hauled out sludge. We were unable to delete the original file.
08-15 Sludge Processing.xls	Legacy Document	12/12/2015 2:03:27 AM	
08-15 Sludge Processing.xls	Legacy Document	12/12/2015 1:09:15 PM	

#### COMMENTS

COMMENTS			
COMMENT	OPERATOR	OPERATOR	OPERATOR CONTACT
	NAME	CERTIFICATION NUMBER	NUMBER
On 8-21 our trickling filter meter was reading above its design capacity from 12:50 AM to 1:15 AM due to high flows therefore the flow for that day is estimated. The SM5210B	Timothy Boyd		610-279-5759
CBOD GGA sample was outside the defined range on 8-25 and 8-27.			

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELE	EPHONE		DATE	
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2015	09	14
	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



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP

LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759

COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

**FROM** 

001
OUTFALL NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2015
 09
 01
 TO
 2015
 09
 30

Report Frequency: Monthly

Monitoring Period: 09/01/2015 - 09/30/2015

Submitted By:

Submit Date: 10/08/2015

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAD	DING	QU.	ANTITY OR CO	ONCENTRATIO	N	FREQUENCYOF	SAMPLE TYPE
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				7.4 Inst Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			mg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				7 Inst Min		7.7 IMAX	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	0.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	367 Avg Mo	450 Wkly Avg	lbs/day		12 Avg Mo	13 Wkly Avg	mg/L	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	ibs/day		30	45	mg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	191 Avg Mo		lbs/day		6 Avg Mo		- mg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	810		105/day		12.0		IIIg/∟	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	143 Avg Mo		lbs/day		4.66 Avg Mo		mg/L	1/week	24-Hr Composite
Total Thospholus	PERMIT MEASUREMENT			105/day				mg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	3.8 Avg Mo	5.5 Daily Max	MGD					Continuous	Metered
I IOW	PERMIT MEASUREMENT								Continuous	Metered
Total Posidual Chlorina (TDC)	SAMPLE MEASUREMENT					.4 Avg Mo	1 IMAX	ma/l	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L	1/day	Grab



#### **DISCHARGE MONITORING REPORT (DMR)**

DADAMETED	PARAMETER		QUANTITY OR LOADING			UANTITY OR C	CONCENTRA	TION	FREQUENCY OF	SAMPLE TYPE
FAIVAIVILILIX			VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIFE
Fecal Coliform	SAMPLE MEASUREMENT					47 Geo Mean	2420 IMAX	No./100 ml	1/day	Grab
recai collomi	PERMIT MEASUREMENT					200	1000	1 100./ 100 1111	1/day	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	302 Avg Mo	375 Wkly Avg	· Ibs/day		10 Avg Mo	12 Wkly Avg	ma/l	1/day	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	1351	2027	ius/uay		20	30	- mg/L	1/day	24-Hr Composite
Facility Comments										

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
09-15 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 8:01:19 AM	
09-15 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 1:11:32 PM	
09-15 Influent and Process Control.xls	Legacy Document	12/12/2015 8:01:19 AM	
09-15 Influent and Process Control.xls	Legacy Document	12/12/2015 1:11:32 PM	
09-15 Sludge Processing.xls	Legacy Document	12/12/2015 1:11:32 PM	
09-15 Sludge Processing.xls	Legacy Document	12/12/2015 8:01:19 AM	
Non-Compliance Form Fecal.doc	Legacy Document	12/12/2015 1:11:32 PM	
Non-Compliance Form Fecal.doc	Legacy Document	12/12/2015 8:01:19 AM	

#### NON-COMPLIANCES

TOTT OOM ENTIT	<u> </u>										
PERMIT	SAMPLING	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED
NUMBER	POINT	PERIOD	PERIOD	TYPE		CODE	BASE CODE	VALUE	VALUE	LOCATION	VALUE
	OTHER ID	<b>BEGIN DATE</b>	END DATE							CODER	UOM
PA0026816	001	09/01/2015	09/30/2015	CONDI	Fecal Coliform	3	Instantaneous	>2420	1000	No./100 ml	No./100 ml
							Maximum				

#### COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
The SM5210B CBOD GGA sample was outside the defined range on 9-11, 9-12, 9-13 and 9-18.	Timothy Boyd		610-279-5759

	SUBMITTED BY	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an		TEI	EPHONE		DATE	
	GREENPORT USER	electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		IEL	EFHONE		DATE	
Ī		of law that this document and all attachments were prepared under your direction or supervision in accordance with a system				2015	10	08
L		designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2010	10	
		persons who manage the system or those persons directly responsible for gathering the information, the information submitted is,		AREA				
		to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to	SUBMITTED BY FULL NAME	CODE	NUMBER	YEAR	MO	DAY
		substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).						



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

COUNTY

**REGION** 

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP
LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE 610-279-5759

**EP SE RgnI Off Norristown** 

200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740
610-279-5759

Montgomery

FROM

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2015
 10
 01
 TO
 2015
 10
 31

Report Frequency: Monthly

Monitoring Period: 10/01/2015 - 10/31/2015

Submitted By:

Submit Date: 11/09/2015
Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAI	DING	QU	ANTITY OR CO	ONCENTRATIO	ON	FREQUENCYOF	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETTE
Dissolved Oxygen	SAMPLE MEASUREMENT				8 Inst Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			mg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				7.2 Inst Min		7.6 IMAX	S.U.	1/day	Grab
μι	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	333 Avg Mo	389 Wkly Avg	- Ibs/day		10 Avg Mo	11 Wkly Avg	mg/L	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	- ibs/day		30	45	IIIg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	286 Avg Mo		- Ibs/day		8.6 Avg Mo		ma/l	1/day	24-Hr Composite
Aminonia-Nitrogen	PERMIT MEASUREMENT	810		- ibs/day		12.0		mg/L -	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	141 Avg Mo		- Ibs/day		4.07 Avg Mo		mg/L	1/week	24-Hr Composite
Total Phosphorus	PERMIT MEASUREMENT			105/day				IIIg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	4.1 Avg Mo	7.6 Daily Max	- MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT								Continuous	Metered
Total Poolidual Chlorina (TDC)	SAMPLE MEASUREMENT					.5 Avg Mo	1 IMAX	me/l	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L -	1/day	Grab



#### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	TITY OR LOAD	DING	Ql	UANTITY OR C	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE
FAIVAIVILIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Fecal Coliform	SAMPLE MEASUREMENT					25 Geo Mean	613 IMAX	No./100 ml	1/day	Grab
recai Collotti	PERMIT MEASUREMENT					200	1000	140./1001111	1/day	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	278 Avg Mo	329 Wkly Avg	· Ibs/day		8 Avg Mo	10 Wkly Avg	ma/l	1/day	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	1351	2027	ius/day		20	30	mg/L	1/day	24-Hr Composite
Facility Comments										

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
10-15 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 1:45:02 PM	
10-15 Influent and Process Control.xls	Legacy Document	12/12/2015 1:45:02 PM	
10-15 Sludge Processing.xls	Legacy Document	12/12/2015 1:45:02 PM	

#### COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Timothy Boyd		610-279-5759

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty		TELI	EPHONE		DATE	
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2015	11	09
	persons who manage the system or those persons directly responsible for gathering the information, the information submitted is,		AREA				
	to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to	SUBMITTED BY FULL NAME	CODE	NUMBER	YEAR	MO	DAY
	substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unswom falsification to authorities).						



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

NAME EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

FACILITY EAST NORRITON PLYMOUTH STP

LOCATION 200 ROSS ST, PLYMOUTH MEETING, PA - 19462-2740

TELEPHONE <u>610-279-5759</u>

COUNTY Montgomery

REGION EP SE Rgnl Off Norristown

PA0026816
PERMIT NUMBER

FROM

001
OUTFALL NUMBER

MONITORING PERIOD											
YEAR	МО	DAY		YEAR	МО	DAY					
2015	11	01	то	2015	11	30					

Report Frequency: Monthly

Monitoring Period: 11/01/2015 - 11/30/2015

Submitted By:

Submit Date: **12/07/2015** 

Stage: Final Effluent

PARAMETER		QUAN	ITITY OR LOAI	DING	QU.	ANTITY OR CO	ONCENTRATIO	N	FREQUENCYOF	SAMPLE TYPE
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				8.3 Inst Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			IIIg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				6.8 Inst Min		7.7 IMAX	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	0.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	200 Avg Mo	214 Wkly Avg	lbs/day		7 Avg Mo	6 Wkly Avg	mg/L	1/day	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	2027	3040	1DS/day		30	45	mg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	232 Avg Mo		lbs/day		7.6 Avg Mo		- mg/L	1/day	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	1351		105/day		20.0		IIIg/∟	1/day	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	136 Avg Mo		lbs/day		4.03 Avg Mo		mg/L	1/week	24-Hr Composite
Total i Hospilorus	PERMIT MEASUREMENT			103/44				mg/ L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	3.7 Avg Mo	5.1 Daily Max	MGD					Continuous	Metered
I IOW	PERMIT MEASUREMENT								Continuous	Metered
Total Posidual Chlorina (TPC)	SAMPLE MEASUREMENT					.4 Avg Mo	.8 IMAX	ma/l	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.5	1.2	- mg/L	1/day	Grab



#### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	TITY OR LOAD	DING	Ql	UANTITY OR C	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE	
I AIVAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	OAIWI LL TIT L	
Fecal Coliform	SAMPLE MEASUREMENT					25 Geo Mean	921 IMAX	No./100 ml	1/day	Grab	
recai Collotti	PERMIT MEASUREMENT					200	1000	140./1001111	1/day	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	185 Avg Mo	195 Wkly Avg	lbs/day		6 Avg Mo	6 Wkly Avg	ma/l	1/day	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	1689	2702	105/Udy		25	40	mg/L	1/day	24-Hr Composite	
Facility Comments											

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
11-15 Daily Effluent Monitoring.xlsx	Legacy Document	12/12/2015 1:51:57 PM	
11-15 Influent and Process Control.xls	Legacy Document	12/12/2015 1:51:57 PM	
11-15 Sludge Processing.xls	Legacy Document	12/12/2015 1:51:57 PM	

#### COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Timothy Boyd		610-279-5759

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty	TELE	EPHONE	DATE			
	of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or				2015	12	07
	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

HEADER INFORM	HEADER INFORMATION											
Facility ID:	479872	Facility Name:	EAST NORRITON PLYMOUTH STP	Location Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							
Permit Number:	PA0026816	Monitoring Period:	12/01/2015-12/31/2015	Mailing Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							

Sampling Point		001		Stage Code	Stage Code			t	No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	8.6	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	6.8	***	7.7	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	465	777	lbs/day	***	11	13	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	413	***	lbs/day	***	10.2	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	1351 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	156	***	lbs/day	***	3.76	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	4.9	10.1	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.6	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	<9	816	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand	Sample Measurement	336	460	lbs/day	***	8	10	mg/L	24-Hr Composite	1/day
(CBOD5)	Permit Measurement	1689 Avg Mo	2702 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
12-15 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2016-01-08T12:14:07-05:00	
Cryptographic Hash Value of File (SHA-512)	430F1379F4311A44A47CAC806094	1820242C8B7DBFD76CCEF4A3D64B6F22	C58524047E0743BCA39C9D2ACEAB1FBF7EDB7246531A883D33E21D6678A7FE6A5A1D3
12-15 Influent and Process Control.xls	Influent and Process Control Form	2016-01-08T12:14:43-05:00	
Cryptographic Hash Value of File (SHA-512)	EA69B56A116E4D2615F81894E053	3968D02AFBEB7EAB2BFE8C6DF00F044	F0B64220EC761E0B00CC19DA36841FDB22B3ABC9E5DFEDDD3DE7BEAD38284D566F1D6C
12-15 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	on 2016-01-08T12:16:12-05:00	
Cryptographic Hash Value of File (SHA-512)	12FC53E95B95809C0FEB9438194F	F210887268F8E727350941294830C6935F	CB95E6267ACA5BD7FEFCA00E3EA2D0C5A6C3A26F75F512883B2002F1D327AE03A55

PERMIT VIC	<b>DLATIONS</b>													
		Event End Date	Parameter		Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC		Corrective Action		Comm	ents
UNAUTHOF	RISED DISCH	HARGES												
Non Compliance ID		Event End Date	Time Discover	red Substa Discha		Location	Volume	Duration	Receiving Waters	Impact Water	On Cause Of Discharge		Comments	
OTHER REI	ONIT VIOLA	TIONO												
OTHER PER	RMIT VIOLA	TIONS												
Non Compliance ID	Stage Code (S	Sampling Point)		Reported Para	meter	Non Compliar	nce Type	Comments						
COMMENTS	S DETAILS													
Comment						Operator Nam	іе					Operator Cert Number	ification	Operator Contact Number
		er signal was los ime period are e		1 - 12 PM due to	a bad Ethernet									
														<u> </u>
SUBMISSIC	ON INFORMA	ATION												
official information sinformation si	mation. You o ather and eva submitted is,	certify under paluate the info	penalty of law ormation suble f your knowle	v that this doc mitted. Based edge and belic	cument and a d on your inq	all attachmen uiry of the pe	its were prepa erson or perso	ared under yo ons who man	our direction on age the system	or supe em or th	ervision in accor hose persons d	dance with a sys rectly responsib	stem designe le for gatherir	nnsylvania. You are submitting d to assure that qualified ng the information, the inal penalties, including 18 P.S.

Submitted By Full Name

**Document Generated** 

Timothy Boyd

1/8/2016

Submitted By GreenPort User

**Email Address** 

BOYDT

DIRECTOR@ENPWJSA.ORG

HEADER INFORM	HEADER INFORMATION											
Facility ID:	479872	Facility Name:	EAST NORRITON PLYMOUTH STP	Location Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							
Permit Number:	PA0026816	Monitoring Period:	01/01/2016-01/31/2016	Mailing Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							

Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	9.3	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.0	***	7.7	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	660	791	lbs/day	***	16	17	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	472	***	lbs/day	***	11.3	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	1351 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	206	***	lbs/day	***	3.28	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	5.1	8.8	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.5	.7	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	<7	148	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand	Sample Measurement	381	457	lbs/day	***	9	9	mg/L	24-Hr Composite	1/day
(CBOD5)	Permit Measurement	1689 Avg Mo	2702 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day

ATTACHMENT DETAILS		
File Name	Attachment Type	Uploaded Time Attachment Comment
01-16 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2016-02-10T10:32:06-05:00
Cryptographic Hash Value of File (SHA-512)	8401BFDAFC87C957FF2E50911752E	81B8174FB811159F54AAEE40BAE1E0AD3AAABE6898100ED2ACEF8B17071E3B0ECBC790F9D86DFA35D9D625E76E421C8E3BC
01-16 Influent and Process Control.xls	Influent and Process Control Form	2016-02-10T10:32:29-05:00
Cryptographic Hash Value of File (SHA-512)	746B71AF4BEE2516800979817E71AI	E1621E09BCB1F7A3F351A1F0BB4DF82A6F022B5E3FA74DA7761A61F101EDF815A6D4CC2EAAB35EB5DEDE13AD07719689785
01-16 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-02-10T10:32:48-05:00
Cryptographic Hash Value of File (SHA-512)	696428A50DB4B6A85D67E6FD38500	085D7875DBC6BF4155024E4338E133B4995521654CCF4E39DEDA73B7242C9F64542FB3F016B3A3785F852155C0148B0ABE17

PERMIT VIC	DLATIONS													
Non Compliance ID		Event End Date	Parameter		Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC		Corrective Action		Comm	ents
UNAUTHOF	RISED DISCH	HARGES												
Non Compliance ID		Event End Date	Time Discover	red Substa Discha		Location	Volume	Duration	Receiving Waters	Impact Water	On Cause Of Discharge	DEP Notified	Comments	
OTHER PE	RMIT VIOLA	TIONS												
Non Compliance ID					Non Complian	Non Compliance Type Comments								
COMMENTS	S DETAILS													
Comment						Operator Nam	ie					Operator Certi Number	ification	Operator Contact Number
SUBMISSIC	N INFORMA	TION												
official information sinformation si	mation. You o ather and eva submitted is,	certify under paluate the info	penalty of law ormation subl f your knowle	v that this doo mitted. Based edge and belic	cument and a d on your inq	all attachment uiry of the pe	ts were preparent	ared under yo ons who man	our direction on age the system	or supe em or tl	ervision in accord hose persons di	lance with a systectly responsib	stem designe le for gatherir	nnsylvania. You are submitting of to assure that qualified ng the information, the inal penalties, including 18 P.S.
Submitted I	By GreenPo	rt User		BOYDT				Submitted !	By Full Name	е		Timothy Bo	yd	

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2/10/2016

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**Email Address** 

HEADER INFORM	MATION				
Facility ID:	479872	Facility Name:	EAST NORRITON PLYMOUTH STP	Location Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740
Permit Number:	PA0026816	Monitoring Period:	01/01/2016-03/31/2016	Mailing Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

Sampling Point			001		Stage Code			t	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 Measurement	***	***	***	***	.025	.030	mg/L	24-Hr Composite	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
∟ead, Total	Sample Measurement	***	***	***	***	.002	.002	mg/L	24-Hr Composite	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
c, Total	Sample Measurement	***	***	***	***	.062	.063	mg/L	24-Hr Composite	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Cyanide, Free	Sample Measurement	***	***	***	***	.070	.154	mg/L	Grab	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		Grab	1/quarter
Total Dissolved Solids	Sample Measurement	***	***	***	***	655	***	mg/L	24-Hr Composite	1/month
	Permit Measurement	***	***		***	1000 Avg	***		24-Hr Composite	1/quarter

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment

PERMIT VIC	DLATIONS														
Non Compliance ID		Event End Date	Parameter		Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC		Corrective	Action		Comme	ents
											•				
UNAUTHOF	RISED DISCH	HARGES													
Non Compliance ID		Event End Date	Time Discover	red Substa Discha		Location	Volume	Duration	Receiving Waters	Impact Water		use Of scharge	DEP Notified	Comments	
OTHER PE	OTHER PERMIT VIOLATIONS														
Non Compliance ID	Compliance						nce Type	Comments							
COMMENTS	3 DETAILS														
Comment						Operator Nam	Operator Name						Operator Certin Number	fication	Operator Contact Number
SUBMISSIC	N INFORMA	TION													
official information sinformation si	mation. You o ather and eva submitted is,	certify under paluate the info	penalty of law ormation subl f your knowle	v that this doo mitted. Based edge and belic	cument and a d on your inq	all attachment juiry of the pe	ts were preparent	ared under yo ons who man	our direction on age the system	or supe em or tl	ervision in those pers	accordano sons direct	ce with a systy tly responsible	tem designed le for gatherin	nnsylvania. You are submitting d to assure that qualified ng the information, the inal penalties, including 18 P.S.
Submitted By GreenPort User BOYDT					Submitted By Full Name					Timothy Boyd					

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4/8/2016

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HEADER INFORM	HEADER INFORMATION										
Facility ID:	479872	Facility Name:	EAST NORRITON PLYMOUTH STP	Location Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740						
Permit Number:	PA0026816	Monitoring Period:	02/01/2016-02/29/2016	Mailing Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740						

Sampling Point				Stage Code	•		Final Effluen	t	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	***	***	***	9.6	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	7.2	***	7.5	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	1230	1847	lbs/day	***	17	20	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	561	***	lbs/day	***	8.1	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	1351 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	153	***	lbs/day	***	2.24	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	8.4	14.4	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.5	.6	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	9	185	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand	Sample Measurement	612	961	lbs/day	***	8	11	mg/L	24-Hr Composite	1/day
(CBOD5)	Permit Measurement	1689 Avg Mo	2702 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day

ATTACHMENT DETAILS	ATTACHMENT DETAILS											
File Name	Attachment Type	Uploaded Time	Attachment Comment									
02-16 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2016-03-10T09:40:48-05:00										
Cryptographic Hash Value of File (SHA-512)	1ACDFC1C542EE00A8875A846EA7	74D65C2CDC172293863A1FD3B4132731	FD0228261EC6C5C1E9E27532572B7B5E4669775B1A7C9215EC8E3B076813F3A53EAC93									
02-16 Influent and Process Control.xls	Influent and Process Control Form	2016-03-10T09:41:08-05:00										
Cryptographic Hash Value of File (SHA-512)	5539167A01AF78FAA5DA68256BB	28EF09882C50D9792B29010BE309C656	9C00FF93D237CE1658D3A8EE0506645872FA57C9D502EB1E42607DE39BC611137CF38									
02-16 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	on 2016-03-10T09:41:35-05:00										
Cryptographic Hash Value of File (SHA-512)	87E09116EEC77CB003FBF88D5585526139B44A1F96562DEA98FE897AD32BDD7A343CA1EB802E74BFAA8400F0FE3868AE139D51CC80F16630FF64C7EF85FA46BD											

PERMIT VIC	DLATIONS														
	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC		Corrective	Action		Col	mments
UNAUTHOF	RISED DISCI	HARGES													
Non Compliance ID	Event Begin Date	Event End Date	Time Discover	red Substa Discha		Location	Volume	Duration	Receiving Waters	Impact Water		ause Of scharge	DEP Notified	Comments	
OTHER PE	OTHER PERMIT VIOLATIONS														
Non Compliance ID	Stage Code (S	Sampling Point)	)	Reported Para	ımeter	Non Complian	ice Type	Comments							
								•							
COMMENTS	S DETAILS														
Comment						Operator Name							Operator Certification Number		Operator Contact Number
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SUBMISSIC	N INFORMA	ATION													
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Submitted By GreenPort User BOYDT							Submitted	By Full Nam	е			Timothy Bo	yd		

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3/10/2016

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HEADER INFORMATION										
Facility ID:	479872	Facility Name:	EAST NORRITON PLYMOUTH STP	Location Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740					
Permit Number:	PA0026816	Monitoring Period:	04/01/2016-06/30/2016	Mailing Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740					

Sampling Point			001		Stage Code			t	No Discharge Indicator	N
Parameter	Limit Type	Load 1	oad 1 Load 2		Units Conc 1		Conc 3	Units	Sample Type	Sample Frequency
Copper, Total	Sample Measurement	***	***	***	***	.037	.041	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
ead, Total	Sample Measurement	***	***	***	***	.001	.002	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Zinc, Total	Sample Measurement	***	***	***	***	.081	.093	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Cyanide, Free	Sample Measurement	***	***	***	***	<.009	.015	mg/L	Grab	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		Grab	1/quarter
otal Dissolved Solids	Sample Measurement	***	***	***	***	524	***	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	1000 Avg	***		24-Hr Composite	1/quarter

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment

PERMIT VIC	DLATIONS														
Non Compliance ID		Event End Date	Parameter		Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC		Corrective	Action		Comme	ents
											•				
UNAUTHOF	RISED DISCH	HARGES													
Non Compliance ID		Event End Date	Time Discover	red Substa Discha		Location	Volume	Duration	Receiving Waters	Impact Water		use Of scharge	DEP Notified	Comments	
OTHER PE	OTHER PERMIT VIOLATIONS														
Non Compliance ID	Compliance						nce Type	Comments							
COMMENTS	3 DETAILS														
Comment						Operator Nam	Operator Name						Operator Certin Number	fication	Operator Contact Number
SUBMISSIC	N INFORMA	TION													
official information sinformation si	mation. You o ather and eva submitted is,	certify under paluate the info	penalty of law ormation subl f your knowle	v that this doo mitted. Based edge and belic	cument and a d on your inq	all attachment juiry of the pe	ts were preparent	ared under yo ons who man	our direction on age the system	or supe em or tl	ervision in those pers	accordano sons direct	ce with a systy tly responsible	tem designed le for gatherin	nnsylvania. You are submitting d to assure that qualified ng the information, the inal penalties, including 18 P.S.
Submitted By GreenPort User BOYDT					Submitted By Full Name					Timothy Boyd					

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7/7/2016

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HEADER INFORMATION											
Facility ID:	479872	Facility Name:	EAST NORRITON PLYMOUTH STP	Location Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740						
Permit Number:	PA0026816	Monitoring Period:	03/01/2016-03/31/2016	Mailing Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740						

Sampling Point		001		Stage Code	<b>e</b>		Final Effluen	t	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	***	***	***	9.1	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.0	***	7.5	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	616	682	lbs/day	***	13	15	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	452	***	lbs/day	***	9.2	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	1351 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	133	***	lbs/day	***	2.56	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	5.8	8.0	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.5	.6	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	15	225	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand	Sample Measurement	369	427	lbs/day	***	8	10	mg/L	24-Hr Composite	1/day
(CBOD5)	Permit Measurement	1689 Avg Mo	2702 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day

ATTACHMENT DETAILS	ATTACHMENT DETAILS												
File Name	Attachment Type	Uploaded Time	Attachment Comment										
03-16 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2016-04-08T08:04:00-04:00											
Cryptographic Hash Value of File (SHA-512)	EFC88A2CD42A4FB731911176300D	131FC0D55DEBE6FCDD4703AE9F0B4A	A77354AF2FC27F0093CE29DA46338136BC322BB2131C8D81605ACE404354ED7B729AD70										
03-16 Influent and Process Control.xls	Influent and Process Control Form	2016-04-08T08:04:18-04:00											
Cryptographic Hash Value of File (SHA-512)	E2D8E87E3DDEFB8CF2614B95D00I	ED5300C1F269F61319A37F5843711B33	36F59CC699BEAB3AA6304FA15ABC5AFF81BB370083FBEC681EA9F321E2B6951C95AA6C										
03-16 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-04-08T08:04:41-04:00											
Cryptographic Hash Value of File (SHA-512)	18BFE6967A899C0306B1238DF6752	2B7DA5E6E3DD2CFBE8803C1C56A41B	5FADEC72ABD2EF5267D14D1F30E5A9449DD253E70158903D66DA0089A007FC9128C7D7										

PERMIT VIC	DLATIONS														
Non Compliance ID		Event End Date	Parameter		Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC		Corrective	Action		Comme	ents
											•				
UNAUTHOF	RISED DISCH	HARGES													
Non Compliance ID		Event End Date	Time Discover	red Substa Discha		Location	Volume	Duration	Receiving Waters	Impact Water		use Of scharge	DEP Notified	Comments	
OTHER PE	RMIT VIOLA	TIONS													
Non Compliance ID	Stage Code (S	Sampling Point)		Reported Para	meter	Non Complian	ісе Туре	Comments							
COMMENTS	3 DETAILS														
Comment						Operator Nam	ie						Operator Certin Number	fication	Operator Contact Number
SUBMISSIC	N INFORMA	TION													
official information sinformation si	mation. You o ather and eva submitted is,	certify under paluate the info	penalty of law ormation subl f your knowle	v that this doo mitted. Based edge and belic	cument and a d on your inq	all attachment uiry of the pe	ts were preparent	ared under yo ons who man	our direction on age the system	or supe em or tl	ervision in those pers	accordano sons direct	ce with a systy tly responsible	tem designed le for gatherin	nnsylvania. You are submitting d to assure that qualified ng the information, the inal penalties, including 18 P.S.
Submitted I	By GreenPo	rt User		BOYDT				Submitted	By Full Name	е			Timothy Bo	yd	

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4/8/2016

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HEADER INFORM	HEADER INFORMATION											
Facility ID:	479872	Facility Name:	EAST NORRITON PLYMOUTH STP	Location Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							
Permit Number:	PA0026816	Monitoring Period:	07/01/2016-09/30/2016	Mailing Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							

Sampling Point		001		Stage Cod	de		Final Effluent	t	No Discharge Indicator	N
Parameter	Limit Type	Load 1	1 Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Copper, Total	Sample Measurement	***	***	***	***	.038	.058	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
ead, Total	Sample Measurement	***	***	***	***	<.001	<.001	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Zinc, Total	Sample Measurement	***	***	***	***	.077	.100	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Cyanide, Free	Sample Measurement	***	***	***	***	<.004	.004	mg/L	Grab	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		Grab	1/quarter
Total Dissolved Solids	Sample Measurement	***	***	***	***	669	***	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	1000 Avg	***		24-Hr Composite	1/quarter

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment

PERMIT VI	JLA HONS													
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Correc	ctive Action		Comments	
UNAUTHO	RISED DISCI	HARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discover		stance Event harged	Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified Comme	ents	
OTHER PE	RMIT VIOLA	TIONS												
Non Compliance ID	Stage Code (S	Sampling Point	)	Reported Par	rameter	Non Compliar	nce Type	Comments						
COMMENT	S DETAILS													
Comment						Operator Nam	ne					Operator Certification Number	Operator Contact Number	
SUBMISSIO	ON INFORMA	ATION												
official information	mation. You on the state of the	certify under aluate the inf , to the best c	penalty of law formation sub	w that this do mitted. Base edge and be	ocument and a ed on your inq	all attachmen quiry of the pe	its were preperson or pers	ared under y sons who mar	our direction on the system of	or supervision em or those p	n in accordar persons direc	nce with a system de ctly responsible for g	of Pennsylvania. You are submitting esigned to assure that qualified pathering the information, the discriminal penalties, including 18 P.	
Submitted	By GreenPo	rt User		BOYDT				Submitted	By Full Nam	ie		Timothy Boyd		

**Document Generated** 

10/7/2016

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HEADER INFORM	HEADER INFORMATION											
Facility ID:	479872	Facility Name:	EAST NORRITON PLYMOUTH STP	Location Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							
Permit Number:	PA0026816	Monitoring Period:	04/01/2016-04/30/2016	Mailing Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							

Sampling Point		001		Stage Code	9		Final Effluent	t	No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	8.6	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	7.1	***	7.5	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	600	706	lbs/day	***	15	18	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	371	***	lbs/day	***	9.2	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	1351 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	130	***	lbs/day	***	3.20	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	4.9	6.0	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.6	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	14	248	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand	Sample Measurement	412	500	lbs/day	***	10	13	mg/L	24-Hr Composite	1/day
(CBOD5)	Permit Measurement	1689 Avg Mo	2702 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day

ATTACHMENT DETAILS		
File Name	Attachment Type	Uploaded Time Attachment Comment
04-16 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2016-05-06T09:15:36-04:00
Cryptographic Hash Value of File (SHA-512)	4C339076E460E1253BC87D2E8548E	9A769EAF7ED7D19010D5B00E20C2D7DCEF8DBF9A9ECD7DBB3DE666B2148A550D0FB2D2A9F190D2270CD827A1C47E7EFDFD2
04-16 Influent and Process Control.xls	Influent and Process Control Form	2016-05-06T09:15:54-04:00
Cryptographic Hash Value of File (SHA-512)	A0913B70D260F60803FC8FF8571DB	722DBE692C8E1386EBBC2070B9DB01C3F29B399F02CDA59454222F2F12FD8FD95F0912D9390C39B95222C27F40EDAC26FA8
04-16 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-05-06T09:16:21-04:00
Cryptographic Hash Value of File (SHA-512)	AA18F73DB29786A9394A706F11076	C52F044F00B85888A91BB0DC368BB3E00B163C54D2620D3F32D70BD8C002CB5823036B5D5EA4144DBEFFE3DB917944511DA

PERMIT VIO	OLATIONS												
Non Compliance ID		Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Correc	ctive Action	С	Comments
UNAUTHOR	RISED DISCH	HARGES											
Non Compliance ID		Event End Date	Time Discover	red Substa Discha		Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of Discharge	DEP Notified Commen	its
OTHER PE	RMIT VIOLA	TIONS											
Non Compliance ID	Stage Code (S	Sampling Point)	)	Reported Para	ameter	Non Compliar	nce Type	Comments					
COMMENT	S DETAILS												
Comment						Operator Nam	ne					Operator Certification Number	Operator Contact Number
SUBMISSIO	ON INFORMA	ATION											
official inforr personnel gainformation	mation. You on ather and evaluations at the submitted is,	certify under   aluate the inf to the best o	penalty of law formation sub	v that this doo mitted. Base edge and beli	cument and a d on your inq	all attachmen uiry of the pe	nts were preperson or pers	eared under your sons who man	our direction on age the system	or supervision em or those p	n in accordar persons direc	nce with a system des ctly responsible for gat	of Pennsylvania. You are submitting signed to assure that qualified thering the information, the criminal penalties, including 18 P.S.
Submitted	By GreenPo	rt User		BOYDT				Submitted	By Full Nam	ie		Timothy Boyd	

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5/6/2016

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#### 3800-FM-BPNPSM0462 3/2012



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

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

Reorting Frequency:

DMR Effective From:

DMR Effective To:

12/31/2016

Permit Expires:

08/31/2016

Permit Application Due

No Discharge?

Quarterly

10/01/2016

12/31/2016

01/28/2017

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 2016
 10
 01
 TO
 2016
 12
 31

#### **PARAMETERS REPORTED VALUES**

PARAMETER		QUA	NTITY OR LOA	DING	C	QUANTITY OR C	CONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE ITPE	SAMPLE FREQUENCY	
Copper, Total	Sample Measurement	***	***	***	***	.030	.033	mg/L	24-Hr Composite	1/quarter	
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter	
Lead, Total	Sample Measurement	***	***	***	***	<.001	.001	mg/L	24-Hr Composite	1/quarter	
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter	
Zinc, Total	Sample Measurement	***	***	***	***	.074	.080	mg/L	24-Hr Composite	1/quarter	
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter	
Cyanide, Free	Sample Measurement	***	***	***	***	<.008	.012	mg/L	Grab	1/quarter	
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		Grab	1/quarter	
Total Dissolved Solids	Sample Measurement	***	***	***	***	600	***	mg/L	24-Hr Composite	1/quarter	
	Permit Measurement	***	***		***	1000 Avg	***		24-Hr Composite	1/quarter	
Facility Comments		•	•	•	•	•	•			•	

#### 3800-FM-BPNPSM0462 3/2012

File Name



#### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER**

**DISCHARGE MONITORING REPORT (DMR)** 

Attachment Type

#### ATTACHMENT DETAILS

							_ l									
PERMIT VIOLATION	ONS															
Non Compliance ID	ent Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of I	IC	Correcti	ve Action			Comments	
UNAUTHORISED	DISCHARGE	s								•						
Non Compliance ID	ent Begin Date	Event End Date	Time Discover		ubstance E ischarged	ent Location	Volume	Duration	Receiving Waters	Impact On W	/ater Cause Of Discharge	DEP Notified	I		Comments	
OTHER PERMIT V	/IOLATIONS							<u> </u>								
Non Compliance ID	)	Stage Code (Sa	mpling Point)		Reported Paramete	r	Non	Compliance Type					Comments	3		
COMMENTS DETA	AILS	Comn	nent					Operate	or Name			Operator C	ertification Nu	mber	Operator Contact	Number
															<u> </u>	
SUBMISSION INFO	ORMATION															
SUBMITTED BY GREENPORT US	ER elect	electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under												DATE		
	penalty of law that this document and all attachments were prepared under your direction or supervision in accorda system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your the person or persons who manage the system or those persons directly responsible for gathering the informat										AREA CO	DE N	UMBER	2017	1	9
BOYDT	information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unswifalsification to authorities).									BMITTED B' ULL NAME	Y AREA CO	DE N	UMBER	YEAR	МО	DAY

Uploaded Time

Attachment Comment

HEADER INFORM	HEADER INFORMATION											
Facility ID:	479872	Facility Name:	EAST NORRITON PLYMOUTH STP	Location Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							
Permit Number:	PA0026816	Monitoring Period:	05/01/2016-05/31/2016	Mailing Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							

Sampling Point		001		Stage Code	е		Final Effluen	t	No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	8.2	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.1	***	7.6	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	881	1198	lbs/day	***	16	19	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	592	***	lbs/day	***	11.6	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	810 Avg Mo	***		***	12.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	149	***	lbs/day	***	3.12	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	6.3	11.9	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.3	.6	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	43	921	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand	Sample Measurement	719	930	lbs/day	***	13	15	mg/L	24-Hr Composite	1/day
CBOD5)	Permit Measurement	1351 Avg Mo	2027 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/day

ATTACHMENT DETAILS											
File Name	Attachment Type	Uploaded Time Attachment Comment									
05-16 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2016-06-13T12:23:47-04:00									
Cryptographic Hash Value of File (SHA-512)	A36ECE916DE5B18327BBD5306608	FDDEA87D6D66769412C7291366AD5021468944EB71DAD97E9DA8D482DC1B9101B2E155E630A0BED3A46CADF4DC04A38379F8									
05-16 Influent and Process Control.xls	Influent and Process Control Form	2016-06-13T12:24:06-04:00									
Cryptographic Hash Value of File (SHA-512)	7EEFD034FAE81DFB066CD46E26F	5AA16EBDADC964CD0AA887407AE7B67F67E63C4A9C05A0DE109D79BEC23B14A4022AE9B18011580081CD4785D916617FC4F06									
05-16 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-06-13T12:24:29-04:00									
Cryptographic Hash Value of File (SHA-512)	11C29F48133A2CA16642C8C1DFF7	7044C58F791536252C4ED14F3E5DCB91E8BA68C739038D14962ED8B6577F3C77A9B52A9A10909946C8DC2E8E4B7C0EABC2EE									

PERMIT VI	JLA HONS														
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC		Correcti	ve Action		С	Comments
UNAUTHO	RISED DISCH	ARGES													
Non Compliance ID	Event Begin Date	Event End Date	Time Discover	red Subst Disch		Location	Volume	Duration	Receiving Waters	Impact Water		Cause Of Discharge	DEP Notified	Commen	nts
OTHER PE	RMIT VIOLAT	TIONS													
Non Compliance ID	Stage Code (S	ampling Point)		Reported Par	ameter	Non Compliar	псе Туре	Comments							
														,	
COMMENT	S DETAILS														
Comment						Operator Nam	ne						Operator Certin	fication	Operator Contact Number
															I
SUBMISSIO	ON INFORMA	TION													
official information	mation. You o ather and eva submitted is,	certify under paluate the information to the best o	penalty of law formation sub	v that this do mitted. Base edge and bel	cument and a ed on your inq	all attachmen uiry of the pe	ts were preparent	ared under yo ons who mar	our direction on age the systematical contractions of the systemat	or supe em or th	rvision hose pe	in accordan ersons direc	ce with a systy tly responsible	tem desi 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 GreenPor	rt User		BOYDT				Submitted	By Full Nam	е			Timothy Bo	yd	

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6/14/2016

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HEADER INFORM	HEADER INFORMATION											
Facility ID:	479872	Facility Name:	EAST NORRITON PLYMOUTH STP	Location Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							
Permit Number:	PA0026816	Monitoring Period:	06/01/2016-06/30/2016	Mailing Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code	•		Final Effluen	t	No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	7.8	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.2	***	7.6	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	670	1110	lbs/day	***	17	26	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	377	***	lbs/day	***	9.8	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	810 Avg Mo	***		***	12.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	150	***	lbs/day	***	3.96	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	4.5	5.3	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.3	.5	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	123	579	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand	Sample Measurement	494	810	lbs/day	***	13	19	mg/L	24-Hr Composite	1/day
(CBOD5)	Permit Measurement	1351 Avg Mo	2027 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/day

ATTACHMENT DETAILS											
File Name	Attachment Type	Uploaded Time Attachment Comment									
06-16 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2016-07-07T11:32:12-04:00									
Cryptographic Hash Value of File (SHA-512)	847E86F268D15F3CA79D38D4593A	64F2ADEBEF8BB28C488C1A3E5FDD9729D828ABCBA6372CC7D368E7BA1BEFFD6A91C1A8ADE93D057D0B6B28FD4BC335F6A4D7									
06-16 Influent and Process Control.xls	Influent and Process Control Form	2016-07-07T11:32:30-04:00									
Cryptographic Hash Value of File (SHA-512)	4C3CAE559A6550EBB96E445F728F	DCD9AC922697B13E7FE9FC38A40E4A393CE8AF74E62F89DACDD18E3D8BF9CC9DF3393A3F758A16120B92B68F5FF9A17908F7									
06-16 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-07-07T11:33:17-04:00									
Cryptographic Hash Value of File (SHA-512)	F7130FAAD7E1B116C29F129DDF9I	D897ADA7B8AA3F9C0AB464A391D5EC4489F98C6A8ED746C9A99146F5C4BFCD1AB98B74403556571746CF324CFDE24BC49483A									

PERMIT VIC	DLATIONS														
Non Compliance ID		Event End Date	Parameter		Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC		Corrective	Action		Comme	ents
											•				
UNAUTHOF	RISED DISCH	HARGES													
Non Compliance ID		Event End Date	Time Discover	red Substa Discha		Location	Volume	Duration	Receiving Waters	Impact Water		use Of scharge	DEP Notified	Comments	
OTHER PE	RMIT VIOLA	TIONS													
Non Compliance ID	Stage Code (S	Sampling Point)		Reported Para	meter	Non Complian	ісе Туре	Comments							
COMMENTS	3 DETAILS														
Comment						Operator Nam	ie						Operator Certin Number	fication	Operator Contact Number
SUBMISSIC	N INFORMA	TION													
official information sinformation si	mation. You o ather and eva submitted is,	certify under paluate the info	penalty of law ormation subl f your knowle	v that this doo mitted. Based edge and belic	cument and a d on your inq	all attachment uiry of the pe	ts were preparent	ared under yo ons who man	our direction on age the system	or supe em or tl	ervision in those pers	accordano sons direct	ce with a systy tly responsible	tem designed le for gatherin	nnsylvania. You are submitting d to assure that qualified ng the information, the inal penalties, including 18 P.S.
Submitted I	By GreenPo	rt User		BOYDT				Submitted	By Full Name	е			Timothy Bo	yd	

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7/7/2016

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HEADER INFORM	HEADER INFORMATION											
Facility ID:	479872	Facility Name:	EAST NORRITON PLYMOUTH STP	Location Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							
Permit Number:	PA0026816	Monitoring Period:	07/01/2016-07/31/2016	Mailing Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							

Sampling Point		001		Stage Code	•		Final Effluent	t	No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	7.3	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
pH	Sample Measurement	***	***	***	7.2	***	7.6	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	343	399	lbs/day	***	10	12	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	233	***	lbs/day	***	7.0	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	810 Avg Mo	***		***	12.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	124	***	lbs/day	***	4.12	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	4.0	5.1	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.7	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	24	613	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand	Sample Measurement	333	450	lbs/day	***	10	14	mg/L	24-Hr Composite	1/day
(CBOD5)	Permit Measurement	1351 Avg Mo	2027 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/day

ATTACHMENT DETAILS							
File Name	Attachment Type	Uploaded Time	Attachment Comment				
07-16 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2016-08-08T11:16:16-04:00					
Cryptographic Hash Value of File (SHA-512)	2223B08DDB882960E3E006E0CE6E	0DFC02329D7FF584487BAFD43FB2599	96F78C439114A146604461AC92E1F7D8F35BCCD518527BA510B8F5BC8AE00FEF369F6B				
07-16 Influent and Process Control.xls	Influent and Process Control Form	2016-08-08T11:17:08-04:00					
Cryptographic Hash Value of File (SHA-512)	0775218A5D3B1FBABBDC9F359CF0	025BCA9D15AF8E7DD00CA291E1F3366	6842E4CAF10324AE92FF0CACCE4CDC703F9095EC1EC57E9C820FA413993823EC0503EBD				
07-16 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-08-08T11:17:32-04:00					
Cryptographic Hash Value of File (SHA-512)	BBF6EECBF0D1CC4EB5AEE0AA786678D887C6EE73B19383BA0B84D15A4A345B126F27A311F8E6A5BCC4A0001D1D3D27BAF2A39B42782D5DFFA43004A4283A53A4						

PERMIT VIO	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		Correct	ctive Action			Comments	
UNAUTHOR	RISED DISCI	HARGES														
Non Compliance ID	Event Begin Date	Event End Date	Time Discover	ered Substa		Event Location	Volume	Duration	Receiving Waters	Impact Water		Cause Of Discharge	DEP Notified	Comme	nts	
OTHER PE	RMIT VIOLA	TIONS														
Non Compliance ID	Stage Code (S	Sampling Point	)	Reported Para	ameter	Non Complian	ice Type	Comments								
COMMENT	S DETAILS															
Comment						Operator Nam	ie						Operator Certi Number	ification	Operator Contac	t Number
SUBMISSIC	ON INFORMA	ATION														
official information	mation. You on ather and evanue a	certify under aluate the inf to the best c	penalty of law formation sub	w that this do omitted. Base edge and beli	cument ed on you	and all attachment our inquiry of the pe	ts were preperson or pers	pared under yes sons who mar	our direction on the system of	or supe tem or t	ervision those p	n in accordai persons direc	nce with a sys	stem des ble for ga	of Pennsylvania. You signed to assure that athering the informati d criminal penalties, i	t qualified ion, the
Submitted	By GreenPo	rt User		BOYDT				Submitted	By Full Nam	ne .			Timothy Bo	oyd		

**Document Generated** 

8/15/2016

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HEADER INFORM	HEADER INFORMATION											
Facility ID:	479872	Facility Name:	EAST NORRITON PLYMOUTH STP	Location Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							
Permit Number:	PA0026816	Monitoring Period:	08/01/2016-08/31/2016	Mailing Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							

Sampling Point		001		Stage Code	•		Final Effluen	t	No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	7.2	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.2	***	7.5	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	330	357	lbs/day	***	10	11	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	184	***	lbs/day	***	5.5	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	810 Avg Mo	***		***	12.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	136	***	lbs/day	***	4.24	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	4.0	4.5	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.7	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	67	546	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand	Sample Measurement	310	361	lbs/day	***	9	11	mg/L	24-Hr Composite	1/day
(CBOD5)	Permit Measurement	1351 Avg Mo	2027 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/day

ATTACHMENT DETAILS		
File Name	Attachment Type	Uploaded Time Attachment Comment
08-16 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-09-08T09:02:45-04:00
Cryptographic Hash Value of File (SHA-512)	7AB056140488E3EB6DE016D34A9FF	FE685426342E131C55EB3EFBC261B892A7776E237448BAABCBD222AAA97EDD21EAEF26BC0206C784C9AF1F9C6B0C0DEDDDA1
08-16 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2016-09-08T09:00:24-04:00
Cryptographic Hash Value of File (SHA-512)	4ADCC1B389EFD80D1B7BE57DBF62	275B4CEB425511AF53F72C7271C2E86C4638AA6B2F048A7EA53B7273767A181AF0ADAAC67B3584643F5F89B789CE33E9332B2
08-16 Influent and Process Control.xls	Influent and Process Control Form	2016-09-08T09:00:54-04:00
Cryptographic Hash Value of File (SHA-512)	344592B98217E010FE2B1C03A8B403	3A3EE073057211129CD703632DF7874D69B1A9A6E6699B75F13D34513B22DEDD0A7E27DC73581FF39894A8147FF1B8CED25

PERMIT VIC	DLATIONS													
Non Compliance ID		Event End Date	Parameter		Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC		Corrective Action		Comm	ents
UNAUTHOF	RISED DISCH	HARGES												
Non Compliance ID		Event End Date	Time Discover	red Substa Discha		Location	Volume	Duration	Receiving Waters	Impact Water	On Cause Of Discharge	DEP Notified	Comments	
OTHER PE	RMIT VIOLA	TIONS												
Non Stage Code (Sampling Point) Reported Parameter Non Compliance Type Comments  Compliance ID														
COMMENTS	S DETAILS													
Comment						Operator Nam	ie					Operator Certi Number	ification	Operator Contact Number
SUBMISSIC	N INFORMA	TION												
official information sinformation si	mation. You o ather and eva submitted is,	certify under paluate the info	penalty of law ormation subl f your knowle	v that this doo mitted. Based edge and belic	cument and a d on your inq	all attachment uiry of the pe	ts were preparent	ared under yo ons who man	our direction on age the system	or supe em or tl	ervision in accord hose persons di	lance with a systectly responsib	stem designe le for gatherir	nnsylvania. You are submitting of to assure that qualified ng the information, the inal penalties, including 18 P.S.
Submitted I	By GreenPo	rt User		BOYDT				Submitted !	By Full Name	е		Timothy Bo	yd	

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9/8/2016

DIRECTOR@ENPWJSA.ORG

HEADER INFORM	HEADER INFORMATION											
Facility ID:	479872	Facility Name:	EAST NORRITON PLYMOUTH STP	Location Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							
Permit Number:	PA0026816	Monitoring Period:	09/01/2016-09/30/2016	Mailing Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740							

Sampling Point		001		Stage Code	<b>e</b>		Final Effluen	t	No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	7.2	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.1	***	7.6	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	360	408	lbs/day	***	11	12	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	168	***	lbs/day	***	5.3	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	810 Avg Mo	***		***	12.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	151	***	lbs/day	***	4.66	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	3.8	5.4	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.5	.7	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	48	326	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand	Sample Measurement	322	413	lbs/day	***	10	13	mg/L	24-Hr Composite	1/day
(CBOD5)	Permit Measurement	1351 Avg Mo	2027 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/day

ATTACHMENT DETAILS		
File Name	Attachment Type	Uploaded Time Attachment Comment
09-16 Influent and Process Control.xls	Influent and Process Control Form	2016-10-07T09:03:55-04:00
Cryptographic Hash Value of File (SHA-512)	3D1C5F7B779E011AEA74C6C66DB7	CB98A2832ED799E4FF7A26CC946FFDCA61C2BE7AD4EB585EEF8702255FE07070F609DA1E61CF1D844B71A7AAF194EFB6B765
09-16 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2016-10-07T09:03:33-04:00
Cryptographic Hash Value of File (SHA-512)	06E013E733638BF99E9203B1AFC81I	FC338AAA0EC66E758B9CD2002F778713ABAD38C4ADE6E47A181FF39F98A6EAD8456D16A7B19A0EB4A819012D5503CC4185F
09-16 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-10-07T09:04:16-04:00
Cryptographic Hash Value of File (SHA-512)	A6BD735A8D6709D653A9E3584B218	C5FE1D56E7373EDA2830058F58417E8F0F759DF2032BF4B1C6C834C2E11B98F54CC5E8606ED59570AE6F5C269E3454DF352

PERMIT VI	JLA HONS													
Non Compliance ID	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC	Correc	ctive Action		Comments	
UNAUTHO	RISED DISCI	HARGES												
Non Compliance ID	Event Begin Date	Event End Date	Time Discover		tance 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 Point	)	Reported Par	rameter	Non Complian	nce Type	Comments						
COMMENT	S DETAILS													
Comment						Operator Nam	ne					Operator Certification Number	Opera	ator Contact Number
SUBMISSIO	ON INFORMA	ATION												
official information	mation. You on the state of the	certify under aluate the inf , to the best c	penalty of law formation sub	w that this do mitted. Base edge and be	ocument and a ed on your inc	all attachmen quiry of the pe	nts were preperson or pers	ared under y sons who mar	our direction on the system of	or supervisio em or those p	n in accordar persons direc	nce with a system de ctly responsible for g	esigned to as athering the	
Submitted	By GreenPo	rt User		BOYDT				Submitted	By Full Nam	ie		<b>Timothy Boyd</b>		

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10/7/2016

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HEADER INFORM	HEADER INFORMATION										
Facility ID:	479872	Facility Name:	EAST NORRITON PLYMOUTH STP	Location Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740						
Permit Number:	PA0026816	Monitoring Period:	10/01/2016-10/31/2016	Mailing Address:	200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740						

Sampling Point		001		Stage Code	е		Final Effluen	t	No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
Dissolved Oxygen	Sample Measurement	***	***	***	7.8	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.0	***	7.4	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	345	473	lbs/day	***	11	15	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	192	***	lbs/day	***	6.2	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	810 Avg Mo	***		***	12.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	135	***	lbs/day	***	4.36	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	3.7	4.1	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.5	.8	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	19	159	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand	Sample Measurement	260	327	lbs/day	***	8	10	mg/L	24-Hr Composite	1/day
(CBOD5)	Permit Measurement	1351 Avg Mo	2027 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/day

ATTACHMENT DETAILS			
File Name	Attachment Type	Uploaded Time	Attachment Comment
10-16 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2016-11-09T08:38:52-05:00	
Cryptographic Hash Value of File (SHA-512)	379159C10C00EFE2EC44A8124DC	DB2B31B05301FB66748FA4A986662C36	FD529C95B33114D1C4CAEA129243B8467811A0EFD7EB3B14873CA5F0F79119D8070BF
10-16 Influent and Process Control.xls	Influent and Process Control Form	2016-11-09T08:39:17-05:00	
Cryptographic Hash Value of File (SHA-512)	E1D9313DBD74B7BC84841614A90	15C8B4ED4F19940D3D7FBC8DCA74E02	2A04ACF3061A1D49D330075F95A95CF120018F449F62E452306CA831E062D25BC900DF5
10-16 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	on 2016-11-09T08:39:55-05:00	
Cryptographic Hash Value of File (SHA-512)	AEB7D44D5B62A57DDEC18C7B1A	A755F328515930BC134F9374742172BD	22CEC8FD6D9909447D254E09CF77A6A276D64AA719CDDD45AE64AAB10021C33257138F

PERMIT VIC	DLATIONS													
Non Compliance ID		Event End Date	Parameter		Reported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of NC		Corrective Action		Comm	ents
UNAUTHOF	RISED DISCH	HARGES												
Non Compliance ID		Event End Date	Time Discover	red Substa Discha		Location	Volume	Duration	Receiving Waters	Impact Water	On Cause Of Discharge	DEP Notified	Comments	
OTHER PE	RMIT VIOLA	TIONS												
Non Stage Code (Sampling Point) Reported Parameter Non Compliance Type Comments  Compliance ID														
COMMENTS	S DETAILS													
Comment						Operator Nam	ie					Operator Certi Number	ification	Operator Contact Number
SUBMISSIC	N INFORMA	TION												
official information sinformation si	mation. You o ather and eva submitted is,	certify under paluate the info	penalty of law ormation subl f your knowle	v that this doo mitted. Based edge and belic	cument and a d on your inq	all attachment uiry of the pe	ts were preparent	ared under yo ons who man	our direction on age the system	or supe em or tl	ervision in accord hose persons di	lance with a systectly responsib	stem designe le for gatherir	nnsylvania. You are submitting of to assure that qualified ng the information, the inal penalties, including 18 P.S.
Submitted I	By GreenPo	rt User		BOYDT				Submitted !	By Full Name	е		Timothy Bo	yd	

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11/9/2016

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

MONITORING PERIOD

TO

YEAR

2016

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

MO

11

DAY

01

YEAR

2016

FROM

001
OUTFALL NUMBER

MO

11

DAY

30

 Reorting Frequency:
 Monthly

 DMR Effective From:
 11/01/2016

 DMR Effective To:
 11/30/2016

 Permit Expires:
 08/31/2016

 Permit Application Due
 12/28/2016

 No Discharge?
 No

ple Measurement mit Measurement ple Measurement mit Measurement ple Measurement mit Measurement mit Measurement ple Measurement mit Measurement	VALUE **** ****  349 2027 Avg Mo 255 1351 Avg Mo 144	VALUE	UNITS  ***  Ibs/day	VALUE  8.3  5.0 Inst Min  7.0  6.0 Inst Min  ****	**** ****  11 30 Avg Mo 8.1 20.0	7.7 9.0 IMAX 15 45 Wkly Avg	Mg/L  mg/L  mg/L	Grab Grab Grab Grab Grab Grab 24-Hr Composite 24-Hr Composite	SAMPLE FREQUENC  1/day  1/day  1/day  1/day  1/day  1/day  1/day  1/day
mit Measurement  ple Measurement  mit Measurement  ple Measurement  mit Measurement  ple Measurement  mit Measurement  ple Measurement  mit Measurement	349 2027 Avg Mo 255 1351 Avg Mo	597 3040 Wkly Avg	lbs/day	5.0 Inst Min 7.0 6.0 Inst Min	11 30 Avg Mo 8.1 20.0	7.7 9.0 IMAX 15 45 Wkly Avg	S.U.	Grab Grab Grab 24-Hr Composite 24-Hr Composite	1/day 1/day 1/day 1/day 1/day 1/day
ple Measurement mit Measurement ple Measurement mit Measurement ple Measurement mit Measurement mit Measurement	349 2027 Avg Mo 255 1351 Avg Mo	597 3040 Wkly Avg	lbs/day	Inst Min 7.0 6.0 Inst Min ****	11 30 Avg Mo 8.1 20.0	7.7 9.0 IMAX 15 45 Wkly Avg	mg/L	Grab Grab 24-Hr Composite 24-Hr Composite	1/day 1/day 1/day 1/day
ple Measurement mit Measurement mit Measurement ple Measurement mit Measurement mit Measurement	349 2027 Avg Mo 255 1351 Avg Mo	597 3040 Wkiy Avg	lbs/day	6.0 Inst Min	11 30 Avg Mo 8.1 20.0	9.0 IMAX 15 45 Wkly Avg	mg/L	Grab  24-Hr Composite  24-Hr Composite	1/day 1/day 1/day
ple Measurement mit Measurement ple Measurement mit Measurement ple Measurement	349 2027 Avg Mo 255 1351 Avg Mo	597 3040 Wkly Avg		***	11 30 Avg Mo 8.1 20.0	15 45 Wkly Avg		24-Hr Composite 24-Hr Composite	1/day 1/day
mit Measurement  ple Measurement  mit Measurement  ple Measurement	2027 Avg Mo 255 1351 Avg Mo	3040 Wkly Avg		***	30 Avg Mo 8.1 20.0	45 Wkly Avg ***		24-Hr Composite	1/day
ple Measurement mit Measurement ple Measurement	Avg Mo 255 1351 Avg Mo	Wkly Avg  ***  ***	lbs/day	***	Avg Mo 8.1 20.0	Wkly Avg	mg/L	<u> </u>	, in the second
mit Measurement	1351 Avg Mo	***	lbs/day		20.0		mg/L	24-Hr Composite	1/day
ple Measurement	Avg Mo			***					,
·	144				Avg Mo	***		24-Hr Composite	1/day
	1	***	lbs/day	***	4.64	***	mg/L	24-Hr Composite	1/week
mit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
ple Measurement	3.7	5.3	MGD	***	***	***	***	Metered	Continuous
mit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
ple Measurement	***	***	***	***	.5	.7	mg/L	Grab	1/day
mit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
ple Measurement	***	***	***	***	>37	387	No./100 ml	Grab	1/day
mit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
ple Measurement	260	475	lbs/day	***	8	12	mg/L	24-Hr Composite	1/day
mit Measurement	1689 Avg Mo	2702 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day
ple mit	it Measurement le Measurement it Measurement le Measurement le Measurement it Measurement le Measurement	le Measurement 3.7  It Measurement Monitor & Report Avg Mo le Measurement ***  It Measurement ***  It Measurement ***  It Measurement ***  It Measurement 260  It Measurement 1689	Measurement   3.7   5.3	MGD   MGD	MGD	MGD	MGD	MGD	Metered   1



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

## ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
11-16 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2016-12-09T12:46:51-05:00	
11-16 Influent and Process Control.xls	Influent and Process Control Form	2016-12-09T12:47:24-05:00	
11-16 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-12-09T12:47:44-05:00	

#### PERMIT VIOLATIONS

Non 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
ID.											

#### **UNAUTHORISED DISCHARGES**

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

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

Comment	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORM	IATION						
SUBMITTED BY GREENPORT USER		Timothy Boyd	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 person or persons who manage the system or those persons directly responsible for gathering the information, the	·····ou.y 20ya	AREA CODE	NUMBER	2016	12	9
BOYDT	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)

MONITORING PERIOD

TO

YEAR

2016

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

МО

12

DAY

01

YEAR

2016

FROM

001
OUTFALL NUMBER

MO

12

DAY

31

Reorting Frequency: Mont
DMR Effective From: 12/01
DMR Effective To: 12/31
Permit Expires: 08/31
Permit Application Due 01/28
No Discharge? No

Monthly
12/01/2016
12/31/2016
08/31/2016
01/28/2017

PARAMETER		QUA	NTITY OR LOAD	DING		QUANTITY OR CO	ONCENTRATIO	N N	SAMPLE TYPE	SAMPLE FREQUENC
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE ITPE	SAMPLE FREQUENC
Dissolved Oxygen	Sample Measurement	***	***	***	8.4	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	6.6	***	7.7	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	487	639	lbs/day	***	13	16	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	319	***	lbs/day	***	8.3	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	1351 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	142	***	lbs/day	***	3.60	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	4.6	6.7	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.5	.8	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	>10	326	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	392	610	lbs/day	***	10	16	mg/L	24-Hr Composite	1/day
	Permit Measurement	1689 Avg Mo	2702 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day
Facility Comments		•								•



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

#### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
12-16 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2017-01-09T09:50:07-05:00	
12-16 Influent and Process Control.xls	Influent and Process Control Form	2017-01-09T09:50:41-05:00	
12-16 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-01-09T09:51:21-05:00	

#### **PERMIT VIOLATIONS**

_											
Non 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
ID.	_				Ī -			_			

#### **UNAUTHORISED DISCHARGES**

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

#### OTHER PERMIT VIOLATIONS

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

Comment	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORM	IATION						
SUBMITTED BY GREENPORT USER		Timethy David	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 person or persons who manage the system or those persons directly responsible for gathering the information, the	·····ou.y 20ya	AREA CODE	NUMBER	2017	1	9
BOYDT	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 Reorting Frequency:
 Monthly

 DMR Effective From:
 01/01/2017

 DMR Effective To:
 01/31/2017

 Permit Expires:
 08/31/2016

 Permit Application Due
 03/04/2016

 No Discharge?
 No

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 2017
 01
 01
 TO
 2017
 01
 31

PARAMETER		QUA	NTITY OR LOAI	DING	C	UANTITY OR CO	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENCY
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLETTPE	SAMPLE PREQUENCY
Dissolved Oxygen	Sample Measurement	***	***	***	9.4	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	6.9	***	7.4	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	524	613	lbs/day	***	13	15	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	264	***	lbs/day	***	6.4	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	1351 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	129	***	lbs/day	***	3.15	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	4.9	7.2	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.7	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	7	416	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	321	393	lbs/day	***	8	8	mg/L	24-Hr Composite	1/day
	Permit Measurement	1689 Avg Mo	2702 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day
Facility Comments								l l		•



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

#### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
01-17 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2017-02-06T07:31:34-05:00	
01-17 Influent and Process Control.xls	Influent and Process Control Form	2017-02-06T07:31:53-05:00	
01-17 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-02-06T07:32:12-05:00	

#### PERMIT VIOLATIONS

Non 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
ID											

#### **UNAUTHORISED DISCHARGES**

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

#### OTHER PERMIT VIOLATIONS

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

Comment	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORM	IATION						
SUBMITTED BY GREENPORT USER	,	Timothy Poyd	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 person or persons who manage the system or those persons directly responsible for gathering the information, the		AREA CODE	NUMBER	2017	2	7
BOYDT	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

Reorting Frequency:

DMR Effective From:

DMR Effective To:

03/31/2017

Permit Expires:

08/31/2016

Permit Application Due

No Discharge?

Quarterly

01/01/2017

03/31/2017

03/31/2016

No

		ا	MONITO	ORING F	PERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	2017	01	01	то	2017	03	31

PARAMETER		QUA	NTITY OR LOA	DING		UANTITY OR C	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAIVIPLE TIPE	SAMPLE PREQUENCY	
Copper, Total	Sample Measurement	***	***	***	***	.034	.042	mg/L	24-Hr Composite	1/quarter	
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter	
Lead, Total	Sample Measurement	***	***	***	***	<.001	.001	mg/L	24-Hr Composite	1/quarter	
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter	
Zinc, Total	Sample Measurement	***	***	***	***	.091	.104	mg/L	24-Hr Composite	1/quarter	
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter	
Cyanide, Free	Sample Measurement	***	***	***	***	<.070	.183	mg/L	Grab	1/quarter	
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max	Ī	Grab	1/quarter	
Total Dissolved Solids	Sample Measurement	***	***	***	***	577	***	mg/L	24-Hr Composite	1/quarter	
	Permit Measurement	***	***	]	***	1000 Avg	***	Ī	24-Hr Composite	1/quarter	
Facility Comments			•	•	•	•	•			•	



# **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER**

**DISCHARGE MONITORING REPORT (DMR)** 

#### ATTACHMENT DETAILS

	File Name		Attachm	nt Type	U	ploaded Time			Attachment Comment					
PERMIT VIOLATIONS														
Non Compliance   Event Be	gin Date Event End Date	Parameter Lin	it Type Reported Va	ue Permitted Va	lue Load Units	Sampling Point ID	Cause Of N	IC	Correctiv	e Action			Comments	
UNAUTHORISED DISCHARGES														
Non Compliance ID Event Begin Date Event End Date ID Event End Dat														
OTHER PERMIT VIOLATIONS														
Non Compliance ID Stage Code (Sampling Point) Reported Parameter Non Compliance Type Comments														
COMMENTS DETAILS														
	Comr	nent				Operato	or Name			Operator Ce	ertification Numl	ber	Operator Contact	Number
SUBMISSION INFORM	ATION											l		
SUBMITTED BY GREENPORT USER		n with the Commonwe	alth of Pennsylvania.	ou are submitt	ing official informati	on. You certify ui	nder	nothy Boy		LEPHONE			DATE	
penalty of law that this document and all attachments were prepared under your direction of supervision in accordance with a first penalty of law that this document and all attachments were prepared under your direction of supervision in accordance with a first penalty of law that this document and all attachments were prepared under your direction of supervision in accordance with a first penalty of law that this document and all attachments were prepared under your direction of supervision in accordance with a first penalty of law that this document and all attachments were prepared under your direction of supervision in accordance with a first penalty of law that this document and all attachments were prepared under your direction of supervision in accordance with a first penalty of law that the first										10				
BOYDT	information submitted i	rue, accurate a	nd complete. You a	Isolator gathering the information, the discomplete. You are aware that any false P.S. section 4904 (relating to unsworn FULL N				EA CODE NUMBER		YEAR	МО	DAY		



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

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 Reorting Frequency:
 Monthly

 DMR Effective From:
 02/01/2017

 DMR Effective To:
 02/28/2017

 Permit Expires:
 08/31/2016

 Permit Application Due
 03/04/2016

 No Discharge?
 No

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 2017
 02
 01
 TO
 2017
 02
 28

PARAMETER		QUA	NTITY OR LOAD	DING	C	QUANTITY OR CO	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENC
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE TIPE	SAMPLE PREQUENC
Dissolved Oxygen	Sample Measurement	***	***	***	9.5	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	6.9	***	7.3	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	680	838	lbs/day	***	18	23	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	247	***	lbs/day	***	6.6	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	1351 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	127	***	lbs/day	***	3.39	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	4.5	5.3	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.5	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	8	49	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	375	427	lbs/day	***	10	12	mg/L	24-Hr Composite	1/day
	Permit Measurement	1689 Avg Mo	2702 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day
Facility Comments								l l		



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

#### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
02-17 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2017-03-09T12:10:45-05:00	
02-17 Influent and Process Control.xls	Influent and Process Control Form	2017-03-09T12:12:06-05:00	
02-17 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-03-09T12:12:26-05:00	

#### **PERMIT VIOLATIONS**

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

#### **UNAUTHORISED DISCHARGES**

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

#### OTHER PERMIT VIOLATIONS

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

Comment	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORM	SUBMISSION INFORMATION										
SUBMITTED BY GREENPORT USER		Timothy Boyd	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 person or persons who manage the system or those persons directly responsible for gathering the information, the		AREA CODE	NUMBER	2017	3	13				
BOYDT	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 Reorting Frequency:
 Quarterly

 DMR Effective From:
 04/01/2017

 DMR Effective To:
 06/30/2017

 Permit Expires:
 08/31/2016

 Permit Application Due
 03/04/2016

 No Discharge?
 No

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 2017
 04
 01
 TO
 2017
 06
 30

PARAMETER		QUA	NTITY OR LOA	DING		UANTITY OR C	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENCY	
PARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE ITPE	SAMPLETREQUENCT	
Copper, Total	Sample Measurement	***	***	***	***	.025	.028	mg/L	24-Hr Composite	1/quarter	
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter	
Lead, Total	Sample Measurement	***	***	***	***	<.001	.001	mg/L	24-Hr Composite	1/quarter	
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter	
Zinc, Total	Sample Measurement	***	***	***	***	.062	.064	mg/L	24-Hr Composite	1/quarter	
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter	
Cyanide, Free	Sample Measurement	***	***	***	***	<.005	.008	mg/L	Grab	1/quarter	
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		Grab	1/quarter	
Total Dissolved Solids	Sample Measurement	***	***	***	***	547	***	mg/L	24-Hr Composite	1/quarter	
	Permit Measurement	***	***		***	1000 Avg	***		24-Hr Composite	1/quarter	
Facility Comments			•	•		•	•			•	



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

#### ATTACHMENT DETAILS

	File Name	Attachme	nt Type	ι	Jploaded Time				Attach	ment Commen	t		
PERMIT VIOLATIONS													
Non Compliance ID Event Be	Event Begin Date									Comments			
UNAUTHORISED DISC	CHARGES				•								
Non Compliance   Event Be							Water Cause Of Discharge	DEP Notifie	d		Comments		
OTHER PERMIT VIOLA	THER PERMIT VIOLATIONS												
Non Compliance ID Stage Code (Sampling Point) Reported Parameter Non Compliance Type Comments													
COMMENTS DETAILS													
	Comment				Operato	or Name			Operator C	Certification Nur	mber	Operator Contact	Number
SUBMISSION INFORM	ATION												
SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic electronic transaction with the Commo	nwealth of Pennsylvania. Y	ou are submitting	official informat	ion. You certify ui	nder	nothy Boyo		LEPHONE			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 person or persons who manage the system or those persons directly responsible for gathering the information, the							6					
BOYDT	information submitted is, to the best of y	our knowledge and belief, t	pelief, true, accurate and complete. You are aware that any false penalties, including 18 P.S. section 4904 (relating to unsworn FULL NAM						DE N	IUMBER	YEAR	МО	DAY



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

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 Reorting Frequency:
 Monthly

 DMR Effective From:
 03/01/2017

 DMR Effective To:
 03/31/2017

 Permit Expires:
 08/31/2016

 Permit Application Due
 03/04/2016

 No Discharge?
 No

		MONITORING PERIOD										
	YEAR	МО	DAY		YEAR	МО	DAY					
FROM	2017	03	01	то	2017	03	31					

PARAMETER		QUA	NTITY OR LOAI	DING	C	QUANTITY OR CO	ONCENTRATIO	ON	SAMPLE TYPE	SAMPLE FREQUENCY	
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE TIPE	C/WII EE I REGGEROT	
Dissolved Oxygen	Sample Measurement	***	***	***	9.2	***	***	mg/L	Grab	1/day	
	Permit Measurement	***	***		5.0 Inst Min	***	***	1	Grab	1/day	
рН	Sample Measurement	***	***	***	6.8	***	7.5	S.U.	Grab	1/day	
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX	] [	Grab	1/day	
Total Suspended Solids	Sample Measurement	743	981	lbs/day	***	17	26	mg/L	24-Hr Composite	1/day	
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day	
Ammonia-Nitrogen	Sample Measurement	500	***	lbs/day	***	10.5	***	mg/L	24-Hr Composite	1/day	
	Permit Measurement	1351 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day	
Total Phosphorus	Sample Measurement	153	***	lbs/day	***	3.51	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***	] [	24-Hr Composite	1/week	
Flow	Sample Measurement	5.8	11.1	MGD	***	***	***	***	Metered	Continuous	
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous	
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.6	mg/L	Grab	1/day	
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day	
Fecal Coliform	Sample Measurement	***	***	***	***	>25	866	No./100 ml	Grab	1/day	
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	607	878	lbs/day	***	13	23	mg/L	24-Hr Composite	1/day	
	Permit Measurement	1689 Avg Mo	2702 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day	
Facility Comments										•	



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

#### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
03-17 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2017-04-07T12:15:04-04:00	
03-17 Influent and Process Control.xls	Influent and Process Control Form	2017-04-07T12:15:25-04:00	
03-17 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-04-07T12:15:46-04:00	

#### PERMIT VIOLATIONS

Non 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
ID											

#### **UNAUTHORISED DISCHARGES**

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

#### OTHER PERMIT VIOLATIONS

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

## **COMMENTS DETAILS**

Comment	Operator Name	Operator Certification Number	Operator Contact Number
Due to the blizzard on 3-14-17, plant personnel as well as our outside contract laboratory were unable to collect a samples for dissolved oxygen, fecal coliform and pH that day.			

## SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER		Timothy Boyd	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 person or persons who manage the system or those persons directly responsible for gathering the information, the	,,	AREA CODE	NUMBER	2017	4	10
BOYDT	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 Reorting Frequency:
 Quarterly

 DMR Effective From:
 07/01/2017

 DMR Effective To:
 09/30/2017

 Permit Expires:
 08/31/2016

 Permit Application Due
 03/04/2016

 No Discharge?
 No

			MONITO	ORING F	PERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	2017	07	01	ТО	2017	09	30

PARAMETER		QUA	NTITY OR LOA	DING	C	UANTITY OR C	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENCY
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE ITPE	SAMPLE PREQUENCY
Copper, Total	Sample Measurement	***	***	***	***	.029	.058	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Lead, Total	Sample Measurement	***	***	***	***	<.002	.002	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Zinc, Total	Sample Measurement	***	***	***	***	.071	.124	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Cyanide, Free	Sample Measurement	***	***	***	***	.010	.014	mg/L	Grab	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		Grab	1/quarter
Total Dissolved Solids	Sample Measurement	***	***	***	***	510	***	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	1000 Avg	***		24-Hr Composite	1/quarter
Facility Comments			•	•	•	•		'		•



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

#### ATTACHMENT DETAILS

	File Name			Attachment Typ	е	l	Jploaded Time		Attachment Comment						
PERMIT VIOLATIONS															
Non Compliance   Event B	egin Date Event End Date	Parameter	Limit Type Re	eported Value	Permitted Value	Load Units	Sampling Point ID	Cause Of N	IC	Cor	ective Action			Comments	
NAUTHORISED DIS	CHARGES														
Non Compliance Event B	egin Date Event End Date	Time Discovered	Substanc Discharge		t Location	Volume	Duration	Receiving Waters	Impact On	Water Cause Of Discharge	DEP No	otified		Comments	
OTHER PERMIT VIOL	ATIONS														
Non Compliance ID	Stage Code (S	Sampling Point)	Repo	orted Parameter		Non	Compliance Type					Comments	3		
COMMENTS DETAILS	;		·		·										
	Com	ment					Operato	r Name			Opera	tor Certification Nu	mber	Operator Contact	Number
SUBMISSION INFORM	MATION			L											
SUBMITTED BY GREENPORT USER *Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You									nothy Boy	rd.	TELEPHON	NE .		DATE	
	er and evaluate the information submitted. Based on your inquiry of				nouny boy	AREA	CODE	NUMBER	2017	10	16				
BOYDT	information submitted	is, to the best of yo	our knowledge an al civil and crimin	nd belief, true, a	al penalties, including 18 P.S. section 4904 (relating to unsworn			BMITTED   JLL NAME		CODE	NUMBER	YEAR	MO	DAY	

falsification to authorities).



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

MONITORING PERIOD

TO

YEAR

2017

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

MO

04

DAY

01

YEAR

2017

FROM

001
OUTFALL NUMBER

MO

04

DAY

30

Reorting Frequency:

DMR Effective From:

DMR Effective To:

Permit Expires:

Permit Application Due

No Discharge?

Monthly
04/01/2017
04/30/2017
08/31/2016
03/04/2016
No

PARAMETER		QUA	NTITY OR LOAI	DING	C	UANTITY OR CO	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENC
PARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAIVIPLE ITPE	SAIVIPLE PREQUENC
Dissolved Oxygen	Sample Measurement	***	***	***	8.6	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.1	***	7.5	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	817	934	lbs/day	***	14	15	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	471	***	lbs/day	***	8.5	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	1351 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	154	***	lbs/day	***	2.67	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	6.9	12.1	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.5	.6	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	12	435	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	568	678	lbs/day	***	10	13	mg/L	24-Hr Composite	1/day
	Permit Measurement	1689 Avg Mo	2702 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day
Facility Comments								l l		•



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

#### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
04-17 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2017-05-05T11:45:06-04:00	
04-17 Influent and Process Control.xls	Influent and Process Control Form	2017-05-05T11:45:49-04:00	
04-17 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-05-05T11:46:27-04:00	

#### PERMIT VIOLATIONS

Non 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
ID.											

#### **UNAUTHORISED DISCHARGES**

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

#### OTHER PERMIT VIOLATIONS

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

Comment	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORM	IATION						
SUBMITTED BY GREENPORT USER		Timothy Boyd	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 person or persons who manage the system or those persons directly responsible for gathering the information, the		AREA CODE	NUMBER	2017	5	5
BOYDT	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

Reorting Frequency:

DMR Effective From:

DMR Effective To:

12/31/2017

Permit Expires:

08/31/2016

Permit Application Due

No Discharge?

Quarterly

10/01/2017

12/31/2017

08/31/2016

No

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 2017
 10
 01
 TO
 2017
 12
 31

PARAMETER		QUA	NTITY OR LOA	DING		UANTITY OR C	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENCY
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLETTPE	SAMPLE PREGUENCY
Copper, Total	Sample Measurement	***	***	***	***	.021	.027	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Lead, Total	Sample Measurement	***	***	***	***	<.001	<.001	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Zinc, Total	Sample Measurement	***	***	***	***	.054	.062	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Cyanide, Free	Sample Measurement	***	***	***	***	<.255	.420	mg/L	Grab	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg	Monitor & Report Daily Max	Ī	Grab	1/quarter
Total Dissolved Solids	Sample Measurement	***	***	***	***	595	***	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	1000 Avg	***	Ī	24-Hr Composite	1/quarter
Facility Comments		•	•	•	•	•	•			•



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

#### ATTACHMENT DETAILS

	File Name		Attachme	nt Type	U	Jploaded Time				Attac	chment Commen	t	Attachment Comment				
PERMIT VIOLATIONS																	
Non Compliance Event Be	gin Date	Limit	Type Reported Valu	e Permitted Va	lue Load Units	Sampling Point ID	Cause Of I	NC	Correctiv	ve Action			Comments				
UNAUTHORISED DISCHARGES																	
Non Compliance ID Event Begin Date Event End Date ID Event End Date IIm Discovered Substance Discharged Substance Discharged Function Volume Duration Receiving Waters Impact On Water Cause Of Discharge DEP Notified Comments																	
OTHER PERMIT VIOLATIONS																	
Non Compliance ID	Non Compliance ID Stage Code (Sampling Point) Reported Parameter Non Compliance Type Comments																
COMMENTS DETAILS																	
	Comment					Operate	or Name			Operator	Certification Nur	mber	Operator Contact	Number			
SUBMISSION INFORM	ATION			1						1		-					
SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electr electronic transaction with the Cor	nmonweal	th of Pennsylvania.	ou are submitt	ing official informat	ion. You certify u	nder	mothy Boy		LEPHONE			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 person or persons who manage the system or those persons directly responsible for gathering the information, the							12										
BOYDT 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  MO					DAY												



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

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 Reorting Frequency:
 Monthly

 DMR Effective From:
 05/01/2017

 DMR Effective To:
 05/31/2017

 Permit Expires:
 08/31/2016

 Permit Application Due
 03/04/2016

 No Discharge?
 No

		MONITORING PERIOD									
	YEAR	МО	DAY		YEAR	МО	DAY				
FROM	2017	05	01	то	2017	05	31				

PARAMETER		QUA	NTITY OR LOAI	DING	C	QUANTITY OR CO	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENCY	
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE TIPE	SAIVIPLE PREQUENCY	
Dissolved Oxygen	Sample Measurement	***	***	***	8.4	***	***	mg/L	Grab	1/day	
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day	
рН	Sample Measurement	***	***	***	7.1	***	7.4	S.U.	Grab	1/day	
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day	
Total Suspended Solids	Sample Measurement	837	1016	lbs/day	***	16	21	mg/L	24-Hr Composite	1/day	
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day	
Ammonia-Nitrogen	Sample Measurement	418	***	lbs/day	***	8.4	***	mg/L	24-Hr Composite	1/day	
	Permit Measurement	810 Avg Mo	***		***	12.0 Avg Mo	***		24-Hr Composite	1/day	
Total Phosphorus	Sample Measurement	143	***	lbs/day	***	3.10	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week	
Flow	Sample Measurement	6.0	10.4	MGD	***	***	***	***	Metered	Continuous	
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous	
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.6	mg/L	Grab	1/day	
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day	
Fecal Coliform	Sample Measurement	***	***	***	***	17	225	No./100 ml	Grab	1/day	
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	479	595	lbs/day	***	9	11	mg/L	24-Hr Composite	1/day	
	Permit Measurement	1351 Avg Mo	2027 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/day	
Facility Comments		•	•		•			·		•	



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

#### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
05-17 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2017-06-13T12:14:09-04:00	
05-17 Influent and Process Control.xls	Influent and Process Control Form	2017-06-13T12:14:27-04:00	
05-17 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-06-13T12:14:50-04:00	

#### PERMIT VIOLATIONS

Non 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
ID <sup>'</sup>			, '	1							

#### **UNAUTHORISED DISCHARGES**

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

#### OTHER PERMIT VIOLATIONS

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

Comment	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORM	IATION						
SUBMITTED BY GREENPORT USER		Timothy Poyd	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 person or persons who manage the system or those persons directly responsible for gathering the information, the		AREA CODE	NUMBER	2017	6	14
BOYDT	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

**001**OUTFALL NUMBER

 Reorting Frequency:
 Monthly

 DMR Effective From:
 06/01/2017

 DMR Effective To:
 06/30/2017

 Permit Expires:
 08/31/2016

 Permit Application Due
 03/04/2016

 No Discharge?
 No

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 2017
 06
 01
 TO
 2017
 06
 30

PARAMETER		QUA	NTITY OR LOAD	DING	C	QUANTITY OR CO	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENC
PARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE ITPE	SAIVIPLE FREQUENC
Dissolved Oxygen	Sample Measurement	***	***	***	7.6	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.2	***	7.6	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	602	721	lbs/day	***	14	17	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	391	***	lbs/day	***	9.1	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	810 Avg Mo	***		***	12.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	152	***	lbs/day	***	3.51	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	5.2	9.1	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.6	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	12	308	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	332	437	lbs/day	***	8	10	mg/L	24-Hr Composite	1/day
	Permit Measurement	1351 Avg Mo	2027 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/day
Facility Comments										1



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

#### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
06-17 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2017-07-06T09:28:00-04:00	
06-17 Influent and Process Control.xls	Influent and Process Control Form	2017-07-06T09:28:23-04:00	
06-17 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-07-06T09:28:39-04:00	

#### PERMIT VIOLATIONS

Non 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
ID.	g				Troportion Funds	· oou valuo		Camping : Cincip	Guado C. 110	000007.0	
ID											

#### **UNAUTHORISED DISCHARGES**

Non Compliance Event Begin Date Event End Date Time D	to a constant of the constant	Front Leastless Malous	Dti	Decelology Waters   Joseph and On Water	0	DED Notice of	0
	iscovered Substance	Event Location Volume	Duration	Receiving Waters   Impact On Water	Cause Of	DEP Notified	Comments
	Discharged			-	Discharge		

#### OTHER PERMIT VIOLATIONS

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

Comment	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORM	IATION						
SUBMITTED BY GREENPORT USER		Timothy Boyd	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	·····ou.y 20ya	AREA CODE	NUMBER	2017	7	6
BOYDT	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

Reorting Frequency: Monthly

DMR Effective From: 07/01/2017

DMR Effective To: 07/31/2017

Permit Expires: 08/31/2016

Permit Application Due 03/04/2016

No Discharge? No

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 2017
 07
 01
 TO
 2017
 07
 31

PARAMETER		QUA	NTITY OR LOAD	DING		QUANTITY OR CO	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENC
FARAINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAIVIPLE TIPE	SAIVIPLE FREQUENC
Dissolved Oxygen	Sample Measurement	***	***	***	7.2	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.2	***	7.6	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	337	453	lbs/day	***	8	8	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	228	***	lbs/day	***	5.2	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	810 Avg Mo	***		***	12.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	134	***	lbs/day	***	3.33	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	5.1	8.4	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.5	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	20	308	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	337	510	lbs/day	***	8	9	mg/L	24-Hr Composite	1/day
	Permit Measurement	1351 Avg Mo	2027 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/day
Facility Comments		ı				•				•



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

#### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
07-17 Influent and Process Control.xls	Influent and Process Control Form	2017-08-14T08:50:17-04:00	
07-17 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2017-08-14T08:52:08-04:00	
07-17 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-08-14T08:52:46-04:00	

#### PERMIT VIOLATIONS

_												
	Non 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
	ID.	_				1						

#### **UNAUTHORISED DISCHARGES**

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

#### OTHER PERMIT VIOLATIONS

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

Comment	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORM	IATION						
SUBMITTED BY GREENPORT USER	,	Timothy Poyd	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 person or persons who manage the system or those persons directly responsible for gathering the information, the	, _ = , , =	AREA CODE	NUMBER	2017	8	14
BOYDT	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 Reorting Frequency:
 Monthly

 DMR Effective From:
 08/01/2017

 DMR Effective To:
 08/31/2017

 Permit Expires:
 08/31/2016

 Permit Application Due
 03/04/2016

 No Discharge?
 No

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 2017
 08
 01
 TO
 2017
 08
 31

PARAMETER		QUA	NTITY OR LOAD	DING	C	QUANTITY OR CO	ONCENTRATIO	ON	SAMPLE TYPE	SAMPLE FREQUENCY
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAWFLE ITFE	SAIVIFLE FREQUENCY
Dissolved Oxygen	Sample Measurement	***	***	***	7.6	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.4	***	7.6	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	354	486	lbs/day	***	9	11	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	299	***	lbs/day	***	7.2	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	810 Avg Mo	***		***	12.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	134	***	lbs/day	***	3.28	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	4.9	6.8	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.3	.5	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	>28	>2420	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	274	398	lbs/day	***	7	9	mg/L	24-Hr Composite	1/day
	Permit Measurement	1351 Avg Mo	2027 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/day
Facility Comments		•			•					



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

#### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
08-17 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2017-09-08T11:06:55-04:00	
08-17 Influent and Process Control.xls	Influent and Process Control Form	2017-09-08T11:07:14-04:00	
Non-Compliance Form Fecal.doc	Letter Explaining Non-Compliance	2017-09-08T11:08:38-04:00	
08-17 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-09-08T11:07:50-04:00	

#### **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
46969	08/01/2017	08/31/2017	Fecal Coliform	Instantaneous Maximum	2420	1000		001			

## **UNAUTHORISED DISCHARGES**

Non Compliance Eve	ent Begin Date	Event End Date	Time Discovered	Substance	Event Location	Volume	Duration	Receiving Waters	Impact On Water	Cause Of	DEP Notified	Comments
ID <sup>*</sup>	· ·			Discharged						Discharge		

## 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

#### SUBMISSION INFORMATION

SUBMISSION INFORM	ATION						
SUBMITTED BY GREENPORT USER		Timothy Boyd	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 person or persons who manage the system or those persons directly responsible for gathering the information, the		AREA CODE	NUMBER	2017	9	8
BOYDT	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 Reorting Frequency:
 Monthly

 DMR Effective From:
 09/01/2017

 DMR Effective To:
 09/30/2017

 Permit Expires:
 08/31/2016

 Permit Application Due
 03/04/2016

 No Discharge?
 No

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 2017
 09
 01
 TO
 2017
 09
 30

PARAMETER		QUA	NTITY OR LOAI	DING	C	QUANTITY OR CO	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENCY
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE ITPE	SAMPLE FREQUENCY
Dissolved Oxygen	Sample Measurement	***	***	***	7.8	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.4	***	7.6	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	226	272	lbs/day	***	7	8	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	127	***	lbs/day	***	3.6	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	810 Avg Mo	***		***	12.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	142	***	lbs/day	***	4.09	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	4.1	4.8	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.5	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	30	816	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	185	256	lbs/day	***	5	7	mg/L	24-Hr Composite	1/day
	Permit Measurement	1351 Avg Mo	2027 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/day
Facility Comments								l l		•



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

#### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
09-17 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2017-10-16T09:10:34-04:00	
09-17 Influent and Process Control.xls	Influent and Process Control Form	2017-10-16T09:12:18-04:00	
09-17 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-10-16T09:12:37-04:00	

#### **PERMIT VIOLATIONS**

_									
Non Compliance	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Sampling Point ID	Corrective Action	Comments
ID					-				

#### **UNAUTHORISED DISCHARGES**

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

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

Comment	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORM	IATION						
SUBMITTED BY GREENPORT USER	,	Timothy Poyd	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 person or persons who manage the system or those persons directly responsible for gathering the information, the		AREA CODE	NUMBER	2017	10	16
BOYDT	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)

MONITORING PERIOD

TO

YEAR

2017

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

MO

10

DAY

01

YEAR

2017

FROM

001
OUTFALL NUMBER

MO

10

DAY

31

Reorting Frequency: Monthly

DMR Effective From: 10/01/2017

DMR Effective To: 10/31/2017

Permit Expires: 08/31/2016

Permit Application Due 03/04/2016

No Discharge? No

Monthly
10/01/2017
10/31/2017
08/31/2016
03/04/2016

PARAMETER		QUA	NTITY OR LOAI	DING		QUANTITY OR CO	ONCENTRATIO	ON	SAMPLE TYPE	SAMPLE FREQUENC
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE TIPE	SAIVIPLE PREQUENC
Dissolved Oxygen	Sample Measurement	***	***	***	7.8	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.5	***	7.7	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	326	375	lbs/day	***	10	12	mg/L	24-Hr Composite	1/day
	Permit Measurement	2027 Avg Mo	3040 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Ammonia-Nitrogen	Sample Measurement	176	***	lbs/day	***	5.2	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	810 Avg Mo	***		***	12.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	135	***	lbs/day	***	4.15	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	4.0	8.0	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.5	.9	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	28	866	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	215	215	lbs/day	***	6	7	mg/L	24-Hr Composite	1/day
	Permit Measurement	1351 Avg Mo	2027 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/day
Facility Comments		I.								1



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

#### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
10-17 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2017-11-06T08:27:10-05:00	
10-17 Influent and Process Control.xls	Influent and Process Control Form	2017-11-06T08:27:31-05:00	
10-17 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-11-06T08:27:54-05:00	

#### **PERMIT VIOLATIONS**

_									
Non Compliance	Event Begin Date	Event End Date	Parameter	Limit Type	Reported Value	Permitted Value	Sampling Point ID	Corrective Action	Comments
ID					-				

#### **UNAUTHORISED DISCHARGES**

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

#### OTHER PERMIT VIOLATIONS

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

Comment	Operator Name	Operator Certification Number	Operator Contact Number

GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under	Timothy Boyd	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	Timothy Boyd	AREA CODE	NUMBER	2017	11	6
BOYDT	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 Reorting Frequency:
 Monthly

 DMR Effective From:
 11/01/2017

 DMR Effective To:
 11/30/2017

 Permit Expires:
 10/31/2022

 Permit Application Due
 05/04/2022

 No Discharge?
 No

		MONITORING PERIOD										
	YEAR	МО	DAY		YEAR	МО	DAY					
FROM	2017	11	01	то	2017	11	30					

PARAMETER		QUA	NTITY OR LOAD	ING		QUANTITY OR C	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENCY
PARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE TIPE	SAMPLE PREQUENC
Dissolved Oxygen	Sample Measurement	***	***	***	8.2	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.3	***	7.6	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	332	498	lbs/day	***	10.0	15.0	mg/L	24-Hr Composite	1/day
	Permit Measurement	2169 Avg Mo	3254 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		24-Hr Composite	1/day
Total Nitrogen	Sample Measurement	873	***	lbs/day	***	25.1	***	mg/L	24-Hr Composite	1/month
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/month
Ammonia-Nitrogen	Sample Measurement	181	***	lbs/day	***	5.3	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	1446 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	127	***	lbs/day	***	3.75	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	4.1	5.1	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.5	.6	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Cyanide, Free	Sample Measurement	***	***	***	***	.37	.37	mg/L	Grab	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report Daily Max		Grab	1/month
Fecal Coliform	Sample Measurement	***	***	***	***	<32	980	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	273	556	lbs/day	***	8.0	16.0	mg/L	24-Hr Composite	1/day
	Permit Measurement	1807 Avg Mo	2892 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		24-Hr Composite	1/day
Biochemical Oxygen Demand (BOD5)	Sample Measurement	7910	***	lbs/day	***	231	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day
Total Suspended Solids	Sample Measurement	***	***	***	***	251	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day



# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

#### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
11-17 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2017-12-13T12:02:29-05:00	
11-17 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2017-12-13T12:00:48-05:00	
11-17 Influent and Process Control.xls	Influent and Process Control Form	2017-12-13T12:01:06-05:00	
Supplemental Lab Accreditation Form.doc	Laboratory Accreditation Form	2017-12-13T12:03:47-05:00	
Supplemental Lab Accreditation Form PART 2.doc	Laboratory Accreditation Form	2017-12-13T12:04:28-05:00	

#### **PERMIT VIOLATIONS**

Non 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		
וט		1										

#### **UNAUTHORISED DISCHARGES**

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

## 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

## SUBMISSION INFORMATION

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under	Timothy Boyd	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 person or persons who manage the system or those persons directly responsible for gathering the information, the	,	AREA CODE	NUMBER	2017	12	14
BOYDT	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH

ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 Reorting Frequency:
 Monthly

 DMR Effective From:
 12/01/2017

 DMR Effective To:
 12/31/2017

 Permit Expires:
 10/31/2022

 Permit Application Due
 05/04/2022

No

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 2017
 12
 01
 TO
 2017
 12
 31

No Discharge?

PARAMETER		QUA	NTITY OR LOAD	DING		QUANTITY OR C	ONCENTRATION	N	SAMPLE TYPE	SAMPLE FREQUENC
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE TIPE	SAMPLE PREQUENC
Dissolved Oxygen	Sample Measurement	***	***	***	9.1	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.1	***	7.8	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	296	440	lbs/day	***	8	12	mg/L	24-Hr Composite	1/day
	Permit Measurement	2169 Avg Mo	3254 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Total Nitrogen	Sample Measurement	558	***	lbs/day	***	17.5	***	mg/L	24-Hr Composite	1/month
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/month
Ammonia-Nitrogen	Sample Measurement	235	***	lbs/day	***	6.5	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	1446 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	123	***	lbs/day	***	3.57	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	4.2	5.5	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.7	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Cyanide, Free	Sample Measurement	***	***	***	***	<.004	<.004	mg/L	Grab	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report Daily Max		Grab	1/month
Fecal Coliform	Sample Measurement	***	***	***	***	>20	866	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	295	488	lbs/day	***	8	13	mg/L	24-Hr Composite	1/day
	Permit Measurement	1807 Avg Mo	2892 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day
Biochemical Oxygen Demand (BOD5)	Sample Measurement	8474	***	lbs/day	***	245	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day
Total Suspended Solids	Sample Measurement	***	***	***	***	256	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day



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

#### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
12-17 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2018-01-12T10:06:45-05:00	
12-17 Influent and Process Control.xls	Influent and Process Control Form	2018-01-12T10:07:07-05:00	
12-17 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2018-01-12T10:07:46-05:00	

#### PERMIT VIOLATIONS

Non 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
ID											

#### **UNAUTHORISED DISCHARGES**

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

#### OTHER PERMIT VIOLATIONS

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

Comment	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORMATION									
	SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under	Timothy Boyd	TELEPHONE		DATE			
	BOYDT	penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the		AREA CODE	NUMBER	2018	1	12	
		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)

MONITORING PERIOD

TO

YEAR

2018

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

MO

01

DAY

01

YEAR

2018

FROM

001
OUTFALL NUMBER

MO

01

DAY

31

 Reorting Frequency:
 Monthly

 DMR Effective From:
 01/01/2018

 DMR Effective To:
 01/31/2018

 Permit Expires:
 10/31/2022

 Permit Application Due
 05/04/2022

No Discharge?

Monthly
01/01/2018
01/31/2018
10/31/2022
05/04/2022
No

PARAMETER		QUA	NTITY OR LOAD	ING	C	QUANTITY OR C	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENCY	
PARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE TIPE	SAMPLE PREQUENC	
Dissolved Oxygen	Sample Measurement	***	***	***	9.1	***	***	mg/L	Grab	1/day	
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day	
рН	Sample Measurement	***	***	***	7.1	***	7.5	S.U.	Grab	1/day	
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day	
Total Suspended Solids	Sample Measurement	620	766	lbs/day	***	15	20	mg/L	24-Hr Composite	1/day	
	Permit Measurement	2169 Avg Mo	3254 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day	
Total Nitrogen	Sample Measurement	696	***	lbs/day	***	22.4	***	mg/L	24-Hr Composite	1/month	
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/month	
Ammonia-Nitrogen	Sample Measurement	340	***	lbs/day	***	8.3	***	mg/L	24-Hr Composite	1/day	
	Permit Measurement	1446 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day	
Total Phosphorus	Sample Measurement	139	***	lbs/day	***	3.38	***	mg/L	24-Hr Composite	1/week	
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week	
Flow	Sample Measurement	4.9	9.0	MGD	***	***	***	***	Metered	Continuous	
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous	
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.5	mg/L	Grab	1/day	
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day	
Cyanide, Free	Sample Measurement	***	***	***	***	<.004	<.004	mg/L	Grab	1/month	
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report Daily Max		Grab	1/month	
Fecal Coliform	Sample Measurement	***	***	***	***	17	461	No./100 ml	Grab	1/day	
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	430	659	lbs/day	***	10	14	mg/L	24-Hr Composite	1/day	
	Permit Measurement	1807 Avg Mo	2892 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day	
Biochemical Oxygen Demand (BOD5)	Sample Measurement	8921	***	lbs/day	***	208	***	mg/L	24-Hr Composite	1/day	
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day	
Total Suspended Solids	Sample Measurement	***	***	***	***	230	***	mg/L	24-Hr Composite	1/day	
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day	



### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
01-18 Influent and Process Control.xls	Influent and Process Control Form	2018-02-13T12:14:59-05:00	
01-18 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2018-02-13T12:15:19-05:00	
01-18 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2018-02-13T12:14:40-05:00	

### PERMIT VIOLATIONS

Non 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
ID											

### **UNAUTHORISED DISCHARGES**

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

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

### **COMMENTS DETAILS**

Comment	Operator Name	Operator Certification Number	Operator Contact Number
Our Trickling Filter flow meter lost power from 1-15 at 7 PM to 1-16 at 9:30 AM therefore flows for that time period are estimated.			

SUBMITTED BY GREENPORT USER	,	Timothy Boyd	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 person or persons who manage the system or those persons directly responsible for gathering the information, the	,,	AREA CODE	NUMBER	2018	2	13
BOYDT	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 DMR Effective From:
 01/01/2018

 DMR Effective To:
 03/31/2018

 Permit Expires:
 10/31/2022

 Permit Application Due
 05/04/2022

 No Discharge?
 No

Quarterly

Reorting Frequency:

		MONITORING PERIOD									
	YEAR	МО	DAY		YEAR	МО	DAY				
FROM	2018	01	01	то	2018	03	31				

PARAMETER		QUA	NTITY OR LOA	DING	(	QUANTITY OR C	ONCENTRATION	١	SAMPLE TYPE	SAMPLE FREQUENCY
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLETTPE	SAMPLE PREQUENCY
Chloride	Sample Measurement	***	***	***	***	260	260	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Sulfate, Total	Sample Measurement	***	***	***	***	30	30	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Phenolics, Total	Sample Measurement	***	***	***	***	.039	.039	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Copper, Total	Sample Measurement	***	***	***	***	.017	.023	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Lead, Total	Sample Measurement	***	***	***	***	<.001	<.001	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Zinc, Total	Sample Measurement	***	***	***	***	.057	.079	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Total Dissolved Solids	Sample Measurement	***	***	***	***	669.0	669.0	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	1000.0 Avg Qrtly	2000.0 Daily Max		24-Hr Composite	1/quarter
Bromide	Sample Measurement	***	***	***	***	<.2	<.2	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Mercury, Total	Sample Measurement	***	***	***	***	<.0002	<.0002	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Facility Comments		•	•		-			•		•



### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER**

**DISCHARGE MONITORING REPORT (DMR)** 

### ATTACHMENT DETAILS

	File Name		Attachi	nent Type	U	Jploaded Time				Attach	ment Comment			
PERMIT VIOLATIONS														
Non Compliance   Event Be	nt Begin Date										Comments			
UNAUTHORISED DISC	HARGES													
Non Compliance   Event Be	egin Date Event End Date Time Discovered Substance Discharged Event Location Volume Duration Receiving Waters Impact On Water Cause Of Discharge								DEP Notified	d		Comments		
OTHER PERMIT VIOLATIONS														
Non Compliance ID Stage Code (Sampling Point) Reported Parameter Non Compliance Type Comments														
COMMENTS DETAILS														
	Comm	ent				Operate	or Name			Operator C	Certification Num	ber	Operator Contact	Number
SUBMISSION INFORM	ATION			<b>1</b>										
SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsy electronic transaction	with the Commonwe	alth of Pennsylvania	You are submi	itting official informat	ion. You certify u	nder Tir	nothy Boyd		LEPHONE			DATE	
	penalty of law that this of system designed to ass	sure that qualified pe	rsonnel gather and e	valuate the info	rmation submitted. B	ased on your inqu	uiry of	neary boyu	AREA COL	DE N	IUMBER	2018	4	9
BOYDT	information submitted is	s, to the best of your	knowledge and belief ivil and criminal pena	nose persons directly responsible for gathering the information, the and belief, true, accurate and complete. You are aware that any false minal penalties, including 18 P.S. section 4904 (relating to unsworn ration to authorities).  SUBMITTED BY FULL NAME  AREA CODE  NUMBER  YEAR  MO  REAL CODE  NUMBER  YEAR  MO					МО	DAY				



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

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 Reorting Frequency:
 Monthly

 DMR Effective From:
 02/01/2018

 DMR Effective To:
 02/28/2018

 Permit Expires:
 10/31/2022

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 2018
 02
 01
 TO
 2018
 02
 28

Permit Application Due 05/04/2
No Discharge? No

05/04/2022 No

PARAMETER		QUA	NTITY OR LOAD	ING		QUANTITY OR C	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENC
PARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE TIPE	SAMPLE PREQUENC
Dissolved Oxygen	Sample Measurement	***	***	***	9.5	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.1	***	7.4	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	1194	1953	lbs/day	***	15	19	mg/L	24-Hr Composite	1/day
	Permit Measurement	2169 Avg Mo	3254 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Total Nitrogen	Sample Measurement	903	***	lbs/day	***	11.3	***	mg/L	24-Hr Composite	1/month
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/month
Ammonia-Nitrogen	Sample Measurement	460	***	lbs/day	***	6.2	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	1446 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	153	***	lbs/day	***	2.09	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	9.1	15.8	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.6	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Cyanide, Free	Sample Measurement	***	***	***	***	<.004	<.004	mg/L	Grab	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report Daily Max		Grab	1/month
Fecal Coliform	Sample Measurement	***	***	***	***	41	866	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	718	1137	lbs/day	***	9	11	mg/L	24-Hr Composite	1/day
	Permit Measurement	1807 Avg Mo	2892 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day
Biochemical Oxygen Demand (BOD5)	Sample Measurement	9880	***	lbs/day	***	135	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day
Total Suspended Solids	Sample Measurement	***	***	***	***	153	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day



### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
02-18 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2018-03-12T09:58:58-04:00	
02-18 Influent and Process Control.xls	Influent and Process Control Form	2018-03-12T09:59:16-04:00	
02-18 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2018-03-12T09:59:36-04:00	

### PERMIT VIOLATIONS

_											
	Non 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
	ID										1

### **UNAUTHORISED DISCHARGES**

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

### 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
On February 11, 2018 our trickling filter meter was reading above its design limit due to high flows therefore the flow for that day is estimated.			

SUBMITTED BY GREENPORT USER		Timothy Boyd	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	2018	3	14
BOYDT	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH

ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 Reorting Frequency:
 Quarterly

 DMR Effective From:
 04/01/2018

 DMR Effective To:
 06/30/2018

 Permit Expires:
 10/31/2022

 Permit Application Due
 05/04/2022

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 2018
 04
 01
 TO
 2018
 06
 30

Permit Application Due 05/04/20 No Discharge? No

PARAMETER		QUA	NTITY OR LOA	DING		QUANTITY OR C	ONCENTRATION	I	SAMPLE TYPE	SAMPLE FREQUENCY
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE THE	SAMPLE PREQUENCY
Chloride	Sample Measurement	***	***	***	***	210	210	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Sulfate, Total	Sample Measurement	***	***	***	***	34	34	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Phenolics, Total	Sample Measurement	***	***	***	***	<.010	<.010	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Copper, Total	Sample Measurement	***	***	***	***	.021	.022	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Lead, Total	Sample Measurement	***	***	***	***	<.001	.001	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Zinc, Total	Sample Measurement	***	***	***	***	.053	.061	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Total Dissolved Solids	Sample Measurement	***	***	***	***	636.0	636.0	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	1000.0 Avg Qrtly	2000.0 Daily Max		24-Hr Composite	1/quarter
Bromide	Sample Measurement	***	***	***	***	<.2	<.2	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Mercury, Total	Sample Measurement	***	***	***	***	<.0002	<.0002	mg/L	24-Hr Composite	1/quarter
	Permit Measurement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		24-Hr Composite	1/quarter
Facility Comments					•			l.		•



### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

### ATTACHMENT DETAILS

	File Name	nt Type	l	Jploaded Time				Attachment Comment					
PERMIT VIOLATIONS													
Non Compliance Event Be	gin Date	Limit Type Reported Valu	e Permitted Value	Load Units	Sampling Point ID	Cause Of N	IC	Correctiv	e Action			Comments	
UNAUTHORISED DISC	CHARGES												
Non Compliance Event Be	gin Date Event End Date Time Discovere	d Substance Discharged	Event Location	Volume	Duration	Receiving Waters	Impact On	Water Cause Of Discharge	DEP Notified	I		Comments	
OTHER PERMIT VIOLATIONS													
Non Compliance ID	Stage Code (Sampling Point)	Reported Param	eter	Non Compliance Type					Comments				
COMMENTS DETAILS													
	Comment				Operato	or Name			Operator Certification Nu			mber Operator Contact Number	
SUBMISSION INFORM	ATION									_			
SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic electronic transaction with the Commo	nwealth of Pennsylvania. \	'ou are submitting	official informat	ion. You certify ui	nder	nothy Boy		LEPHONE			DATE	
	penalty of law that this document and al system designed to assure that qualifie	luate the informat	ion submitted. B	ased on your inqu	uiry of	nouny boy	AREA COI	DE N	UMBER	2018	7	10	
BOYDT	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).					y false SUE	BMITTED E JLL NAME		DE N	UMBER	YEAR	МО	DAY



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

MONITORING PERIOD

TO

YEAR

2018

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

MO

03

DAY

01

YEAR

2018

FROM

001
OUTFALL NUMBER

MO

03

DAY

31

DMR Effective From: 03/01

DMR Effective To: 03/31

Permit Expires: 10/31

Permit Application Due 05/04

No Discharge? No

Reorting Frequency:

Monthly 03/01/2018 03/31/2018 10/31/2022 05/04/2022

PARAMETER		QUA	NTITY OR LOAD	DING		QUANTITY OR C	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENC
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAIVIFLE TIFL	SAWFLL FREQUENC
Dissolved Oxygen	Sample Measurement	***	***	***	9.3	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.1	***	7.4	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	1426	1717	lbs/day	***	16	16	mg/L	24-Hr Composite	1/day
	Permit Measurement	2169 Avg Mo	3254 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Total Nitrogen	Sample Measurement	1073	***	lbs/day	***	11.0	***	mg/L	24-Hr Composite	1/month
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/month
Ammonia-Nitrogen	Sample Measurement	448	***	lbs/day	***	5.3	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	1446 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	189	***	lbs/day	***	1.83	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	10.8	17.4	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.6	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Cyanide, Free	Sample Measurement	***	***	***	***	<.004	<.004	mg/L	Grab	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report Daily Max		Grab	1/month
Fecal Coliform	Sample Measurement	***	***	***	***	50	613	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	907	1055	lbs/day	***	10	11	mg/L	24-Hr Composite	1/day
	Permit Measurement	1807 Avg Mo	2892 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day
Biochemical Oxygen Demand (BOD5)	Sample Measurement	8612	***	lbs/day	***	101	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day
Total Suspended Solids	Sample Measurement	***	***	***	***	115	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day



### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
03-18 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2018-04-06T12:43:51-04:00	
03-18 Influent and Process Control.xls	Influent and Process Control Form	2018-04-06T12:44:08-04:00	
03-18 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2018-04-06T12:44:32-04:00	

### PERMIT VIOLATIONS

Non 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
ID											

### **UNAUTHORISED DISCHARGES**

Non Compli	ance Event Begin Date	Event End Date	Time Discovered	Substance	Event Location	Volume	Duration	Receiving Waters In	mpact On Water	Cause Of	DEP Notified	Comments
Non Compi	lice   Lvelit begin bate	LVEIII LIIU Date	Tillie Discovered	Jubstance	LVEIII LOCALIOII	Volume	Duration	Necelving waters in	IIIpaci OII watei	Cause Oi	DEF NOTHER	Comments
ID.	_			Discharged				_	-	Discharge		
10				Dischargeu						Discharge		

### 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
On 3-2, 3-3, 3-4 and 3-8 our trickling filter meter was reading above it's design therefore flows for those days are estimated.			

SUBMISSION INFORM	ATION						
SUBMITTED BY GREENPORT USER		Timothy Boyd	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	2018	4	9
BOYDT	the person or persons who manage the system of 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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH

ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816	0
PERMIT NUMBER	OUTFALL

001 OUTFALL NUMBER

Reporting Frequency:	Quarterly
DMR Effective From:	07/01/2018
DMR Effective To:	09/30/2018
Permit Expires:	10/31/2022
Permit Application Due:	05/04/2022
No Discharge:	

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 2018
 07
 01
 TO
 2018
 09
 30

PARAMETER		QUA	NTITY OR LOA	DING		QUANTITY OR C	ONCENTRATION	1	SAMPLING FREQUENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	SAMPLING ITPE
Chloride (00940)	Sample Measurement	***	***	***	***	120	120	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite
Sulfate, Total (00945)	Sample Measurement	***	***	***	***	26	26	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite
Phenolics, Total (32730)	Sample Measurement	***	***	***	***	.037	.037	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***	-	***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite
Copper, Total (01042)	Sample Measurement	***	***	***	***	.016	.018	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite
Lead, Total (01051)	Sample Measurement	***	***	***	***	<.001	<.001	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***	-	***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite
Zinc, Total (01092)	Sample Measurement	***	***	***	***	.039	.045	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite
Total Dissolved Solids (70295)	Sample Measurement	***	***	***	***	428.0	428.0	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	1000.0 Avg Qrtly	2000.0 Daily Max		1/quarter	24-Hr Composite
Bromide (71870)	Sample Measurement	***	***	***	***	<.2	<.2	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite
Mercury, Total (71900)	Sample Measurement	***	***	***	***	<.0002	<.0002	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite
Facility Comments						•				



### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER**

**DISCHARGE MONITORING REPORT (DMR)** 

### ATTACHMENT DETAILS

boydt

	File Name				At	tachment Type			Uploaded Time				Attachment Comments	
PERMIT VIOLATION	S													
Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Samplin	ng Point	Cause Of Non-C	ompliance	Correct	ive Action	Comments
UNAUTHORIZED DIS	SCHARGES													
Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discov	vered Substa		vent Location	Volume (gal)	Duration (hrs)	Receiving Waters Impac	t On Waters	Cause Of Di	scharge	Date and Time DEP Notified Orally	Comments
OTHER PERMIT VIO	LATIONS													
Non-Compliance ID	N	on-Compliance Typ	oe e	San	npling Point		Para	meter		Reported Value			Permit Limit	Comments
COMMENT DETAILS														
		Comments				0	perator Name		Operat	or Certification N	lumber		Operator Contact	Number
SUBMISSION INFOR	MATION				<b> </b>							<u> </u>		
SUBMITTED BY GREENPORT USER	electronic tra	ansaction with t	Electronic Transache Commonwealth	of Pennsylvan	ia. You are sul	bmitting official in	nformation. You	certify under	Timothy Boyd		TELEPHON	E	DA	TE
	nenalty of law	that this docume	ent and all attachm	ents were pred	pared under vo	our direction or su	upervision in acc	cordance with a	Timothy Boyd	-			+	

279-5759

NUMBER

(610)

AREA CODE

SUBMITTED BY

**FULL NAME** 

2018

YEAR

10

MO

10

DAY

penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a

system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn

falsification to authorities).



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

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH

ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

Reorting Frequency: Monthly

DMR Effective From: 04/01/2018

DMR Effective To: 04/30/2018

Permit Expires: 10/31/2022

Permit Application Due 05/04/2022

No Discharge? No

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 2018
 04
 01
 TO
 2018
 04
 30

PARAMETER		QUA	NTITY OR LOAD	ING		QUANTITY OR C	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENCY
FANAIVILIEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAWIFLE LIFE	SAIVIFLE FREQUENC
Dissolved Oxygen	Sample Measurement	***	***	***	9.3	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.1	***	7.5	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	1035	1276	lbs/day	***	17	18	mg/L	24-Hr Composite	1/day
	Permit Measurement	2169 Avg Mo	3254 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Total Nitrogen	Sample Measurement	1062	***	lbs/day	***	17.1	***	mg/L	24-Hr Composite	1/month
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/month
Ammonia-Nitrogen	Sample Measurement	469	***	lbs/day	***	8.0	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	1446 Avg Mo	***		***	20.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	150	***	lbs/day	***	2.60	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	7.1	13.5	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.5	.6	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Cyanide, Free	Sample Measurement	***	***	***	***	.017	.017	mg/L	Grab	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report Daily Max		Grab	1/month
Fecal Coliform	Sample Measurement	***	***	***	***	7	411	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
arbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	611	758	lbs/day	***	10	11	mg/L	24-Hr Composite	1/day
	Permit Measurement	1807 Avg Mo	2892 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		24-Hr Composite	1/day
Biochemical Oxygen Demand (BOD5)	Sample Measurement	8775	***	lbs/day	***	149	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day
Total Suspended Solids	Sample Measurement	***	***	***	***	161	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day



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

### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
04-18 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2018-05-07T12:40:22-04:00	
04-18 Influent and Process Control.xls	Influent and Process Control Form	2018-05-07T12:40:41-04:00	
04-18 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2018-05-07T12:41:00-04:00	

### PERMIT VIOLATIONS

Non 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
ID											

### **UNAUTHORISED DISCHARGES**

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

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

### **COMMENTS DETAILS**

Comment	Operator Name	Operator Certification Number	Operator Contact Number
On 4-16, our plant effluent meters were reading above their design therefore flows for that day are estimated.			

SUBMISSION INFORM	ATION						
SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the	Timothy Boyd	TELEPHO	NE	DATE		
	system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of	, ,	AREA CODE	NUMBER	2018	5	7
BOYDT	VDT	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)**

MONITORING PERIOD

TO

YEAR

2018

EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH NAME: ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740 FACILITY: **EAST NORRITON PLYMOUTH STP** 

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816	
PERMIT NUMBER	

МО

10

YEAR

2018

FROM

DAY

01

001 OUTFALL NUMBER

MO

12

DAY

31

Reporting Frequency:

10/01/2018
12/31/2018
10/31/2022
05/04/2022

Quarterly

PARAMETER		QUA	NTITY OR LOA	DING		QUANTITY OR C	ONCENTRATIO	N	SAMPLING FREQUENCY	SAMPLING TYPE
Chloride (00940) Sample Measurement		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	SAMPLING ITP
Chloride (00940)	Sample Measurement	***	***	***	***	110	110	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite
Sulfate, Total (00945)	Sample Measurement	***	***	***	***	25	25	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite
Phenolics, Total (32730)	Sample Measurement	***	***	***	***	.044	.044	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite
Copper, Total (01042)	Sample Measurement	***	***	***	***	.014	.017	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite
Lead, Total (01051)	Sample Measurement	***	***	***	***	<.001	<.001	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite
Zinc, Total (01092)	Sample Measurement	***	***	***	***	.036	.043	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite
Total Dissolved Solids (70295)	Sample Measurement	***	***	***	***	369.0	369.0	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	1000.0 Avg Qrtly	2000.0 Daily Max		1/quarter	24-Hr Composite
Bromide (71870)	Sample Measurement	***	***	***	***	<.2	<.2	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite
Mercury, Total (71900)	Sample Measurement	***	***	***	***	<.0002	<.0002	mg/L	1/quarter	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Qrtly	Monitor & Report Daily Max		1/quarter	24-Hr Composite



### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER**

**DISCHARGE MONITORING REPORT (DMR)** 

### ATTACHMENT DETAILS

boydt

	File Name	1			Att	achment Type			Uploaded Time			А	ttachment Comment	5	
PERMIT VIOLATION	S														
Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampli	ng Point	Cause Of Non	-Compliance	Correctiv	ve Action	Cor	nments
NAUTHORIZED DIS	SCHARGES														
Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discove	vered Subst		ent Location	Volume (gal)	Duration (hrs)	Receiving Waters In	npact On Waters	Cause Of	Discharge	Date and Time DEP Orally	Notified	Comments
OTHER PERMIT VIO	_	Ion-Compliance Typ	pe	Sal	mpling Point		Para	meter		Reported Val	ue	F	Permit Limit		Comments
OMMENT DETAILS	;		<u> </u>			<b>"</b>			<b>,</b>					<u> </u>	
		Comments				O	perator Name		Ор	erator Certification	n Number		Operator	Contact Number	
SUBMISSION INFOR					\ 							1			
SUBMITTED BY GREENPORT USER  *Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify ur penalty of law that this document and all attachments were prepared under your direction or supervision in accordance									Timothy Boy	d	TELEPHO	NE		DATE	
	penalty of law	that this docum	ent and all attachme	ents were pre	pared under yo	ur airection or s	upervision in acc	cordance with a		-	(0.1.0)	070 5750	2010	_	

279-5759

NUMBER

(610)

AREA CODE

SUBMITTED BY

**FULL NAME** 

2019

YEAR

1

MO

7

DAY

system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn

falsification to authorities).



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

MONITORING PERIOD

TO

YEAR

2018

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

MO

05

DAY

01

YEAR

2018

FROM

001
OUTFALL NUMBER

MO

05

DAY

31

Reorting Frequency: Month
DMR Effective From: 05/01/2

DMR Effective To: 05/31/2

Permit Expires: 10/31/2

Permit Application Due 05/04/2

No Discharge? No

Monthly
05/01/2018
05/31/2018
10/31/2022
05/04/2022
No

PARAMETER		QUA	NTITY OR LOAD	ING		QUANTITY OR C	ONCENTRATIO	N	SAMPLE TYPE	SAMPLE FREQUENC
FANAIVILILIN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAWIFLE LIFE	SAIVIFLE FILQUENC
Dissolved Oxygen	Sample Measurement	***	***	***	8.6	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.2	***	7.5	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	1076	1763	lbs/day	***	17	20	mg/L	24-Hr Composite	1/day
	Permit Measurement	2169 Avg Mo	3254 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Total Nitrogen	Sample Measurement	650	***	lbs/day	***	14.6	***	mg/L	24-Hr Composite	1/month
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/month
Ammonia-Nitrogen	Sample Measurement	418	***	lbs/day	***	6.9	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	867 Avg Mo	***		***	12.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	201	***	lbs/day	***	2.75	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	7.5	12.4	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.5	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Cyanide, Free	Sample Measurement	***	***	***	***	<.004	<.004	mg/L	Grab	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report Daily Max		Grab	1/month
Fecal Coliform	Sample Measurement	***	***	***	***	17	308	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
arbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	612	939	lbs/day	***	10	11	mg/L	24-Hr Composite	1/day
	Permit Measurement	1446 Avg Mo	2169 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/day
Biochemical Oxygen Demand (BOD5)	Sample Measurement	9422	***	lbs/day	***	158	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day
Total Suspended Solids	Sample Measurement	***	***	***	***	201	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day



### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
05-18 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2018-06-11T11:52:25-04:00	
05-18 Influent and Process Control.xls	Influent and Process Control Form	2018-06-11T11:52:45-04:00	
05-18 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2018-06-11T11:53:05-04:00	

### PERMIT VIOLATIONS

Non 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
ID											

### **UNAUTHORISED DISCHARGES**

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

### 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
On 5-19-18 our trickling filter effluent meter was reading above its design and on 5-27-18 our activated sludge meter was reading above its design. Flows for those days are estimated.			

SUBMITTED BY GREENPORT USER		Timothy Boyd	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 person or persons who manage the system or those persons directly responsible for gathering the information, the	, , _	AREA CODE	NUMBER	2018	6	13
BOYDT	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 Reorting Frequency:
 Monthly

 DMR Effective From:
 06/01/2018

 DMR Effective To:
 06/30/2018

 Permit Expires:
 10/31/2022

 Permit Application Due
 05/04/2022

 No Discharge?
 No

		MONITORING PERIOD										
	YEAR	МО	DAY		YEAR	МО	DAY					
FROM	2018	06	01	то	2018	06	30					

DADAMETED		QUA	NTITY OR LOAD	DING	C	QUANTITY OR C	ONCENTRATIO	N	CAMPLE TYPE	CAMPLE EDECLIENCY
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLE TYPE	SAMPLE FREQUENCY
Dissolved Oxygen	Sample Measurement	***	***	***	8.0	***	***	mg/L	Grab	1/day
	Permit Measurement	***	***		5.0 Inst Min	***	***		Grab	1/day
рН	Sample Measurement	***	***	***	7.2	***	7.4	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Inst Min	***	9.0 IMAX		Grab	1/day
Total Suspended Solids	Sample Measurement	793	1090	lbs/day	***	13	15	mg/L	24-Hr Composite	1/day
	Permit Measurement	2169 Avg Mo	3254 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Total Nitrogen	Sample Measurement	931	***	lbs/day	***	13.2	***	mg/L	24-Hr Composite	1/month
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/month
Ammonia-Nitrogen	Sample Measurement	282	***	lbs/day	***	4.8	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	867 Avg Mo	***		***	12.0 Avg Mo	***		24-Hr Composite	1/day
Total Phosphorus	Sample Measurement	210	***	lbs/day	***	2.99	***	mg/L	24-Hr Composite	1/week
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/week
Flow	Sample Measurement	6.9	15.3	MGD	***	***	***	***	Metered	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Metered	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.4	.5	mg/L	Grab	1/day
	Permit Measurement	***	***		***	.5 Avg Mo	1.2 IMAX		Grab	1/day
Cyanide, Free	Sample Measurement	***	***	***	***	.005	.005	mg/L	Grab	1/month
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	Monitor & Report Daily Max		Grab	1/month
Fecal Coliform	Sample Measurement	***	***	***	***	15	308	No./100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	1000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	421	549	lbs/day	***	7	8	mg/L	24-Hr Composite	1/day
	Permit Measurement	1446 Avg Mo	2169 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		24-Hr Composite	1/day
Biochemical Oxygen Demand (BOD5)	Sample Measurement	9236	***	lbs/day	***	162	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day
Total Suspended Solids	Sample Measurement	***	***	***	***	201	***	mg/L	24-Hr Composite	1/day
	Permit Measurement	***	***		***	Monitor & Report Avg Mo	***		24-Hr Composite	1/day



## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

### DISCHARGE MONITORING REPORT (DMR)

### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comment
06-18 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2018-07-09T09:05:33-04:00	
06-18 Influent and Process Control.xls	Influent and Process Control Form	2018-07-09T09:05:57-04:00	
06-18 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2018-07-09T09:06:19-04:00	

### **PERMIT VIOLATIONS**

_											
Non 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
ID.	_				Ī -			_			

### **UNAUTHORISED DISCHARGES**

Non Compli	ance Event Begin Date	Event End Date	Time Discovered	Substance	Event Location	Volume	Duration	Receiving Waters In	mpact On Water	Cause Of	DEP Notified	Comments
Non Compi	lice   Lvelit begin bate	LVEIII LIIU Date	Tillie Discovered	Jubstance	LVEIII LOCALIOII	Volume	Duration	Necelving waters in	IIIpaci OII watei	Cause Oi	DEF NOTHER	Comments
ID.	_			Discharged				_	-	Discharge		
10				Dischargeu						Discharge		

### 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
On June 11th our plant effluent flow meters were reading above their design therefore flows for that day are estimated.			

SUBMISSION INFORM	MATION						
SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a	Timothy Boyd	TELEPHO	NE	DATE		
	system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the		AREA CODE	NUMBER	2018	7	10
BOYDT	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816							
PERMIT NUMBER							

FROM

001
OUTFALL NUMBER

		MONITO	ORING F	PERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
2018	07	01	то	2018	07	31

Reporting Frequency:	Monthly
DMR Effective From:	07/01/2018
DMR Effective To:	07/31/2018
Permit Expires:	10/31/2022
Permit Application Due:	05/04/2022
No Discharge:	

PARAMETER		QUA	NTITY OR LOAD	DING	(	QUANTITY OR C	ONCENTRATIO	N	SAMPLING FREQUENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	SAMPLING TYPE
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	7.7	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.3	***	7.6	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	479	711	lbs/day	***	10	14	mg/L	1/day	24-Hr Composite
	Permit Requirement	2169 Avg Mo	3254 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		1/day	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	728	***	lbs/day	***	17.1	***	mg/L	1/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/month	24-Hr Composite
Ammonia-Nitrogen (00610)	Sample Measurement	162	***	lbs/day	***	3.3	***	mg/L	1/day	24-Hr Composite
	Permit Requirement	867 Avg Mo	***		***	12.0 Avg Mo	***		1/day	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	151	***	lbs/day	***	3.10	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Flow (50050)	Sample Measurement	5.8	8.7	MGD	***	***	***	***	Continuous	Metered
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Metered
Total Residual Chlorine (TRC) (50060)	Sample Measurement	***	***	***	***	.4	.6	mg/L	1/day	Grab
	Permit Requirement	***	***		***	.5 Avg Mo	1.2 IMAX		1/day	Grab
Cyanide, Free (51173)	Sample Measurement	***	***	***	***	<.004	<.004	mg/L	1/month	Grab
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	Monitor & Report Daily Max		1/month	Grab
Fecal Coliform (74055)	Sample Measurement	***	***	***	***	13	108	No./100 ml	1/day	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		1/day	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	370	604	lbs/day	***	8	12	mg/L	1/day	24-Hr Composite
	Permit Requirement	1446 Avg Mo	2169 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		1/day	24-Hr Composite



### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH

ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Raw Sewage Influent

PA0026816
PERMIT NUMBER

MO

07

YEAR

2018

FROM

DAY

01

001
OUTFALL NUMBER

MO

07

DAY

31

DMR Effective From: 07/01/
DMR Effective To: 07/31/
Permit Expires: 10/31/
Permit Application Due: 05/04/
No Discharge:

Reporting Frequency:

Monthly		
07/01/2018		
07/31/2018		
10/31/2022		
05/04/2022		

### **PARAMETERS REPORTED VALUES**

PARAMETER		QUANTITY OR LOADING		QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE	
FARAIVILTER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING PREQUENCT	SAMPLING TIPE
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	7781	***	lbs/day	***	163	***	mg/L	1/day	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/day	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	222	***	mg/L	1/day	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/day	24-Hr Composite
Facility Comments										

MONITORING PERIOD

TO

YEAR

2018



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

### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
07-18 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2018-08-14T12:22:26-04:00	
07-18 Influent and Process Control.xls	Influent and Process Control Form	2018-08-14T12:22:49-04:00	
07-18 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2018-08-14T12:23:08-04:00	

### PERMIT VIOLATIONS

PERMIT VIOLATIONS											
Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments

### **UNAUTHORIZED DISCHARGES**

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters Impact On Waters	Cause Of Discharge	Date and Time DEP Notified	Comments
-				Discharged					_	Orally	

### OTHER PERMIT VIOLATIONS

_					
	Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Comments

### **COMMENT DETAILS**

	Comments	Operator Name	Operator Certification Number	Operator Contact Number
Fre	om the afternoon of July 17 to the morning of July 18 our activated sludge plant effluent meter lost signal therefore the flows for those days are estimated.			

SUBMISSION INFORM	IA HON						
SUBMITTED BY GREENPORT USER		Timothy Boyd	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 person or persons who manage the system or those persons directly responsible for gathering the information, the	,	(610)	279-5759	2018	8	14
boydt	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816	
PERMIT NUMBER	_

FROM

001
OUTFALL NUMBER

MONITORING PERIOD						
YEAR	МО	DAY		YEAR	МО	DAY
2018	80	01	то	2018	08	31

Reporting Frequency:	Monthly
DMR Effective From:	08/01/2018
DMR Effective To:	08/31/2018
Permit Expires:	10/31/2022
Permit Application Due:	05/04/2022
No Discharge:	

PARAMETER		QUA	NTITY OR LOAD	DING	(	QUANTITY OR C	ONCENTRATIO	N	SAMPLING FREQUENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	SAMPLING TYPE
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	7.5	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.3	***	7.5	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	560	1005	lbs/day	***	10	14	mg/L	1/day	24-Hr Composite
	Permit Requirement	2169 Avg Mo	3254 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		1/day	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	866	***	lbs/day	***	11.4	***	mg/L	1/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/month	24-Hr Composite
Ammonia-Nitrogen (00610)	Sample Measurement	148	***	lbs/day	***	2.7	***	mg/L	1/day	24-Hr Composite
	Permit Requirement	867 Avg Mo	***		***	12.0 Avg Mo	***		1/day	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	158	***	lbs/day	***	2.93	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Flow (50050)	Sample Measurement	6.2	11.4	MGD	***	***	***	***	Continuous	Metered
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Metered
Total Residual Chlorine (TRC) (50060)	Sample Measurement	***	***	***	***	.4	.5	mg/L	1/day	Grab
	Permit Requirement	***	***		***	.5 Avg Mo	1.2 IMAX		1/day	Grab
Cyanide, Free (51173)	Sample Measurement	***	***	***	***	<.004	<.004	mg/L	1/month	Grab
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	Monitor & Report Daily Max		1/month	Grab
Fecal Coliform (74055)	Sample Measurement	***	***	***	***	31	172	No./100 ml	1/day	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		1/day	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	365	650	lbs/day	***	7	9	mg/L	1/day	24-Hr Composite
	Permit Requirement	1446 Avg Mo	2169 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		1/day	24-Hr Composite



### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH

ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Raw Sewage Influent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

 DMR Effective From:
 08/01/2018

 DMR Effective To:
 08/31/2018

 Permit Expires:
 10/31/2022

 Permit Application Due:
 05/04/2022

 No Discharge:
 □

Monthly

Reporting Frequency:

	MONITORING PERIOD								
	YEAR	МО	DAY		YEAR	МО	DAY		
FROM	2018	08	01	то	2018	08	31		

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE	
FARAIVILTER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING PREQUENCT	SAMI LING THE	
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	7937	***	lbs/day	***	156	***	mg/L	1/day	24-Hr Composite	
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/day	24-Hr Composite	
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	201	***	mg/L	1/day	24-Hr Composite	
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/day	24-Hr Composite	
Facility Comments											



### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
08-18 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2018-09-07T11:32:35-04:00	
08-18 Influent and Process Control.xls	Influent and Process Control Form	2018-09-07T11:32:54-04:00	
08-18 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2018-09-07T11:33:19-04:00	

### PERMIT VIOLATIONS

_	ENIII VIOLATIONO											
Ī	Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments

### **UNAUTHORIZED DISCHARGES**

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered		Event Location	Volume (gal)	Duration (hrs)	Receiving Waters Impact On Waters	Cause Of Discharge	Date and Time DEP Notified	Comments
				Discharged						Orally	

### OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Comments

### **COMMENT DETAILS**

Comments	Operator Name	Operator Certification Number	Operator Contact Number
On 8-13-18 our trickling filter plant flow meter was reading above its design throughout the day therefore flows for that day are estimated.			

SUBMITTED BY GREENPORT USER		Timothy Boyd	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	, , _	(610)	279-5759	2018	9	7
boydt	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816	
PERMIT NUMBER	

FROM

001
OUTFALL NUMBER

MONITORING PERIOD											
YEAR	МО	DAY		YEAR	МО	DAY					
2018	09	01	то	2018	09	30					

Reporting Frequency:	Monthly
DMR Effective From:	09/01/2018
DMR Effective To:	09/30/2018
Permit Expires:	10/31/2022
Permit Application Due:	05/04/2022
No Discharge:	

PARAMETER		QUA	NTITY OR LOAD	DING		QUANTITY OR C	ONCENTRATIO	N	SAMPLING FREQUENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	SAMPLING TYPE
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	7.3	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.3	***	7.6	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	700	944	lbs/day	***	10	12	mg/L	1/day	24-Hr Composite
	Permit Requirement	2169 Avg Mo	3254 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		1/day	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	804	***	lbs/day	***	11.9	***	mg/L	1/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/month	24-Hr Composite
Ammonia-Nitrogen (00610)	Sample Measurement	187	***	lbs/day	***	2.7	***	mg/L	1/day	24-Hr Composite
	Permit Requirement	867 Avg Mo	***		***	12.0 Avg Mo	***		1/day	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	190	***	lbs/day	***	2.73	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Flow (50050)	Sample Measurement	7.6	13.8	MGD	***	***	***	***	Continuous	Metered
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Metered
Total Residual Chlorine (TRC) (50060)	Sample Measurement	***	***	***	***	.5	.7	mg/L	1/day	Grab
	Permit Requirement	***	***		***	.5 Avg Mo	1.2 IMAX		1/day	Grab
Cyanide, Free (51173)	Sample Measurement	***	***	***	***	<.004	<.004	mg/L	1/month	Grab
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	Monitor & Report Daily Max		1/month	Grab
Fecal Coliform (74055)	Sample Measurement	***	***	***	***	37	291	No./100 ml	1/day	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		1/day	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	393	549	lbs/day	***	6	7	mg/L	1/day	24-Hr Composite
	Permit Requirement	1446 Avg Mo	2169 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		1/day	24-Hr Composite



### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER**

**DISCHARGE MONITORING REPORT (DMR)** 

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740 FACILITY: **EAST NORRITON PLYMOUTH STP** LOCATION:

STAGE:

200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740 Raw Sewage Influent

PA0026816	
PERMIT NUMBER	

001 OUTFALL NUMBER

MONITORING PERIOD МО DAY YEAR MO DAY YEAR 09 FROM **2018** 01 TO 2018 09 30

Reporting Frequency:	Monthly
DMR Effective From:	09/01/2018
DMR Effective To:	09/30/2018
Permit Expires:	10/31/2022
Permit Application Due:	05/04/2022
No Discharge:	

DADA	PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE	
FARAI	WIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING PREQUENCY	OAIM EING THE	
Biochemical Oxygen D	Demand (BOD5) (00310)	Sample Measurement	8680	***	lbs/day	***	145	***	mg/L	1/day	24-Hr Composite	
		Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/day	24-Hr Composite	
Total Suspende	ed Solids (00530)	Sample Measurement	***	***	***	***	194	***	mg/L	1/day	24-Hr Composite	
		Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/day	24-Hr Composite	
Facility C	Comments		•		•			•	•			



### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
09-18 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2018-10-10T10:43:27-04:00	
09-18 Influent and Process Control.xls	Influent and Process Control Form	2018-10-10T10:43:58-04:00	
09-18 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2018-10-10T10:44:23-04:00	

### **PERMIT VIOLATIONS**

_												
	Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments

### **UNAUTHORIZED DISCHARGES**

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters Impact On Waters	Cause Of Discharge	Date and Time DEP Notified	Comments
-				Discharged					_	Orally	

### OTHER PERMIT VIOLATIONS

	Non-compliance ib	Non-compliance Type	Sampling Fount	Farameter	Reported value	remin Limit	Comments
-							

### **COMMENT DETAILS**

Comments	Operator Name	Operator Certification Number	Operator Contact Number
On 9-8, 9-9, 9-10, 9-25 and 9-28 our trickling filter exceeded its design limit therefore the flows for those days are estimated. On 9-30 we had a controller failure due to a faulty battery back-up therefore the flow for that day is estimated.			

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under	Timothy Boyd	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		(610)	279-5759	2018	10	10
boydt	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: **EAST NORRITON PLYMOUTH STP** 

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816	
PERMIT NUMBER	

001
OUTFALL NUMBER

			MONITO	ORING F	PERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	2018	10	01	то	2018	10	31

Reporting Frequency:	Monthly
DMR Effective From:	10/01/2018
DMR Effective To:	10/31/2018
Permit Expires:	10/31/2022
Permit Application Due:	05/04/2022
No Discharge:	

PARAMETER		QUA	NTITY OR LOAD	DING		QUANTITY OR C	ONCENTRATIO	N	SAMPLING FREQUENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	SAMPLING TYPE
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	7.7	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.3	***	7.5	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	382	569	lbs/day	***	7	9	mg/L	1/day	24-Hr Composite
	Permit Requirement	2169 Avg Mo	3254 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		1/day	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	851	***	lbs/day	***	18.6	***	mg/L	1/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/month	24-Hr Composite
Ammonia-Nitrogen (00610)	Sample Measurement	216	***	lbs/day	***	4.3	***	mg/L	1/day	24-Hr Composite
	Permit Requirement	867 Avg Mo	***		***	12.0 Avg Mo	***		1/day	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	136	***	lbs/day	***	2.77	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Flow (50050)	Sample Measurement	6.1	8.1	MGD	***	***	***	***	Continuous	Metered
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Metered
Total Residual Chlorine (TRC) (50060)	Sample Measurement	***	***	***	***	.5	.9	mg/L	1/day	Grab
	Permit Requirement	***	***		***	.5 Avg Mo	1.2 IMAX		1/day	Grab
Cyanide, Free (51173)	Sample Measurement	***	***	***	***	.008	.008	mg/L	1/month	Grab
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	Monitor & Report Daily Max		1/month	Grab
Fecal Coliform (74055)	Sample Measurement	***	***	***	***	18	226	No./100 ml	1/day	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		1/day	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	258	328	lbs/day	***	5	6	mg/L	1/day	24-Hr Composite
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Permit Requirement	1446 Avg Mo	2169 Wkly Avg		***	20 Avg Mo	30 Wkly Avg		1/day	24-Hr Composite



### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER**

**DISCHARGE MONITORING REPORT (DMR)** 

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740 FACILITY: **EAST NORRITON PLYMOUTH STP** LOCATION:

STAGE: Raw Sewage Influent

200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

PA0026816 001 PERMIT NUMBER

OUTFALL NUMBER

Reporting Frequency: Monthly DMR Effective From: 10/01/2018 DMR Effective To: 10/31/2018 10/31/2022 Permit Expires: Permit Application Due: 05/04/2022 No Discharge: 

		MONITORING PERIOD								
	YEAR	МО	DAY		YEAR	МО	DAY			
FROM	2018	10	01	то	2018	10	31			

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	JAMIFLING FREQUENCY	OAMI LING I'I' L	
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	8019	***	lbs/day	***	161	***	mg/L	1/day	24-Hr Composite	
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/day	24-Hr Composite	
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	205	***	mg/L	1/day	24-Hr Composite	
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/day	24-Hr Composite	
Facility Comments											



### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER**

**DISCHARGE MONITORING REPORT (DMR)** 

### ATTACHMENT DETAILS

File Name			Attachment Comments
10-18 Influent and Process Control.xls	Influent and Process Control Form	2018-11-09T10:24:57-05:00	
10-18 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2018-11-09T10:25:14-05:00	
10-18 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2018-11-09T10:24:33-05:00	

### **PERMIT VIOLATIONS**

Non-Compliance ID Event Start Date Event End Date Parameter Limit Type Reported Value Permit Limit Unit Sampling Point Cause Of Non-Compliance Corrective Action Comments												
	Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments

### **UNAUTHORIZED DISCHARGES**

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters   Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments

### OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
COMMENT DETAILS						

C	omments	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORM	IATION						
SUBMITTED BY GREENPORT USER		Timothy Boyd	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 person or persons who manage the system or those persons directly responsible for gathering the information, the		(610)	279-5759	2018	11	9
boydt	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816	
PERMIT NUMBER	

FROM

001
OUTFALL NUMBER

	MONITORING PERIOD										
YEAR	МО	DAY		YEAR	МО	DAY					
2018	11	01	то	2018	11	30					

Reporting Frequency:	Monthly
DMR Effective From:	11/01/2018
DMR Effective To:	11/30/2018
Permit Expires:	10/31/2022
Permit Application Due:	05/04/2022
No Discharge:	

PARAMETER		QUA	NTITY OR LOAD	DING		QUANTITY OR C	ONCENTRATIO	N	SAMPLING FREQUENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	SAMPLING TYPE
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	7.6	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	6.9	***	7.5	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	713	1059	lbs/day	***	8	11	mg/L	1/day	24-Hr Composite
	Permit Requirement	2169 Avg Mo	3254 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		1/day	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	1012	***	lbs/day	***	12.4	***	mg/L	1/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/month	24-Hr Composite
Ammonia-Nitrogen (00610)	Sample Measurement	335	***	lbs/day	***	4.1	***	mg/L	1/day	24-Hr Composite
	Permit Requirement	1446 Avg Mo	***		***	20.0 Avg Mo	***		1/day	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	139	***	lbs/day	***	1.63	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Flow (50050)	Sample Measurement	9.8	16.1	MGD	***	***	***	***	Continuous	Metered
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Metered
Total Residual Chlorine (TRC) (50060)	Sample Measurement	***	***	***	***	.5	.6	mg/L	1/day	Grab
	Permit Requirement	***	***		***	.5 Avg Mo	1.2 IMAX		1/day	Grab
Cyanide, Free (51173)	Sample Measurement	***	***	***	***	.009	.009	mg/L	1/month	Grab
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	Monitor & Report Daily Max		1/month	Grab
Fecal Coliform (74055)	Sample Measurement	***	***	***	***	98	727	No./100 ml	1/day	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		1/day	Grab
arbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	553	757	lbs/day	***	7	7	mg/L	1/day	24-Hr Composite
	Permit Requirement	1807 Avg Mo	2892 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		1/day	24-Hr Composite



### **COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER**

**DISCHARGE MONITORING REPORT (DMR)** 

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740 FACILITY: **EAST NORRITON PLYMOUTH STP** LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Raw Sewage Influent

PA0026816
PERMIT NUMBER

001 OUTFALL NUMBER

MONITORING PERIOD МО DAY YEAR MO DAY YEAR 11 FROM **2018** 01 TO 2018 11 30

Reporting Frequency:	Monthly	
DMR Effective From:	11/01/2018	
DMR Effective To:	11/30/2018	
Permit Expires:	10/31/2022	
Permit Application Due:	05/04/2022	
No Discharge:		

PARAMETER		QUANTITY OR LOADING			Q	UANTITY OR C	ONCENTRATIO	N	SAMPLING FREQUENCY	SAMPLING TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING PREQUENCT	SAMI LING III L
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	8828	***	lbs/day	***	112	***	mg/L	1/day	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/day	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	144	***	mg/L	1/day	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/day	24-Hr Composite
Facility Comments										



### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
11-18 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2018-12-10T12:12:37-05:00	
11-18 Influent and Process Control.xls	Influent and Process Control Form	2018-12-10T12:12:08-05:00	
11-18 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2018-12-10T12:11:49-05:00	

#### PERMIT VIOLATIONS

I LINIMIT VIOLATIONS											
Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments

### **UNAUTHORIZED DISCHARGES**

Г	Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified	Comments
					Discharged					-		Orally	

### OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
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### **COMMENT DETAILS**

Comments	Operator Name	Operator Certification Number	Operator Contact Number
On November 13th, 16th and from the 24th to the 26th our trickling filter effluent meter was reading above its design therefore flows for those days are estimated.			

CODIMICOION IN CINI	IA HON						
SUBMITTED BY GREENPORT USER		Timothy Boyd	TELEPHONE		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 person or persons who manage the system or those persons directly responsible for gathering the information, the	,	(610)	279-5759	2018	12	10
boydt	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: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH
ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Final Effluent

PA0026816
PERMIT NUMBER

001
OUTFALL NUMBER

		MONITORING PERIOD											
	YEAR	МО	DAY		YEAR	МО	DAY						
FROM	2018	12	01	то	2018	12	31						

Reporting Frequency:	Monthly
DMR Effective From:	12/01/2018
DMR Effective To:	12/31/2018
Permit Expires:	10/31/2022
Permit Application Due:	05/04/2022
No Discharge:	

PARAMETER		QUA	NTITY OR LOAD	DING		QUANTITY OR C	ONCENTRATIO	N	SAMPLING FREQUENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	SAMPLING ITPE
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	8.3	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	6.8	***	7.4	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	845	1026	lbs/day	***	11	12	mg/L	1/day	24-Hr Composite
	Permit Requirement	2169 Avg Mo	3254 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		1/day	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	948	***	lbs/day	***	17.8	***	mg/L	1/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/month	24-Hr Composite
Ammonia-Nitrogen (00610)	Sample Measurement	343	***	lbs/day	***	4.7	***	mg/L	1/day	24-Hr Composite
	Permit Requirement	1446 Avg Mo	***		***	20.0 Avg Mo	***		1/day	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	131	***	lbs/day	***	2.01	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Flow (50050)	Sample Measurement	8.7	16.1	MGD	***	***	***	***	Continuous	Metered
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Metered
Total Residual Chlorine (TRC) (50060)	Sample Measurement	***	***	***	***	.5	.6	mg/L	1/day	Grab
	Permit Requirement	***	***		***	.5 Avg Mo	1.2 IMAX		1/day	Grab
Cyanide, Free (51173)	Sample Measurement	***	***	***	***	<.004	<.004	mg/L	1/month	Grab
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	Monitor & Report Daily Max		1/month	Grab
Fecal Coliform (74055)	Sample Measurement	***	***	***	***	>20	866	No./100 ml	1/day	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		1/day	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	538	702	lbs/day	***	7	9	mg/L	1/day	24-Hr Composite
	Permit Requirement	1807 Avg Mo	2892 Wkly Avg		***	25 Avg Mo	40 Wkly Avg		1/day	24-Hr Composite



### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

NAME: EAST NORRITON PLYMOUTH WHITPAIN JT SEW AUTH

ADDRESS: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

FACILITY: EAST NORRITON PLYMOUTH STP

LOCATION: 200 ROSS ST, PLYMOUTH MEETING PA, 19462-2740

STAGE: Raw Sewage Influent

PA0026816
PERMIT NUMBER

МО

12

DAY

01

YEAR

FROM **2018** 

001
OUTFALL NUMBER

MO

12

DAY

31

Reporting Frequency: Monthly

DMR Effective From: 12/01/2018

DMR Effective To: 12/31/2018

Permit Expires: 10/31/2022

Permit Application Due: 05/04/2022

No Discharge:

Monthly		
12/01/2018		
12/31/2018		
10/31/2022		
05/04/2022		

### **PARAMETERS REPORTED VALUES**

PARAMETER		QUANTITY OR LOADING			Q	UANTITY OR C	ONCENTRATIO	N	SAMPLING FREQUENCY	SAMPLING TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING PREQUENCY	OAMI EINO TTE	
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	9879	***	lbs/day	***	137	***	mg/L	1/day	24-Hr Composite	
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		1/day	24-Hr Composite	
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	186	***	mg/L	1/day	24-Hr Composite	
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/day	24-Hr Composite	
Facility Comments											

MONITORING PERIOD

TO

YEAR

2018



### COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

**DISCHARGE MONITORING REPORT (DMR)** 

### ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
12-18 Daily Effluent Monitoring.xlsx	Daily Effluent Monitoring Form	2019-01-07T08:57:16-05:00	
12-18 Influent and Process Control.xls	Influent and Process Control Form	2019-01-07T08:57:37-05:00	
12-18 Sludge Processing.xls	Sewage Sludge / Biosolids Production and Disposal Form	2019-01-07T08:57:57-05:00	

### PERMIT VIOLATIONS

PERIMIT VIOLATIONS											
Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments

### **UNAUTHORIZED DISCHARGES**

Non-Compliance ID	Event Start Date Event End D	e Date and Time Discovered	Substance	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified	Comments
			Discharged							Orally	

### OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments

### **COMMENT DETAILS**

Comments	Operator Name	Operator Certification Number	Operator Contact Number
On 12-21 and 12-28 our trickling filter meter was reading above its design limit therefore the flows for those days are estimated.			

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Timothy Boyd	TELEPHONE		DATE		
boydt			(610)	279-5759	2019	1	7
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	МО	DAY