
EXHIBIT N1

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-01-01 **NO DISCHARGE FROM**
LIMERICK, PA 19468 To: 2012-01-31 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|---------------------------|-------------------------|---------|--------------------------|-----------------------|---|---------------------|-------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 7.9 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.5 | ***** | 6.9 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | 25 | 27 | | ***** | <4 | <4 | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <1 | ***** | | ***** | <0.2 | ***** | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.807 | 1.112 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 10 | ***** | | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | CFU/100 mL | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | 20 | 37 | | ***** | <3 | 6.2 | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | | |
| | | | | | | | | | 2012-02-09 | | |

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

Page 1

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-02-01 To: 2012-02-29 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|--------------------------|-----------------------|----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 7.5 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.6 | ***** | 6.7 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <35 | 49 | | ***** | <6 | 7.5 | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.7 | ***** | | ***** | <0.1 | ***** | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.745 | 0.862 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 18 | ***** | | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | CFU/100 mL | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <16 | 23 | | ***** | <3 | 3.2 | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | 2012-03-27 | | | | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-03-01 To: 2012-03-31 **NO DISCHARGE FROM SITE:** ()
LIMERICK, PA 19468

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|--------------------------|-----------------------|---|------------|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 7.3 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.5 | ***** | 6.9 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <33 | 42 | | ***** | <5 | 7.2 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.6 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.759 | 1.061 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 12 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | 16 | 18 | | ***** | 3 | 3.2 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | Signature of Principal Executive Officer Or Authorized Agent | | Telephone No | Date | |
| | | | | | | | | | | 2012-04-12 | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-04-01 To: 2012-04-30 **NO DISCHARGE FROM SITE:** ()
LIMERICK, PA 19468

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|--------------------------|-----------------------|----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen | Sample Measurement | ***** | ***** | | 7.1 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| Parameter Code: 00300 Stage Code: 1 | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH | Sample Measurement | ***** | ***** | | 6.5 | ***** | 7.2 | S.U. | 0 | 1/day | Grab |
| Parameter Code: 00400 Stage Code: 1 | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids | Sample Measurement | <24 | 28 | | ***** | <4 | 5 | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 Stage Code: 1 | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen | Sample Measurement | <0.6 | ***** | | ***** | <0.1 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00610 Stage Code: 1 | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Flow (mgd) | Sample Measurement | 0.736 | 0.843 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| Parameter Code: 50050 Stage Code: 1 | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform | Sample Measurement | ***** | ***** | | ***** | 8 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| Parameter Code: 74055 Stage Code: 1 | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 | Sample Measurement | <13 | 16 | | ***** | <2 | 2.7 | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 Stage Code: 1 | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | 2012-05-25 | |

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Page 1

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-05-01 To: 2012-05-31 **NO DISCHARGE FROM SITE:** ()
LIMERICK, PA 19468

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--|------------------------|-----------------------|---------|--------------------------|-----------------------|----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.4 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.6 | ***** | 7.1 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | 44 | 54 | | ***** | 6 | 8.4 | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <2 | ***** | | ***** | <0.2 | ***** | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.774 | 1.24 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 14 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <20 | 31 | | ***** | <3 | 4.9 | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. 4904 (relating to unsworn falsification) | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-06-01 To: 2012-06-30 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--|------------------------|----------------------|---------|--------------------------|--------------------|-------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.2 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6 | ***** | 7 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | 31 | 39 | | ***** | 6 | 6.4 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.7 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | .705 | .729 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 30 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <2 | 3 | | ***** | <11 | <16 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification) | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | | 2012-07-17 |

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

PARAMETER SPECIFIC COMMENTS:



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME LIMERICK TWP MONTGOMERY CNTY
ADDRESS 646 WEST RIDGE PIKE, LIMERICK, PA - 19468
FACILITY KING ROAD STP
LOCATION 529 KING RD, ROYERSFORD, PA - 19468
TELEPHONE 610-948-4250
COUNTY Montgomery
REGION EP SE Rgnl Of Norristown

| | |
|---------------|----------------|
| PA0051934 | 002 |
| PERMIT NUMBER | OUTFALL NUMBER |

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | | YEAR | MO | DAY |
| 2012 | 07 | 01 | TO | 2012 | 07 | 31 |

Report Frequency: Monthly
Monitoring Period: 07/01/2012 - 07/31/2012
Submitted By: _____
Submit Date: 08/23/2012
Stage: Final Effluent
 Check here if No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-------|---------|---------------------------|-------|------------|--------|-----------------------|-----------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | |
| Dissolved Oxygen | SAMPLE MEASUREMENT | | | | 6.2 | | | mg/L | 1/day | Grab |
| | PERMIT MEASUREMENT | | | | 5.0 | | | | 1/day | Grab |
| pH | SAMPLE MEASUREMENT | | | | 6.9 | | 7.2 | S.U. | 1/day | Grab |
| | PERMIT MEASUREMENT | | | | 6.0 | | 9.0 | | 1/day | Grab |
| Total Suspended Solids | SAMPLE MEASUREMENT | 23 | 24 | lbs/day | | 4 | 4 | mg/L | 1/week | 24-Hr Composite |
| | PERMIT MEASUREMENT | 425 | 638 | | | 30 | 45 | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen | SAMPLE MEASUREMENT | 6 | | lbs/day | | .1 | | mg/L | 1/week | 24-Hr Composite |
| | PERMIT MEASUREMENT | 114 | | | | 8 | | | 1/week | 24-Hr Composite |
| Flow | SAMPLE MEASUREMENT | .694 | .85 | MGD | | | | | Continuous | Recorded |
| | PERMIT MEASUREMENT | | | | | | | | Continuous | Recorded |
| Fecal Coliform | SAMPLE MEASUREMENT | | | | | 39 | CFU/100 ml | 1/week | Grab | |
| | PERMIT MEASUREMENT | | | | | 200 | | 1/week | Grab | |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | SAMPLE MEASUREMENT | 12 | 13 | lbs/day | | 2 | 2.2 | mg/L | 1/week | 24-Hr Composite |
| | PERMIT MEASUREMENT | 284 | 425 | | | 20 | 30 | | 1/week | 24-Hr Composite |
| Facility Comments | | | | | | | | | | |

ATTACHMENT DETAILS

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

COMMENTS

| COMMENT | OPERATOR NAME | OPERATOR CERTIFICATION NUMBER | OPERATOR CONTACT NUMBER |
|---------|------------------|-------------------------------|-------------------------|
| | Edward Salkowski | | 610-948-4250 |

SUBMISSION CONFIRMATION:

| | | | | | | | |
|--------------------------------|---|------------------------|-----------|--------|------|----|-----|
| 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) | | TELEPHONE | | DATE | | |
| | | | | | 2012 | 08 | 23 |
| | | SUBMITTED BY FULL NAME | AREA CODE | NUMBER | YEAR | MO | DAY |

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-08-01 **NO DISCHARGE**
LIMERICK, PA 19468 To: 2012-08-31 **FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--|------------------------|-----------------------|---------|--------------------------|-----------------------|----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 5.7 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.9 | ***** | 7.2 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <24 | <27 | lbs/day | ***** | <4 | 4 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.6 | ***** | lbs/day | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.751 | 0.916 | MGD | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 92 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <12 | <13 | lbs/day | ***** | <2 | <2 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | 2012-09-28 | |

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

GENERAL REPORT COMMENT:

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-09-01 To: 2012-09-30 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--|------------------------|-----------------------|---------|--------------------------|-----------------------|----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.3 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.9 | ***** | 7.4 | S.U | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <35 | 60 | | ***** | <5 | 7.6 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.7 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.774 | 1.021 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 14 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <15 | 21 | | ***** | <2 | 2.7 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification) | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | 2012-10-24 | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-10-01 To: 2012-10-31 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|--------------------------|-----------------------|---|---------------------|-------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.3 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.9 | ***** | 7.2 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <25 | <30 | | ***** | <4 | <4 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <2 | ***** | | ***** | <0.3 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.795 | 1.460 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 14 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <13 | <15 | | ***** | <2 | <2 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | | |
| | | | | | | | | | 2012-11-28 | | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-11-01 To: 2012-11-30 **NO DISCHARGE FROM SITE:** ()
LIMERICK, PA 19468

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|--------------------|-------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 7 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.7 | ***** | 7.3 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <43 | 99 | | ***** | <7 | 16.4 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.6 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.737 | 0.839 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 9 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <12 | <12 | | ***** | <2 | <2 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations See 18 Pa. C.S. § 4904 (relating to unsworn falsification) | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | | |

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

PARAMETER SPECIFIC COMMENTS:

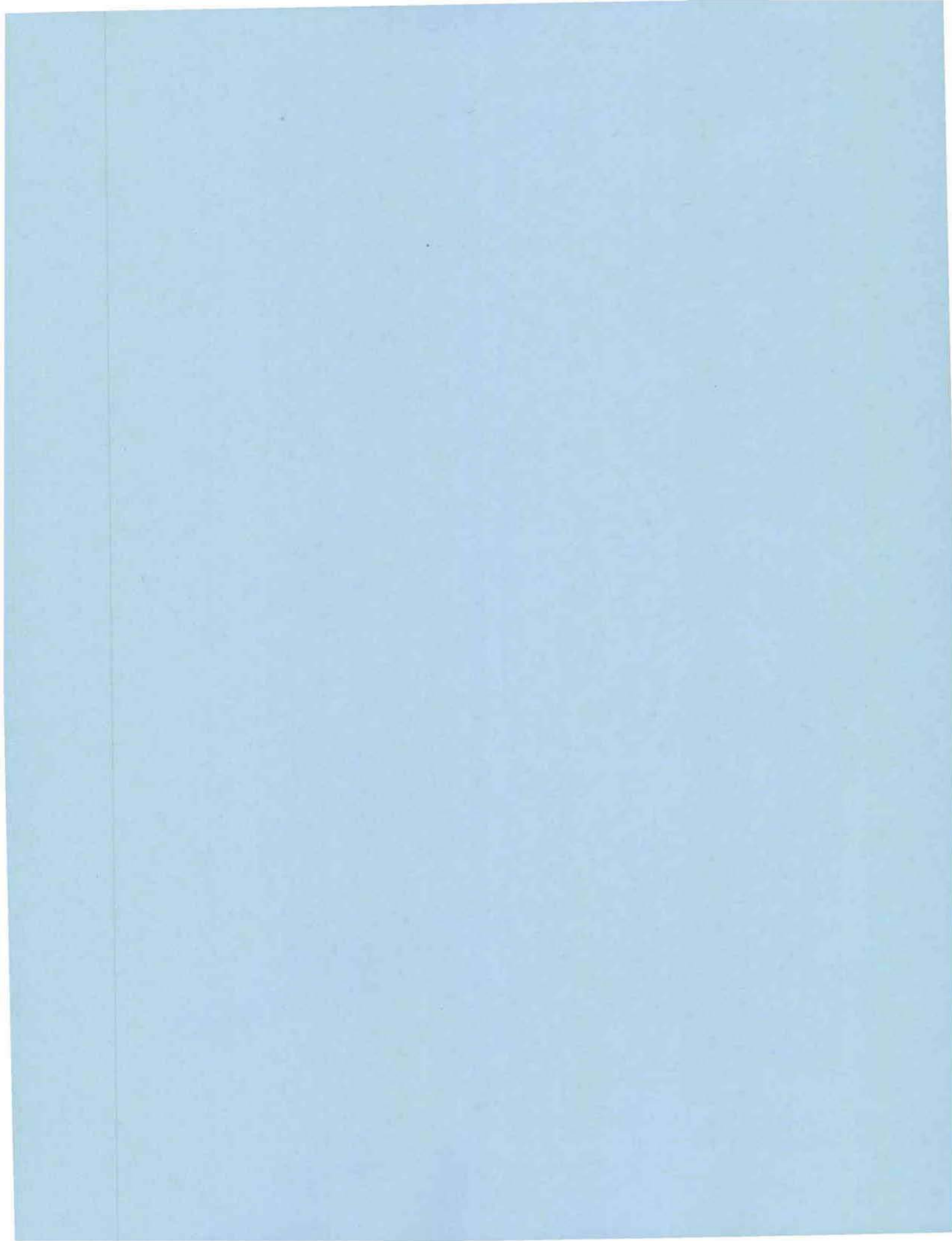
Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2012-12-01 To: 2012-12-31 **NO DISCHARGE FROM SITE:** ()
LIMERICK, PA 19468

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|--------------------------|-----------------------|----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 7.0 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.7 | ***** | 7.2 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <29 | 40 | | ***** | <5 | 6.8 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.7 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.802 | 1.592 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | <4 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <13 | <14 | | ***** | <2 | <2 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | 2013-01-28 | |

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

PARAMETER SPECIFIC COMMENTS:



Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-01-01 To: 2013-01-31 **NO DISCHARGE FROM SITE:** ()
LIMERICK, PA 19468

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|--------------------|---|---------------------|-------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 7.6 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.7 | ***** | 7.3 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <45 | 73 | | ***** | <7 | 10.8 | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.8 | ***** | | ***** | <0.1 | ***** | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.805 | 1.597 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 5 | ***** | | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | CFU/100 mL | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <17 | 25 | | ***** | <2 | 3 | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | | |
| | | | | | | | | | 2013-02-28 | | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-02-01 To: 2013-02-28 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|--------------------|-------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 8.3 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.7 | ***** | 7.2 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <28 | <31 | | ***** | <4 | 4.8 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | 2 | ***** | | ***** | 0.3 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.796 | 0.948 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 8 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <14 | <16 | | ***** | <2 | <2 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | | 2013-03-27 |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-03-01 To: 2013-03-31 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|--------------------------|-----------------------|----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 8 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.8 | ***** | 7.1 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <27 | <29 | | ***** | <4 | <4 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | 9 | ***** | | ***** | 1.2 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.793 | 0.984 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | <4 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <14 | 15 | | ***** | <2 | 2.1 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | 2013-04-24 | |

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

Page 1

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-04-01 To: 2013-04-30 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|--------------------------|-----------------------|----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 7.2 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.6 | ***** | 7 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <28 | 34 | lbs/day | ***** | <5 | 5.6 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.6 | ***** | lbs/day | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.798 | 1.116 | MGD | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 7 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <13 | <13 | lbs/day | ***** | <2 | <2 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | | |

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

Page 1

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-05-01 To: 2013-05-31 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|------------------------|----------------------|---------|--------------------------|--------------------|-------------------|------------|---------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.7 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.6 | ***** | 7.0 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <34 | 55 | | ***** | <5 | 8 | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.8 | ***** | | ***** | <0.1 | ***** | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.776 | 1.142 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 19 | ***** | | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | CFU/100 mL | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <13 | 14 | | ***** | <2 | 2.3 | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | mg/L | | 1/week | 24-Hr Composite |

| | | | | | |
|--|---|---|--|---------------------|-------------|
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | Signature of Principal Executive Officer Or Authorized Agent | | Telephone No | Date |
| | | | | | 2013-06-28 |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-06-01 To: 2013-06-30 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|------------------------|-----------------------|---------|--------------------------|-----------------------|----------------------|------------|---------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen | Sample Measurement | ***** | ***** | | 6.7 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| Parameter Code: 00300 Stage Code: 1 | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH | Sample Measurement | ***** | ***** | | 6.5 | ***** | 7.1 | S.U. | 0 | 1/day | Grab |
| Parameter Code: 00400 Stage Code: 1 | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids | Sample Measurement | <33 | 58 | | ***** | <5 | 6.4 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 Stage Code: 1 | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen | Sample Measurement | 0.9 | ***** | | ***** | 0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00610 Stage Code: 1 | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) | Sample Measurement | 0.916 | 1.562 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| Parameter Code: 50050 Stage Code: 1 | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform | Sample Measurement | ***** | ***** | | ***** | 35 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| Parameter Code: 74055 Stage Code: 1 | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 | Sample Measurement | <14 | <18 | | ***** | <2 | <2 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 Stage Code: 1 | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |

| | | | | | |
|--|---|---|--|---------------------|-------------|
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | Signature of Principal Executive Officer Or Authorized Agent | | Telephone No | Date |
| | | | | | 2013-07-26 |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-07-01 To: 2013-07-31 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|--------------------|-------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | Units | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.1 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.8 | ***** | 7.3 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <24 | <26 | | ***** | <4 | 4 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.6 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.758 | 1.041 | | ***** | ***** | ***** | MGD | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 128 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <12 | <13 | | ***** | <2 | 2 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | | 2013-08-28 |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-08-01 To: 2013-08-31 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|--------------------------|-----------------------|----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | Units | Value | Value | Value | | | | |
| Dissolved Oxygen | Sample Measurement | ***** | ***** | | 6.4 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| Parameter Code: 00300 Stage Code: 1 | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH | Sample Measurement | ***** | ***** | | 6.8 | ***** | 7.1 | S.U. | 0 | 1/day | Grab |
| Parameter Code: 00400 Stage Code: 1 | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids | Sample Measurement | <25 | <28 | | ***** | <4 | <4 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 Stage Code: 1 | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen | Sample Measurement | <0.6 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00610 Stage Code: 1 | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) | Sample Measurement | 0.754 | 1.054 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| Parameter Code: 50050 Stage Code: 1 | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform | Sample Measurement | ***** | ***** | | ***** | <13 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| Parameter Code: 74055 Stage Code: 1 | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 | Sample Measurement | <13 | <14 | | ***** | <2 | 2 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 Stage Code: 1 | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | 2013-09-27 | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-09-01 To: 2013-09-30 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|------------------------|----------------------|---------|--------------------------|--------------------|-------------------|------------|---------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.3 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.9 | ***** | 7.2 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <24 | <25 | | ***** | <4 | <4 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.6 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.735 | 0.927 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 16 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <12 | 14 | | ***** | <2 | 2.3 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |

| | | | | | |
|--|---|---|--|---------------------|-------------|
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | Signature of Principal Executive Officer Or Authorized Agent | | Telephone No | Date |
| | | | | | 2013-10-28 |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-10-01 To: 2013-10-31 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|--------------------|-------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.5 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.9 | ***** | 7.2 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <23 | <24 | | ***** | <4 | <4 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.6 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.714 | 1.056 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 21 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <11 | <12 | | ***** | <2 | <2 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | 2013-11-22 | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-11-01 To: 2013-11-30 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|---|-------------------|---------------------|-------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.7 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.9 | ***** | 7.2 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <33 | 63 | lbs/day | ***** | <5 | 6 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite | |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.7 | ***** | lbs/day | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite | |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.708 | 1.184 | MGD | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | | ***** | ***** | ***** | | Continuous | Recorded | |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 21 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | 1/week | Grab | |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <13 | <20 | lbs/day | ***** | <2 | 2 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | | ***** | 20 Average Monthly | 30 Weekly Average | | 1/week | 24-Hr Composite | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | Signature of Principal Executive Officer Or Authorized Agent | | Telephone No | Date | | |
| | | | | | | | | | 2013-12-27 | | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2013-12-01 To: 2013-12-31 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|------------------------|----------------------|---------|--------------------------|--------------------|-------------------|------------|---------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 7.4 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.6 | ***** | 7.2 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <25 | <27 | | ***** | <4 | <4 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.6 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.835 | 1.154 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 18 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <14 | 21 | | ***** | <2 | 3 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |

| | | | | | |
|--|---|---|--|---------------------|-------------|
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | Signature of Principal Executive Officer Or Authorized Agent | | Telephone No | Date |
| | | | | | 2014-01-28 |

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

PARAMETER SPECIFIC COMMENTS:



Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-01-01 To: 2014-01-31 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|--------------------|-------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 8.0 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.5 | ***** | 7.0 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <62 | 126 | | ***** | <9 | 18 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.7 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.811 | 1.174 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 15 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | 28 | 45 | | ***** | 4 | 7 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | | 2014-02-28 |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

| | | |
|---|--|------------------------------------|
| FACILITY: KING ROAD STP | PERMIT NUMBER: PA0051934 | REGION: EP SE Rgnl Off |
| PERMITTEE: LIMERICK TWP MONTGOMERY CNTY | OUTFALL: 002 | COUNTY: Montgomery |
| ADDRESS: 646 WEST RIDGE PIKE LIMERICK, PA 19468 | MONITORING PERIOD: From: 2014-02-01 To: 2014-02-28 | CITY: LIMERICK |
| | | NO DISCHARGE FROM SITE: () |

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|------------------------|-----------------------|---------|--------------------------|-----------------------|----------------------|------------|---------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen | Sample Measurement | ***** | ***** | | 8.1 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| Parameter Code: 00300 Stage Code: 1 | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH | Sample Measurement | ***** | ***** | | 6.6 | ***** | 7 | S.U. | 0 | 1/day | Grab |
| Parameter Code: 00400 Stage Code: 1 | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids | Sample Measurement | 67 | 145 | | ***** | 7 | 10 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 Stage Code: 1 | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen | Sample Measurement | <1 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00610 Stage Code: 1 | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) | Sample Measurement | 0.969 | 1.672 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| Parameter Code: 50050 Stage Code: 1 | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform | Sample Measurement | ***** | ***** | | ***** | 14 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| Parameter Code: 74055 Stage Code: 1 | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 | Sample Measurement | <31 | 63 | | ***** | <3 | 5 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 Stage Code: 1 | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |

| | | | | |
|--|---|---|---------------------|-------------|
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date |
| | | | | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-03-01 To: 2014-03-31 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------------|----------------------------|---------|--------------------------|--------------------------|-------------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen | Sample Measurement | ***** | ***** | | 8 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| Parameter Code: 00300 Stage Code: 1 | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH | Sample Measurement | ***** | ***** | | 6.4 | ***** | 6.9 | S.U. | 0 | 1/day | Grab |
| Parameter Code: 00400 Stage Code: 1 | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids | Sample Measurement | <39 | 70 | | ***** | <6 | 11 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 Stage Code: 1 | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen | Sample Measurement | <0.8 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00610 Stage Code: 1 | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) | Sample Measurement | 0.884 | 1.568 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| Parameter Code: 50050 Stage Code: 1 | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform | Sample Measurement | ***** | ***** | | ***** | 11 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| Parameter Code: 74055 Stage Code: 1 | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 | Sample Measurement | <18 | 29 | | ***** | <3 | 4 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 Stage Code: 1 | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | 2014-04-23 | |

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

Page 1

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-04-01 To: 2014-04-30 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|--------------------|-------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 7.2 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.5 | ***** | 6.9 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <56 | 151 | | ***** | <5 | 7 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <4 | ***** | | ***** | <0.4 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.937 | 2.669 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 12 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <22 | <45 | | ***** | <2 | <2 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-05-01 To: 2014-05-31 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|--------------------|-------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 7.5 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.1 | ***** | 7 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <57 | 106 | | ***** | <8 | 15 | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.8 | ***** | | ***** | <0.1 | ***** | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.923 | 2.613 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 18 | ***** | | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | CFU/100 mL | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <14 | <14 | | ***** | <2 | <2 | | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | 2014-06-26 | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
 MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-06-01 To: 2014-06-30 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|--------------------------|-----------------------|----------------------|--|--------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.7 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | | |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.2 | ***** | 7.0 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | | |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <28 | 34 | lbs/day | ***** | <4 | 5 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | | ***** | 30 Average Monthly | 45 Weekly Average | | | | |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <1 | ***** | lbs/day | ***** | <0.2 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | | ***** | 8 Average Monthly | ***** | | | | |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.823 | 1.456 | MGD | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | | ***** | ***** | ***** | | | | |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 41 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | | |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <14 | 17 | lbs/day | ***** | <2 | 3 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | | ***** | 20 Average Monthly | 30 Weekly Average | | | | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | | |

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

Page 1

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-07-01 To: 2014-07-31 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|--------------------------|-----------------------|---|------------|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen | Sample Measurement | ***** | ***** | | 6.5 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| Parameter Code: 00300 Stage Code: 1 | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH | Sample Measurement | ***** | ***** | | 6.6 | ***** | 7.2 | S.U. | 0 | 1/day | Grab |
| Parameter Code: 00400 Stage Code: 1 | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids | Sample Measurement | <28 | 37 | | ***** | <5 | 6 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 Stage Code: 1 | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen | Sample Measurement | <0.6 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00610 Stage Code: 1 | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) | Sample Measurement | 0.718 | 0.892 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| Parameter Code: 50050 Stage Code: 1 | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform | Sample Measurement | ***** | ***** | | ***** | 40 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| Parameter Code: 74055 Stage Code: 1 | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 | Sample Measurement | <13 | 15 | | ***** | <2 | 2 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 Stage Code: 1 | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | Signature of Principal Executive Officer Or Authorized Agent | | Telephone No | Date | |
| | | | | | | | | | | 2014-08-28 | |

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

Page 1

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2014-08-01 To: 2014-08-31 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|--------------------------|-----------------------|----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen | Sample Measurement | ***** | ***** | | 6 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| Parameter Code: 00300 Stage Code: 1 | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH | Sample Measurement | ***** | ***** | | 6.9 | ***** | 7.2 | S.U. | 0 | 1/day | Grab |
| Parameter Code: 00400 Stage Code: 1 | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids | Sample Measurement | 39 | 65 | | ***** | 6 | 11 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 Stage Code: 1 | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen | Sample Measurement | <0.6 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00610 Stage Code: 1 | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) | Sample Measurement | 0.744 | 0.818 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| Parameter Code: 50050 Stage Code: 1 | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform | Sample Measurement | ***** | ***** | | ***** | 16 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| Parameter Code: 74055 Stage Code: 1 | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 | Sample Measurement | <14 | 15 | | ***** | <2 | 3 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 Stage Code: 1 | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** **From:** 2014-09-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2014-09-30 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------------|----------------------------|---------|--------------------------|--------------------------|-------------------------|---|---------------------|-----------------------|--------------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 5.9 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | | |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 7 | ***** | 7.2 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | | |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <28 | 37 | lbs/day | ***** | <5 | 6 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | | ***** | 30 Average Monthly | 45 Weekly Average | | | | |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.6 | ***** | lbs/day | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | | ***** | 8 Average Monthly | ***** | | | | |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.734 | 0.891 | MGD | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | | ***** | ***** | ***** | | | | |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 17 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | | |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <16 | 24 | lbs/day | ***** | <3 | 4 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | | ***** | 20 Average Monthly | 30 Weekly Average | | | | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | | |

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

GENERAL REPORT COMMENT:

Fine Screen at Influent Headworks Out of Service and Using Bar Screen. It needs a new taper bushing installed. For State Sampling Event 9/23 - 9/24 Refrigerated Effluent Sampler Motor Broken. Used our automatic portable sampler with 10g packed in ice. Awaiting on new sampler pump Motor.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
 MONTGOMERY CNTY **CITY:** LIMERICK
 646 WEST RIDGE
 PIKE **MONITORING** **From:** 2014-10-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** **To:** 2014-10-31 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|--------------------------|-----------------------|---|---------------------|-------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.9 | ***** | 7.1 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | 43 | 70 | | ***** | 7 | 11 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.6 | ***** | | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.714 | 0.852 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 22 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <17 | 24 | | ***** | <3 | 4 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | | |
| | | | | | | | | | 2014-11-19 | | |

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

GENERAL REPORT COMMENT:

The Lakeside Fine Screen in the headworks is out of service - using the Bar Screen.

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE RgnI Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
 MONTGOMERY CNTY **CITY:** LIMERICK
 646 WEST RIDGE
 PIKE **MONITORING** From: 2014-11-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2014-11-30 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|--------------------------|-----------------------|----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 7 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | 1/day | Grab |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.8 | ***** | 7.2 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | 55 | 59 | lbs/day | ***** | 8 | 10 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.7 | ***** | lbs/day | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.774 | 0.858 | MGD | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | | ***** | ***** | ***** | | | Continuous | Recorded |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 12 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | 1/week | Grab |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | <17 | 26 | lbs/day | ***** | <2 | 3 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | | ***** | 20 Average Monthly | 30 Weekly Average | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE RgnI Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** From: 2014-12-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2014-12-31 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|--------------------------|-----------------------|----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 7.4 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Minimum | ***** | ***** | | | | |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.7 | ***** | 7.2 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Minimum | ***** | 9.0 Maximum | | | | |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | 76 | 111 | lbs/day | ***** | 10 | 16 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | | ***** | 30 Average Monthly | 45 Weekly Average | | | | |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.8 | ***** | lbs/day | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | | ***** | 8 Average Monthly | ***** | | | | |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.841 | 1.087 | MGD | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | | ***** | ***** | ***** | | | | |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 12 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | | |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | 26 | 33 | lbs/day | ***** | 3 | 5 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | | ***** | 20 Average Monthly | 30 Weekly Average | | | | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | 2015-01-28 | |

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

GENERAL REPORT COMMENT:

We had an SSO in the month of December, please see attached Reports.

PARAMETER SPECIFIC COMMENTS:



NON-COMPLIANCE REPORTING FORM

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

Facility Name: King Road STP
Municipality: Limerick Township County: Montgomery

Month: December Year: 2014
Permit No.: PA0051934

Violations of Permit Effluent Limitations*

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

Sanitary Sewer Overflows and Other Unauthorized Discharges*

| Event Date | Substance Discharged | Location | Volume (gals) | Duration (hrs) | Receiving Waters | Impact on Waters | Cause of Discharge | Date DEP Notified |
|------------|----------------------|--------------------|---------------|----------------|------------------|------------------|---------------------------|-------------------|
| 12/4/14 | Raw Sewage | Near 11 Major Road | 300 | 6.0 | None | None | Clogged Air Release Valve | 12/4/14 |
| | | | | | | | | |

Other Permit Violations*

- Sample collection less frequent than required Explain _____
- Sample type not in compliance with permit Explain _____
- Violation of permit schedule Explain _____
- Other Explain _____
- Other Explain _____

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: David Palmer
Title: Lead Operator

Signature: _____
Date: 1/20/15



Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** From: 2015-01-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2015-01-31 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|--------------------|-----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 8.5 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | Instantaneous Minimum | ***** | ***** | | | | |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.5 | ***** | 6.9 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | Instantaneous Minimum | ***** | Instantaneous Maximum | | | | |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | 78 | 89 | lbs/day | ***** | 12 | 14 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | Average Monthly | Weekly Average | | ***** | 30 Average Monthly | 45 Weekly Average | | | | |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.6 | ***** | lbs/day | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | Average Monthly | ***** | | ***** | 8 Average Monthly | ***** | | | | |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.816 | 1.056 | MGD | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | | ***** | ***** | ***** | | | | |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 8 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | | |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | 30 | 33 | lbs/day | ***** | 5 | 5 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | Average Monthly | Weekly Average | | ***** | 20 Average Monthly | 30 Weekly Average | | | | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | | |

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

GENERAL REPORT COMMENT:

This DMR was submitted after the due date, because it was missing in the eDMR system. The issue was resolved 3/3/15.

PARAMETER SPECIFIC COMMENTS:



NON-COMPLIANCE REPORTING FORM

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

Facility Name: King Road STP
Municipality: Limerick Township County: Montgomery

Month: January Year: 2015
Permit No.: PA0051934

Violations of Permit Effluent Limitations*

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

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

- Sample collection less frequent than required Explain In the eDMR system, the King Road report Was Not There to enter data or submit. So, we did not
- Sample type not in compliance with permit Explain get the King Road STP's January 2015 DMR submitted on time. I had called the help desk and
- Violation of permit schedule Explain then emailed the help desk, and they are working on our issues.
- Other Explain _____
- Other Explain _____

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: David W. Palmer
Title: Lead Operator

Signature: _____
Date: 3/3/15

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** **From:** 2015-02-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** **To:** 2015-02-28 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|------------------------|-----------------------|---------|--------------------------|-----------------------|-----------------------|------------|---------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 8.7 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | Instantaneous Minimum | ***** | ***** | | | | |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.5 | ***** | 6.9 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | Instantaneous Minimum | ***** | Instantaneous Maximum | | | | |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <73 | 101 | lbs/day | ***** | <11 | 15 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | | ***** | 30 Average Monthly | 45 Weekly Average | | | | |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <2 | ***** | lbs/day | ***** | <0.4 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | | ***** | 8 Average Monthly | ***** | | | | |
| Flow (mgd) Parameter Code: 50050 Stage Code: 1 | Sample Measurement | 0.783 | 1.095 | MGD | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| | Permit Requirement | Report Average Monthly | Report Daily Maximum | | ***** | ***** | ***** | | | | |
| Fecal Coliform Parameter Code: 74055 Stage Code: 1 | Sample Measurement | ***** | ***** | | ***** | 21 | ***** | CFU/100 mL | 0 | 1/week | Grab |
| | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | ***** | | | | |
| CBOD5 Parameter Code: 80082 Stage Code: 1 | Sample Measurement | 24 | 35 | lbs/day | ***** | 4 | 6 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 284 Average Monthly | 425 Weekly Average | | ***** | 20 Average Monthly | 30 Weekly Average | | | | |

| | | | | |
|--|---|---|---------------------|-------------|
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date |
| | | | | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** **From:** 2015-03-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** **To:** 2015-03-31 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------|---------|--------------------------|------------------------|-----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen | Sample Measurement | ***** | ***** | | 8.3 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| Parameter Code: 00300 | Permit Requirement | ***** | ***** | | 5.0 | ***** | ***** | | | 1/day | Grab |
| Stage Code: 1 | | | | | Instantaneous Minimum | ***** | ***** | | | | |
| BOD5 | Sample Measurement | 1732 | ***** | lbs/day | ***** | 211 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00310 | Permit Requirement | Report Average Monthly | ***** | | ***** | Report Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Stage Code: RI | | | | | | | | | | | |
| pH | Sample Measurement | ***** | ***** | | 6.5 | ***** | 7 | S.U. | 0 | 1/day | Grab |
| Parameter Code: 00400 | Permit Requirement | ***** | ***** | | 6.0 | ***** | 9.0 | | | 1/day | Grab |
| Stage Code: 1 | | | | | Instantaneous Minimum | ***** | Instantaneous Maximum | | | | |
| Total Suspended Solids | Sample Measurement | 44 | 64 | lbs/day | ***** | 5 | 6 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 | Permit Requirement | 425 | 638 | | ***** | 30 | 45 | | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | Average Monthly | Weekly Average | | | Average Monthly | Weekly Average | | | | |
| Total Suspended Solids | Sample Measurement | ***** | ***** | | ***** | 277 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Stage Code: RI | | | | | | | | | | | |
| Total Nitrogen | Sample Measurement | <193 | ***** | lbs/day | ***** | <22.9 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00600 | Permit Requirement | Report Average Monthly | ***** | | ***** | Report Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | | | | | | | | | | |
| Ammonia-Nitrogen | Sample Measurement | <0.9 | ***** | lbs/day | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00610 | Permit Requirement | 114 | ***** | | ***** | 8 | ***** | | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | Average Monthly | ***** | | | Average Monthly | ***** | | | | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | 2015-04-28 | |

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** From: 2015-03-01 To: 2015-03-31 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|------------------------|----------------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Total Phosphorus | Sample Measurement | 34 | ***** | | ***** | 4.09 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00665 | Permit Requirement | Report Average Monthly | ***** | lbs/day | ***** | Report Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | | | | | | | | | | |
| Flow (mgd) | Sample Measurement | 0.993 | 1.55 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| Parameter Code: 50050 | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Stage Code: 1 | | | | | | | | | | | |
| U □ Transmittance (□) | Sample Measurement | ***** | ***** | | 100 | ***** | ***** | □ | 0 | 1/day | Metered |
| Parameter Code: 51043 | Permit Requirement | ***** | ***** | | Report Minimum | ***** | ***** | | | 1/day | Metered |
| Stage Code: 1 | | | | | | | | | | | |
| Fecal Coliform | Sample Measurement | ***** | ***** | | ***** | 10 | 19 | No./100 ml | 0 | 1/week | Grab |
| Parameter Code: 74055 | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | 1000 Instantaneous Maximum | | | 1/week | Grab |
| Stage Code: 1 | | | | | | | | | | | |
| CBOD5 | Sample Measurement | 24 | 33 | | ***** | 3 | 3 | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | | | | | | | | | | |
| CBOD5 | Sample Measurement | ***** | ***** | | ***** | 226 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: RI | | | | | | | | | | | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. □ 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | 2015-04-28 | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE
ADDRESS: LIMERICK, PA 19468 **MONITORING PERIOD:** From: 2015-04-01 To: 2015-04-30 **NO DISCHARGE FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|--------------------|---------|--------------------------|------------------------|---|---------------------|-------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 7.3 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | Instantaneous Minimum | ***** | ***** | | | 1/day | Grab |
| BOD5 Parameter Code: 00310 Stage Code: RI | Sample Measurement | 1923 | ***** | lbs/day | ***** | 290 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | Report Average Monthly | ***** | | ***** | Report Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.4 | ***** | 6.9 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | Instantaneous Minimum | ***** | Instantaneous Maximum | | | 1/day | Grab |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <39 | 43 | lbs/day | ***** | <6 | 7 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Total Suspended Solids Parameter Code: 00530 Stage Code: RI | Sample Measurement | ***** | ***** | | ***** | 275 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Total Nitrogen Parameter Code: 00600 Stage Code: 1 | Sample Measurement | 171 | ***** | lbs/day | ***** | 25.7 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | Report Average Monthly | ***** | | ***** | Report Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.7 | ***** | lbs/day | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | | |
| | | | | | | | | | | | 2015-05-27 |

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** From: 2015-04-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2015-04-30 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|------------------------|----------------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Total Phosphorus | Sample Measurement | 34 | ***** | | ***** | 5.08 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00665 | Permit Requirement | Report Average Monthly | ***** | lbs/day | ***** | Report Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | | | | | | | | | | |
| Flow (mgd) | Sample Measurement | 0.815 | 0.995 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| Parameter Code: 50050 | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Stage Code: 1 | | | | | | | | | | | |
| U □ Transmittance (□) | Sample Measurement | ***** | ***** | | 100 | ***** | ***** | □ | 0 | 1/day | Metered |
| Parameter Code: 51043 | Permit Requirement | ***** | ***** | | Report Minimum | ***** | ***** | | | 1/day | Metered |
| Stage Code: 1 | | | | | | | | | | | |
| Fecal Coliform | Sample Measurement | ***** | ***** | | ***** | 9 | 20 | No./100 ml | 0 | 1/week | Grab |
| Parameter Code: 74055 | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | 1000 Instantaneous Maximum | | | 1/week | Grab |
| Stage Code: 1 | | | | | | | | | | | |
| CBOD5 | Sample Measurement | <20 | 26 | | ***** | <3 | 4 | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | | | | | | | | | | |
| CBOD5 | Sample Measurement | ***** | ***** | | ***** | 265 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: RI | | | | | | | | | | | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. □ 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | 2015-05-27 | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** **From:** 2015-05-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** **To:** 2015-05-31 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|--------------------|---------|--------------------------|------------------------|-----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen | Sample Measurement | ***** | ***** | | 6.2 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| Parameter Code: 00300 | Permit Requirement | ***** | ***** | | Instantaneous Minimum | ***** | ***** | | | 1/day | Grab |
| BOD5 | Sample Measurement | 1870 | ***** | lbs/day | ***** | 296 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00310 | Permit Requirement | Report Average Monthly | ***** | | ***** | Report Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| pH | Sample Measurement | ***** | ***** | | 6.4 | ***** | 6.8 | S.U. | 0 | 1/day | Grab |
| Parameter Code: 00400 | Permit Requirement | ***** | ***** | | Instantaneous Minimum | ***** | Instantaneous Maximum | | | 1/day | Grab |
| Total Suspended Solids | Sample Measurement | 60 | 72 | lbs/day | ***** | 10 | 12 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 | Permit Requirement | 425 Average Monthly | 638 Weekly Average | | ***** | 30 Average Monthly | 45 Weekly Average | | | 1/week | 24-Hr Composite |
| Total Suspended Solids | Sample Measurement | ***** | ***** | | ***** | 275 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Total Nitrogen | Sample Measurement | 200 | ***** | lbs/day | ***** | 31.7 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00600 | Permit Requirement | Report Average Monthly | ***** | | ***** | Report Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen | Sample Measurement | <0.7 | ***** | lbs/day | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00610 | Permit Requirement | 114 Average Monthly | ***** | | ***** | 8 Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | 2015-06-26 | |

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** **From:** 2015-05-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2015-05-31 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|------------------------|---|---------------------|-----------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Total Phosphorus | Sample Measurement | 39 | ***** | lbs/day | ***** | 6.14 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00665 Stage Code: 1 | Permit Requirement | Report Average Monthly | ***** | | ***** | Report Average Monthly | ***** | | ***** | 1/week | 24-Hr Composite |
| Flow (mgd) | Sample Measurement | 0.762 | 0.835 | MGD | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| Parameter Code: 50050 Stage Code: 1 | Permit Requirement | Report Average Monthly | Report Daily Maximum | | ***** | ***** | ***** | | ***** | Continuous | Recorded |
| U □ Transmittance (□) | Sample Measurement | ***** | ***** | | 100 | ***** | ***** | □ | 0 | 1/day | Metered |
| Parameter Code: 51043 Stage Code: 1 | Permit Requirement | ***** | ***** | | Report Minimum | ***** | ***** | | ***** | 1/day | Metered |
| Fecal Coliform | Sample Measurement | ***** | ***** | | ***** | 30 | 57 | No./100 ml | 0 | 1/week | Grab |
| Parameter Code: 74055 Stage Code: 1 | Permit Requirement | ***** | ***** | | ***** | Geometric Mean | 1000 | | Instantaneous Maximum | 1/week | Grab |
| CBOD5 | Sample Measurement | 21 | 26 | lbs/day | ***** | 3 | 4 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 Stage Code: 1 | Permit Requirement | 284 | 425 | | ***** | Average Monthly | 20 | | 30 | Weekly Average | 1/week |
| CBOD5 | Sample Measurement | ***** | ***** | | ***** | 299 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 Stage Code: RI | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | | ***** | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. □ 4904 (relating to unsworn falsification). | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | | |
| | | | | | | | | | 2015-06-26 | | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** From: 2015-06-01 **SITE:** (
To: 2015-06-30

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------|---------|--------------------------|------------------------|-----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen | Sample Measurement | ***** | ***** | | 6.2 | ***** | ***** | | 0 | 1/day | Grab |
| Parameter Code: 00300 | Permit Requirement | ***** | ***** | | 5.0 | ***** | ***** | mg/L | | 1/day | Grab |
| Stage Code: 1 | | | | | Instantaneous Minimum | ***** | ***** | | | | |
| BOD5 | Sample Measurement | 1837 | ***** | | ***** | 276 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00310 | Permit Requirement | Report Average Monthly | ***** | lbs/day | ***** | Report Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: RI | | | | | | | | | | | |
| pH | Sample Measurement | ***** | ***** | | 6.4 | ***** | 7.1 | | 0 | 1/day | Grab |
| Parameter Code: 00400 | Permit Requirement | ***** | ***** | | 6.0 | ***** | 9.0 | S.U. | | 1/day | Grab |
| Stage Code: 1 | | | | | Instantaneous Minimum | ***** | Instantaneous Maximum | | | | |
| Total Suspended Solids | Sample Measurement | 59 | 66 | | ***** | 9 | 11 | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 | Permit Requirement | 425 | 638 | lbs/day | ***** | 30 | 45 | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | Average Monthly | Weekly Average | | | Average Monthly | Weekly Average | | | | |
| Total Suspended Solids | Sample Measurement | ***** | ***** | | ***** | 273 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: RI | | | | | | | | | | | |
| Total Nitrogen | Sample Measurement | 217 | ***** | | ***** | 32.4 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00600 | Permit Requirement | Report Average Monthly | ***** | lbs/day | ***** | Report Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | | | | | | | | | | |
| Ammonia-Nitrogen | Sample Measurement | <0.8 | ***** | | ***** | <0.1 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00610 | Permit Requirement | 114 | ***** | lbs/day | ***** | 8 | ***** | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | Average Monthly | ***** | | | Average Monthly | ***** | | | | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | | 2015-07-27 |

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING PERIOD:** From: 2015-06-01 **NO DISCHARGE FROM SITE:** ()
ADDRESS: LIMERICK, PA 19468 To: 2015-06-30

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|---|-------------------|--------------------------|-----------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Total Phosphorus | Sample Measurement | 41 | ***** | lbs/day | ***** | 6.09 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00665 Stage Code: 1 | Permit Requirement | Report Average Monthly | ***** | | ***** | Report Average Monthly | ***** | | ***** | 1/week | 24-Hr Composite |
| Flow (mgd) | Sample Measurement | 0.831 | 0.857 | MGD | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| Parameter Code: 50050 Stage Code: 1 | Permit Requirement | Report Average Monthly | Report Daily Maximum | | ***** | ***** | ***** | | ***** | Continuous | Recorded |
| <input type="checkbox"/> Transmittance (<input type="checkbox"/>) | Sample Measurement | ***** | ***** | | 100 | ***** | ***** | <input type="checkbox"/> | 0 | 1/day | Metered |
| Parameter Code: 51043 Stage Code: 1 | Permit Requirement | ***** | ***** | | Report Minimum | ***** | ***** | | ***** | 1/day | Metered |
| Fecal Coliform | Sample Measurement | ***** | ***** | | ***** | 57 | 160 | No./100 ml | 0 | 1/week | Grab |
| Parameter Code: 74055 Stage Code: 1 | Permit Requirement | ***** | ***** | | ***** | Geometric Mean | 200 | | Instantaneous Maximum | 1000 | 1/week |
| CBOD5 | Sample Measurement | 20 | 27 | lbs/day | ***** | 3 | 4 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 Stage Code: 1 | Permit Requirement | 284 Average Monthly | 425 Weekly Average | | ***** | 20 Average Monthly | 30 Weekly Average | | ***** | 1/week | 24-Hr Composite |
| CBOD5 | Sample Measurement | ***** | ***** | | ***** | 235 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 Stage Code: RI | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | | ***** | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | Signature of Principal Executive Officer Or Authorized Agent | | Telephone No | Date | | |
| | | | | | | | | | 2015-07-27 | | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
 MONTGOMERY CNTY **CITY:** LIMERICK
 646 WEST RIDGE
 PIKE **MONITORING** **From:** 2015-07-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** **To:** 2015-07-31 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------|---------|--------------------------|------------------------|-----------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen | Sample Measurement | ***** | ***** | | 6.1 | ***** | ***** | | 0 | 1/day | Grab |
| Parameter Code: 00300 | Permit Requirement | ***** | ***** | | 5.0 | ***** | ***** | mg/L | | 1/day | Grab |
| Stage Code: 1 | | | | | Instantaneous Minimum | ***** | ***** | | | | |
| BOD5 | Sample Measurement | 2335 | ***** | | ***** | 279 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00310 | Permit Requirement | Report Average Monthly | ***** | lbs/day | ***** | Report Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: RI | | | | | | | | | | | |
| pH | Sample Measurement | ***** | ***** | | 6.7 | ***** | 7 | | 0 | 1/day | Grab |
| Parameter Code: 00400 | Permit Requirement | ***** | ***** | | 6.0 | ***** | 9.0 | S.U. | | 1/day | Grab |
| Stage Code: 1 | | | | | Instantaneous Minimum | ***** | Instantaneous Maximum | | | | |
| Total Suspended Solids | Sample Measurement | <43 | <92 | | ***** | <5 | 7 | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 | Permit Requirement | 425 | 638 | lbs/day | ***** | 30 | 45 | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | Average Monthly | Weekly Average | | | Average Monthly | Weekly Average | | | | |
| Total Suspended Solids | Sample Measurement | ***** | ***** | | ***** | 291 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: RI | | | | | | | | | | | |
| Total Nitrogen | Sample Measurement | 232 | ***** | | ***** | 28.8 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00600 | Permit Requirement | Report Average Monthly | ***** | lbs/day | ***** | Report Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | | | | | | | | | | |
| Ammonia-Nitrogen | Sample Measurement | <1 | ***** | | ***** | <0.1 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00610 | Permit Requirement | 114 | ***** | lbs/day | ***** | 8 | ***** | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | Average Monthly | ***** | | | Average Monthly | ***** | | | | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | | 2015-08-27 |

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** From: 2015-07-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2015-07-31 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|------------------------|----------------------------|---|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Total Phosphorus | Sample Measurement | 40 | ***** | | ***** | 4.93 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00665 | Permit Requirement | Report Average Monthly | ***** | lbs/day | ***** | Report Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | | | | | | | | | | |
| Flow (mgd) | Sample Measurement | 0.808 | 1.532 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| Parameter Code: 50050 | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Stage Code: 1 | | | | | | | | | | | |
| <input type="checkbox"/> Transmittance (□) | Sample Measurement | ***** | ***** | | 100 | ***** | ***** | □ | 0 | 1/day | Metered |
| Parameter Code: 51043 | Permit Requirement | ***** | ***** | | Report Minimum | ***** | ***** | | | 1/day | Metered |
| Stage Code: 1 | | | | | | | | | | | |
| Fecal Coliform | Sample Measurement | ***** | ***** | | ***** | 21 | 27 | No./100 ml | 0 | 1/week | Grab |
| Parameter Code: 74055 | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | 1000 Instantaneous Maximum | | | 1/week | Grab |
| Stage Code: 1 | | | | | | | | | | | |
| CBOD5 | Sample Measurement | <17 | 29 | | ***** | <2 | 2 | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | | | | | | | | | | |
| CBOD5 | Sample Measurement | ***** | ***** | | ***** | 231 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: RI | | | | | | | | | | | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | |
| | | | | | | | | | | 2015-08-27 | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE RgnI Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** **From:** 2015-08-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** **To:** 2015-08-31 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-------|----------------|--------------------------|------------------------|---|--------------------------------|-------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen | Sample Measurement | ***** | ***** | | 6 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| Parameter Code: 00300 | Permit Requirement | ***** | ***** | | 5.0 | Instantaneous Minimum | ***** | | | 1/day | Grab |
| BOD5 | Sample Measurement | 1606 | ***** | lbs/day | ***** | 265 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00310 | Permit Requirement | Report Average Monthly | ***** | | ***** | Report Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| pH | Sample Measurement | ***** | ***** | | 6.7 | ***** | 7.1 | S.U. | 0 | 1/day | Grab |
| Parameter Code: 00400 | Permit Requirement | ***** | ***** | | 6.0 | Instantaneous Minimum | 9.0 | Instantaneous Maximum | | 1/day | Grab |
| Total Suspended Solids | Sample Measurement | <24 | <25 | lbs/day | ***** | <4 | <4 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 | Permit Requirement | 425 | 638 | Weekly Average | ***** | 30 | 45 | Average Monthly Weekly Average | | 1/week | 24-Hr Composite |
| Total Suspended Solids | Sample Measurement | ***** | ***** | | ***** | 262 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Total Nitrogen | Sample Measurement | 187 | ***** | lbs/day | ***** | 30.9 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00600 | Permit Requirement | Report Average Monthly | ***** | | ***** | Report Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen | Sample Measurement | <0.7 | ***** | lbs/day | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00610 | Permit Requirement | 114 | ***** | | ***** | 8 | ***** | Average Monthly | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | | |
| | | | | | | | | | 2015-09-27 | | |

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE RgnI Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** From: 2015-08-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2015-08-31 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|------------------------|---|------------|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Total Phosphorus | Sample Measurement | 31 | ***** | | ***** | 5.11 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00665 | Permit Requirement | Report Average Monthly | ***** | lbs/day | ***** | Report Average Monthly | ***** | | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | | | | | | | | | | |
| Flow (mgd) | Sample Measurement | 0.74 | 0.957 | | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| Parameter Code: 50050 | Permit Requirement | Report Average Monthly | Report Daily Maximum | MGD | ***** | ***** | ***** | | | Continuous | Recorded |
| Stage Code: 1 | | | | | | | | | | | |
| U □ Transmittance (□) | Sample Measurement | ***** | ***** | | 100 | ***** | ***** | □ | 0 | 1/day | Metered |
| Parameter Code: 51043 | Permit Requirement | ***** | ***** | | Report Minimum | ***** | ***** | | | 1/day | Metered |
| Stage Code: 1 | | | | | | | | | | | |
| Fecal Coliform | Sample Measurement | ***** | ***** | | ***** | 21 | 33 | No./100 ml | 0 | 1/week | Grab |
| Parameter Code: 74055 | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | 1000 Instantaneous Maximum | | | 1/week | Grab |
| Stage Code: 1 | | | | | | | | | | | |
| CBOD5 | Sample Measurement | <12 | <12 | | ***** | <2 | <2 | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 | Permit Requirement | 284 Average Monthly | 425 Weekly Average | lbs/day | ***** | 20 Average Monthly | 30 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: 1 | | | | | | | | | | | |
| CBOD5 | Sample Measurement | ***** | ***** | | ***** | 244 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Stage Code: RI | | | | | | | | | | | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. □ 4904 (relating to unsworn falsification). | | | | | | Signature of Principal Executive Officer Or Authorized Agent | | Telephone No | Date | |
| | | | | | | | | | | 2015-09-27 | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2015-09-01 **NO DISCHARGE**
LIMERICK, PA 19468 To: 2015-09-30 **FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|------------------------------|------------------------|---|---------------------|-------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen Parameter Code: 00300 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6 | ***** | ***** | mg/L | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 5.0 Instantaneous Minimum | ***** | ***** | | 1/day | Grab | |
| BOD5 Parameter Code: 00310 Stage Code: RI | Sample Measurement | 1489 | ***** | lbs/day | ***** | 243 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | Report Average Monthly | ***** | | ***** | Report Average Monthly | ***** | | 1/week | 24-Hr Composite | |
| pH Parameter Code: 00400 Stage Code: 1 | Sample Measurement | ***** | ***** | | 6.9 | ***** | 7.2 | S.U. | 0 | 1/day | Grab |
| | Permit Requirement | ***** | ***** | | 6.0 Instantaneous Minimum | ***** | 9.0 Instantaneous Maximum | | 1/day | Grab | |
| Total Suspended Solids Parameter Code: 00530 Stage Code: 1 | Sample Measurement | <27 | 36 | lbs/day | ***** | <5 | 6 | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 425 Average Monthly | 638 Weekly Average | | ***** | 30 Average Monthly | 45 Weekly Average | | 1/week | 24-Hr Composite | |
| Total Suspended Solids Parameter Code: 00530 Stage Code: RI | Sample Measurement | ***** | ***** | | ***** | 212.4 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | | 1/week | 24-Hr Composite | |
| Total Nitrogen Parameter Code: 00600 Stage Code: 1 | Sample Measurement | 182 | ***** | lbs/day | ***** | 29.8 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | Report Average Monthly | ***** | | ***** | Report Average Monthly | ***** | | 1/week | 24-Hr Composite | |
| Ammonia-Nitrogen Parameter Code: 00610 Stage Code: 1 | Sample Measurement | <0.6 | ***** | lbs/day | ***** | <0.1 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| | Permit Requirement | 114 Average Monthly | ***** | | ***** | 8 Average Monthly | ***** | | 1/week | 24-Hr Composite | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date | 2015-10-28 | |

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off

PERMITTEE: LIMERICK TWP
MONTGOMERY CNTY

OUTFALL: 002

COUNTY: Montgomery
CITY: LIMERICK

ADDRESS: 646 WEST RIDGE PIKE
LIMERICK, PA 19468

MONITORING PERIOD:

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

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|------------------------|---|------------|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Total Phosphorus | Sample Measurement | 32 | ***** | lbs/day | ***** | 5.31 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00665 Stage Code: 1 | Permit Requirement | Report Average Monthly | ***** | | ***** | Report Average Monthly | ***** | | | | |
| Flow (mgd) | Sample Measurement | 0.742 | 0.938 | MGD | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| Parameter Code: 50050 Stage Code: 1 | Permit Requirement | Report Average Monthly | Report Daily Maximum | | ***** | ***** | ***** | | | | |
| U□ Transmittance (□) | Sample Measurement | ***** | ***** | | 100 | ***** | ***** | □ | 0 | 1/day | Metered |
| Parameter Code: 51043 Stage Code: 1 | Permit Requirement | ***** | ***** | | Report Minimum | ***** | ***** | | | | |
| Fecal Coliform | Sample Measurement | ***** | ***** | | ***** | 21 | 112 | No./100 ml | 0 | 1/week | Grab |
| Parameter Code: 74055 Stage Code: 1 | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | 1000 Instantaneous Maximum | | | | |
| CBOD5 | Sample Measurement | <12 | <16 | lbs/day | ***** | <2 | <2 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 Stage Code: 1 | Permit Requirement | 284 Average Monthly | 425 Weekly Average | | ***** | 20 Average Monthly | 30 Weekly Average | | | | |
| CBOD5 | Sample Measurement | ***** | ***** | | ***** | 219 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 Stage Code: RI | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | | | | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. □ 4904 (relating to unsworn falsification). | | | | | | Signature of Principal Executive Officer Or Authorized Agent | | Telephone No | Date | |
| | | | | | | | | | | 2015-10-28 | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2015-09-01 **NO DISCHARGE**
LIMERICK, PA 19468 To: 2015-09-30 **FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|-----------------------|---------|------------------------------|------------------------|---|-------|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Dissolved Oxygen | Sample Measurement | ***** | ***** | | 6 | ***** | ***** | | 0 | 1/day | Grab |
| Parameter Code: 00300 Stage Code: 1 | Permit Requirement | ***** | ***** | | 5.0 Instantaneous Minimum | ***** | ***** | mg/L | | 1/day | Grab |
| BOD5 | Sample Measurement | 1489 | ***** | | ***** | 243 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00310 Stage Code: RI | Permit Requirement | Report Average Monthly | ***** | lbs/day | ***** | Report Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| pH | Sample Measurement | ***** | ***** | | 6.9 | ***** | 7.2 | | 0 | 1/day | Grab |
| Parameter Code: 00400 Stage Code: 1 | Permit Requirement | ***** | ***** | | 6.0 Instantaneous Minimum | ***** | 9.0 Instantaneous Maximum | S.U. | | 1/day | Grab |
| Total Suspended Solids | Sample Measurement | <27 | 36 | | ***** | <5 | 6 | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 Stage Code: 1 | Permit Requirement | 425 Average Monthly | 638 Weekly Average | lbs/day | ***** | 30 Average Monthly | 45 Weekly Average | mg/L | | 1/week | 24-Hr Composite |
| Total Suspended Solids | Sample Measurement | ***** | ***** | | ***** | 212.4 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00530 Stage Code: RI | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Total Nitrogen | Sample Measurement | 182 | ***** | | ***** | 29.8 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00600 Stage Code: 1 | Permit Requirement | Report Average Monthly | ***** | lbs/day | ***** | Report Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Ammonia-Nitrogen | Sample Measurement | <0.6 | ***** | | ***** | <0.1 | ***** | | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00610 Stage Code: 1 | Permit Requirement | 114 Average Monthly | ***** | lbs/day | ***** | 8 Average Monthly | ***** | mg/L | | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | Signature of Principal Executive Officer Or Authorized Agent | | Telephone No | Date | |
| | | | | | | | | | | 2015-10-28 | |

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

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off

PERMITTEE: LIMERICK TWP MONTGOMERY CNTY **OUTFALL:** 002 **COUNTY:** Montgomery
ADDRESS: 646 WEST RIDGE PIKE LIMERICK, PA 19468 **MONITORING PERIOD:** From: 2015-09-01 To: 2015-09-30 **CITY:** LIMERICK
NO DISCHARGE FROM SITE: ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|------------------------|----------------------|---------|--------------------------|------------------------|---|------------|---------------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Total Phosphorus | Sample Measurement | 32 | ***** | lbs/day | ***** | 5.31 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 00665 Stage Code: 1 | Permit Requirement | Report Average Monthly | ***** | | ***** | Report Average Monthly | ***** | | ***** | 1/week | 24-Hr Composite |
| Flow (mgd) | Sample Measurement | 0.742 | 0.938 | MGD | ***** | ***** | ***** | | 0 | Continuous | Recorded |
| Parameter Code: 50050 Stage Code: 1 | Permit Requirement | Report Average Monthly | Report Daily Maximum | | ***** | ***** | ***** | | ***** | Continuous | Recorded |
| □ Transmittance (□) | Sample Measurement | ***** | ***** | | 100 | ***** | ***** | □ | 0 | 1/day | Metered |
| Parameter Code: 51043 Stage Code: 1 | Permit Requirement | ***** | ***** | | Report Minimum | ***** | ***** | | ***** | 1/day | Metered |
| Fecal Coliform | Sample Measurement | ***** | ***** | | ***** | 21 | 112 | No./100 ml | 0 | 1/week | Grab |
| Parameter Code: 74055 Stage Code: 1 | Permit Requirement | ***** | ***** | | ***** | 200 Geometric Mean | 1000 Instantaneous Maximum | | ***** | 1/week | Grab |
| CBOD5 | Sample Measurement | <12 | <16 | lbs/day | ***** | <2 | <2 | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 Stage Code: 1 | Permit Requirement | 284 Average Monthly | 425 Weekly Average | | ***** | 20 Average Monthly | 30 Weekly Average | | ***** | 1/week | 24-Hr Composite |
| CBOD5 | Sample Measurement | ***** | ***** | | ***** | 219 | ***** | mg/L | 0 | 1/week | 24-Hr Composite |
| Parameter Code: 80082 Stage Code: RI | Permit Requirement | ***** | ***** | | ***** | Report Average Monthly | ***** | | ***** | 1/week | 24-Hr Composite |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | | Signature of Principal Executive Officer Or Authorized Agent | | Telephone No | Date | |
| | | | | | | | | | | 2015-10-28 | |

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

PARAMETER SPECIFIC COMMENTS:



NON-COMPLIANCE REPORTING FORM

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

Facility Name: King Road STP
Municipality: Limerick Township County: Montgomery

Month: October Year: 2015
Permit No.: PA0051934

Violations of Permit Effluent Limitations*

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

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

- Sample collection less frequent than required Explain 10/8/15 Operator went home sick and the daily pH, DO and UV Intensity were overlooked.
- Sample type not in compliance with permit Explain _____
- Violation of permit schedule Explain _____
- Other Explain _____
- Other Explain _____

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: David W. Palmer
Title: Lead Operator

Signature: _____
Date: 11/17/15

INSTRUCTIONS FOR COMPLETING NON-COMPLIANCE REPORTING FORM

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

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

Instructions:

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

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

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

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

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

| HEADER INFORMATION | | | | | |
|--------------------|-----------|--------------------|-----------------------|-------------------|---|
| Facility ID: | 477882 | Facility Name: | KING ROAD STP | Location Address: | 529 KING RD, ROYERSFORD PA, 19468 |
| Permit Number: | PA0051934 | Monitoring Period: | 11/01/2015-11/30/2015 | Mailing Address: | 646 WEST RIDGE PIKE, LIMERICK PA, 19468 |

| PARAMETERS REPORTED VALUES | | | | | | | | | | |
|--|--------------------|-------------------------------|----------------------------------|------------|----------------------------|-------------------------------|----------------|------------|------------------------|------------------|
| Sampling Point | | 002 | | Stage Code | | | Final Effluent | | No Discharge Indicator | N |
| Parameter | Limit Type | Load 1 | Load 2 | Units | Conc 1 | Conc 2 | Conc 3 | Units | Sample Type | Sample Frequency |
| Dissolved Oxygen | Sample Measurement | *** | *** | *** | 6.2 | *** | *** | mg/L | Grab | 1/day |
| | Permit Measurement | *** | *** | | 5.0 Inst Min | *** | *** | | Grab | 1/day |
| pH | Sample Measurement | *** | *** | *** | 6.8 | *** | 7.2 | S.U. | Grab | 1/day |
| | Permit Measurement | *** | *** | | 6.0 Inst Min | *** | 9.0 IMAX | | Grab | 1/day |
| Total Suspended Solids | Sample Measurement | 49 | 57 | lbs/day | *** | 8 | 9 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 425 Avg Mo | 638 Wkly Avg | | *** | 30 Avg Mo | 45 Wkly Avg | | 24-Hr Composite | 1/week |
| Total Nitrogen | Sample Measurement | 183 | *** | lbs/day | *** | 29.5 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Ammonia-Nitrogen | Sample Measurement | <.6 | *** | lbs/day | *** | <.1 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 114 Avg Mo | *** | | *** | 8 Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Phosphorus | Sample Measurement | 32 | *** | lbs/day | *** | 5.12 | *** | 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 | .752 | .824 | MGD | *** | *** | *** | *** | Recorded | Continuous |
| | Permit Measurement | Monitor & Report Avg Mo | Monitor & Report Daily Max | | *** | *** | *** | | Recorded | Continuous |
| Ultraviolet light transmittance | Sample Measurement | *** | *** | *** | 100 | *** | *** | % | Metered | 1/day |
| | Permit Measurement | *** | *** | | Monitor & Report Min | *** | *** | | Metered | 1/day |
| Fecal Coliform | Sample Measurement | *** | *** | *** | *** | 15 | 408 | No./100 ml | Grab | 1/week |
| | Permit Measurement | *** | *** | | *** | 200 Geo Mean | 1000 IMAX | | Grab | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | 18 | 22 | lbs/day | *** | 3 | 4 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 284 Avg Mo | 425 Wkly Avg | | *** | 20 Avg Mo | 30 Wkly Avg | | 24-Hr Composite | 1/week |
| Biochemical Oxygen Demand (BOD5) | Sample Measurement | 1621 | *** | lbs/day | *** | 263 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Suspended Solids | Sample Measurement | *** | *** | *** | *** | 259 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | *** | *** | *** | *** | 286 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Facility Comments | | | | | | | | | | |

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

| ATTACHMENT DETAILS | | | |
|--|--|---------------------------|---------------------------|
| File Name | Attachment Type | Uploaded Time | Attachment Comment |
| Daily Monitoring Report - November 2015.xlsx | Daily Effluent Monitoring Form | 2015-12-23T12:00:03-05:00 | |
| Cryptographic Hash Value of File (SHA-512) | B9306B9E0DFBEDC8B8B2D4A118098640568AFF9B9F98F85AA264E2DAE0DED7735099A5355B9CBC4C41CBFF3C98AE62B6216781F00EF24BAED1BABB7F12486F3E | | |
| King Road STP Biosolids_November 2015.xlsx | Sewage Sludge / Biosolids Production and Disposal Form | 2015-12-23T12:02:03-05:00 | |
| Cryptographic Hash Value of File (SHA-512) | BF8B4872272D849D506E594F8924729239A72D4C59134B1A92DC7A0ADB7ADA04F0B0DFFAB299F6D796ED412C1C565FD8AAD5FA157987C8CBF39FB5E3DAAF2DDB | | |
| Influent & Process Control Report_November 2015.xlsx | Influent and Process Control Form | 2015-12-23T12:00:46-05:00 | |
| Cryptographic Hash Value of File (SHA-512) | 94E14FAC119E4DA9757B2B33FE4FD55836720D95B9DF88E1F9445221F7BD1EFD81205D8BF04F940A466121128CAE1254F9FE32543C2F525B8EB606876364F32B | | |

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

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

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

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

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

| SUBMISSION INFORMATION | | | |
|---|---------------------------|------------------------|------------------|
| <p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p> | | | |
| Submitted By GreenPort User | SALKOWSKIE | Submitted By Full Name | Edward Salkowski |
| Email Address | esalkowski@limerickpa.org | Document Generated | 12/23/2015 |

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

| HEADER INFORMATION | | | | | |
|--------------------|-----------|--------------------|-----------------------|-------------------|---|
| Facility ID: | 477882 | Facility Name: | KING ROAD STP | Location Address: | 529 KING RD, ROYERSFORD PA, 19468 |
| Permit Number: | PA0051934 | Monitoring Period: | 12/01/2015-12/31/2015 | Mailing Address: | 646 WEST RIDGE PIKE, LIMERICK PA, 19468 |

| PARAMETERS REPORTED VALUES | | | | | | | | | | |
|--|--------------------|-------------------------------|----------------------------------|------------|----------------------------|-------------------------------|----------------|------------|------------------------|------------------|
| Sampling Point | | 002 | | Stage Code | | | Final Effluent | | No Discharge Indicator | N |
| Parameter | Limit Type | Load 1 | Load 2 | Units | Conc 1 | Conc 2 | Conc 3 | Units | Sample Type | Sample Frequency |
| Dissolved Oxygen | Sample Measurement | *** | *** | *** | 6.3 | *** | *** | mg/L | Grab | 1/day |
| | Permit Measurement | *** | *** | | 5.0 Inst Min | *** | *** | | Grab | 1/day |
| pH | Sample Measurement | *** | *** | *** | 6.7 | *** | 7.1 | S.U. | Grab | 1/day |
| | Permit Measurement | *** | *** | | 6.0 Inst Min | *** | 9.0 IMAX | | Grab | 1/day |
| Total Suspended Solids | Sample Measurement | <50 | 88 | lbs/day | *** | <7 | 11 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 425 Avg Mo | 638 Wkly Avg | | *** | 30 Avg Mo | 45 Wkly Avg | | 24-Hr Composite | 1/week |
| Total Nitrogen | Sample Measurement | 195 | *** | lbs/day | *** | 26.9 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Ammonia-Nitrogen | Sample Measurement | <.9 | *** | lbs/day | *** | <.1 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 114 Avg Mo | *** | | *** | 8 Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Phosphorus | Sample Measurement | 33 | *** | lbs/day | *** | 4.57 | *** | 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 | .846 | 1.387 | MGD | *** | *** | *** | *** | Metered | Continuous |
| | Permit Measurement | Monitor & Report Avg Mo | Monitor & Report Daily Max | | *** | *** | *** | | Recorded | Continuous |
| Ultraviolet light transmittance | Sample Measurement | *** | *** | *** | 100 | *** | *** | % | Metered | 1/day |
| | Permit Measurement | *** | *** | | Monitor & Report Min | *** | *** | | Metered | 1/day |
| Fecal Coliform | Sample Measurement | *** | *** | *** | *** | 16 | 24 | No./100 ml | Grab | 1/week |
| | Permit Measurement | *** | *** | | *** | 200 Geo Mean | 1000 IMAX | | Grab | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | <22 | 33 | lbs/day | *** | <3 | 4 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 284 Avg Mo | 425 Wkly Avg | | *** | 20 Avg Mo | 30 Wkly Avg | | 24-Hr Composite | 1/week |
| Biochemical Oxygen Demand (BOD5) | Sample Measurement | 1838 | *** | lbs/day | *** | 254 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Suspended Solids | Sample Measurement | *** | *** | *** | *** | 256 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | *** | *** | *** | *** | 253 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Facility Comments | | | | | | | | | | |

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

| ATTACHMENT DETAILS | | | |
|--|---|---------------------------|---------------------------|
| File Name | Attachment Type | Uploaded Time | Attachment Comment |
| Influent & Process Control Report_December 2015.xlsx | Influent and Process Control Form | 2016-01-26T12:15:48-05:00 | |
| Cryptographic Hash Value of File (SHA-512) | 062AA893761A8DB2EAE0AE66D7B510D7DD1F038DB7EB72D4DAFB907653E9B6AE6023F6EB9CA2A7187D38CFAFD8F02C43A6B6BDDDBD43EA238B740660831B7A81D | | |
| Daily Monitoring Report - December 2015.xlsx | Daily Effluent Monitoring Form | 2016-01-26T12:15:09-05:00 | |
| Cryptographic Hash Value of File (SHA-512) | 3181567E10E41BBA90A9CECB6AB425B07153751C790D284B4D7B6158A6188BC72CE7E6E76D75ABA533EDE28A1E13E700276693C190F4483DFD5B50D3B0FE257D | | |
| King Road STP Biosolids_December 2015.xlsx | Sewage Sludge / Biosolids Production and Disposal Form | 2016-01-26T12:16:29-05:00 | |
| Cryptographic Hash Value of File (SHA-512) | 99F4308563048DF55268437E98FD0B19DAF2E009751EA24754A55BFFA9C8D148602409BE2617740B9F68DE46C781ACDCB074F82FDA28E21BC69F4663989B9331 | | |

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

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

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

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

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

| SUBMISSION INFORMATION | | | |
|---|----------------------------------|-------------------------------|-------------------------|
| <p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p> | | | |
| Submitted By GreenPort User | SALKOWSKIE | Submitted By Full Name | Edward Salkowski |
| Email Address | esalkowski@limerickpa.org | Document Generated | 1/26/2016 |

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** From: 2015-01-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2015-03-31 **SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|---------------------|----------------------|---------|--------------------------|---|----------------------|---------------------|-------------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Total Copper | Sample Measurement | ***** | 0.1 | lbs/day | ***** | ***** | 0.014 | mg/L | 0 | 1/quarter | 24-Hr Composite |
| Parameter Code: 01042 Stage Code: 1 | Permit Requirement | ***** | Report Daily Maximum | | ***** | ***** | Report Daily Maximum | | | | |
| Total Zinc | Sample Measurement | ***** | 1 | lbs/day | ***** | ***** | 0.182 | mg/L | 0 | 1/quarter | 24-Hr Composite |
| Parameter Code: 01092 Stage Code: 1 | Permit Requirement | ***** | Report Daily Maximum | | ***** | ***** | Report Daily Maximum | | | | |
| Total Dissolved Solids | Sample Measurement | ***** | ***** | | ***** | 851 | ***** | mg/L | 0 | 1/quarter | 24-Hr Composite |
| Parameter Code: 70295 Stage Code: 1 | Permit Requirement | ***** | ***** | | ***** | 1000 Average Monthly | ***** | | | | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | Signature of Principal Executive Officer Or Authorized Agent | | Telephone No | Date | | |
| | | | | | | | | | 2015-04-28 | | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
646 WEST RIDGE
PIKE **MONITORING** From: 2015-04-01 **NO DISCHARGE FROM**
ADDRESS: LIMERICK, PA 19468 **PERIOD:** To: 2015-06-30 **SITE:** ()

| Parameter | | Quantity or Loading | | | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|---|---------------------|----------------------|---------|--------------------------|---|----------------------|---------------------|-------------|-----------------------|-----------------|
| | | Value | Value | Units | Value | Value | Value | | | | |
| Total Copper | Sample Measurement | ***** | 0.1 | lbs/day | ***** | ***** | 0.017 | mg/L | 0 | 1/quarter | 24-Hr Composite |
| Parameter Code: 01042 Stage Code: 1 | Permit Requirement | ***** | Report Daily Maximum | | ***** | ***** | Report Daily Maximum | | 1/quarter | 24-Hr Composite | |
| Total Zinc | Sample Measurement | ***** | 1 | lbs/day | ***** | ***** | 0.149 | mg/L | 0 | 1/quarter | 24-Hr Composite |
| Parameter Code: 01092 Stage Code: 1 | Permit Requirement | ***** | Report Daily Maximum | | ***** | ***** | Report Daily Maximum | | 1/quarter | 24-Hr Composite | |
| Total Dissolved Solids | Sample Measurement | ***** | ***** | | ***** | 551 | ***** | mg/L | 0 | 1/quarter | 24-Hr Composite |
| Parameter Code: 70295 Stage Code: 1 | Permit Requirement | ***** | ***** | | ***** | 1000 Average Monthly | ***** | | 1/quarter | 24-Hr Composite | |
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | | | | | Signature of Principal Executive Officer Or Authorized Agent | | Telephone No | Date | | |
| | | | | | | | | | 2015-07-27 | | |

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

PARAMETER SPECIFIC COMMENTS:

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: KING ROAD STP **PERMIT NUMBER:** PA0051934 **REGION:** EP SE Rgnl Off
PERMITTEE: LIMERICK TWP **OUTFALL:** 002 **COUNTY:** Montgomery
MONTGOMERY CNTY **CITY:** LIMERICK
ADDRESS: 646 WEST RIDGE PIKE **MONITORING PERIOD:** From: 2015-07-01 **NO DISCHARGE**
LIMERICK, PA 19468 To: 2015-09-30 **FROM SITE:** ()

| Parameter | | Quantity or Loading | | Units | Quality or Concentration | | | Units | No. Ex. | Frequency of Analysis | Sample Type |
|--|--------------------|---------------------|----------------------|---------|--------------------------|----------------------|----------------------|-------|-----------|-----------------------|-----------------|
| | | Value | Value | | Value | Value | Value | | | | |
| Total Copper | Sample Measurement | ***** | 0.1 | lbs/day | ***** | ***** | 0.018 | mg/L | 0 | 1/quarter | 24-Hr Composite |
| Parameter Code: 01042 Stage Code: 1 | Permit Requirement | ***** | Report Daily Maximum | | ***** | ***** | Report Daily Maximum | | 1/quarter | 24-Hr Composite | |
| Total Zinc | Sample Measurement | ***** | 1 | lbs/day | ***** | ***** | 0.146 | mg/L | 0 | 1/quarter | 24-Hr Composite |
| Parameter Code: 01092 Stage Code: 1 | Permit Requirement | ***** | Report Daily Maximum | | ***** | ***** | Report Daily Maximum | | 1/quarter | 24-Hr Composite | |
| Total Dissolved Solids | Sample Measurement | ***** | ***** | | ***** | 441 | ***** | mg/L | 0 | 1/quarter | 24-Hr Composite |
| Parameter Code: 70295 Stage Code: 1 | Permit Requirement | ***** | ***** | | ***** | 1000 Average Monthly | ***** | | 1/quarter | 24-Hr Composite | |

| | | | | |
|--|---|---|---------------------|-------------|
| Name/Title of Principal Executive Officer Or Authorized Agent | I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification). | Signature of Principal Executive Officer Or Authorized Agent | Telephone No | Date |
| | | | | 2015-11-05 |

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

GENERAL REPORT COMMENT:

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

PARAMETER SPECIFIC COMMENTS:

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

| HEADER INFORMATION | | | | | |
|--------------------|-----------|--------------------|-----------------------|-------------------|---|
| Facility ID: | 477882 | Facility Name: | KING ROAD STP | Location Address: | 529 KING RD, ROYERSFORD PA, 19468 |
| Permit Number: | PA0051934 | Monitoring Period: | 10/01/2015-12/31/2015 | Mailing Address: | 646 WEST RIDGE PIKE, LIMERICK PA, 19468 |

| PARAMETERS REPORTED VALUES | | | | | | | | | | |
|----------------------------|--------------------|--------|----------------------------|------------|--------|-------------|----------------------------|-------|------------------------|------------------|
| Sampling Point | | 002 | | Stage Code | | | Final Effluent | | No Discharge Indicator | N |
| Parameter | Limit Type | Load 1 | Load 2 | Units | Conc 1 | Conc 2 | Conc 3 | Units | Sample Type | Sample Frequency |
| Copper, Total | Sample Measurement | *** | .1 | lbs/day | *** | *** | .022 | mg/L | 24-Hr Composite | 1/quarter |
| | Permit Measurement | *** | Monitor & Report Daily Max | | *** | *** | Monitor & Report Daily Max | | 24-Hr Composite | 1/quarter |
| Zinc, Total | Sample Measurement | *** | 1 | lbs/day | *** | *** | .179 | mg/L | 24-Hr Composite | 1/quarter |
| | Permit Measurement | *** | Monitor & Report Daily Max | | *** | *** | Monitor & Report Daily Max | | 24-Hr Composite | 1/quarter |
| Total Dissolved Solids | Sample Measurement | *** | *** | *** | *** | 570 | *** | mg/L | 24-Hr Composite | 1/quarter |
| | Permit Measurement | *** | *** | | *** | 1000 Avg Mo | *** | | 24-Hr Composite | 1/quarter |
| Facility Comments | | | | | | | | | | |

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

| ATTACHMENT DETAILS | | | |
|---|---|---------------------------|---------------------------|
| File Name | Attachment Type | Uploaded Time | Attachment Comment |
| Daily Monitoring Report - Quarterly July-Sept 2015.xlsx | Daily Effluent Monitoring Form | 2016-01-26T12:22:04-05:00 | |
| Cryptographic Hash Value of File (SHA-512) | 21B65B5FA3E8DA6545E41FEFDE64C7E458878571BEBA3788BD935DFDE040B44A4BF0C3A009AFC7D8C9482735651ADAE7F75B4341CE49AD07CB8A587621A2778 | | |

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

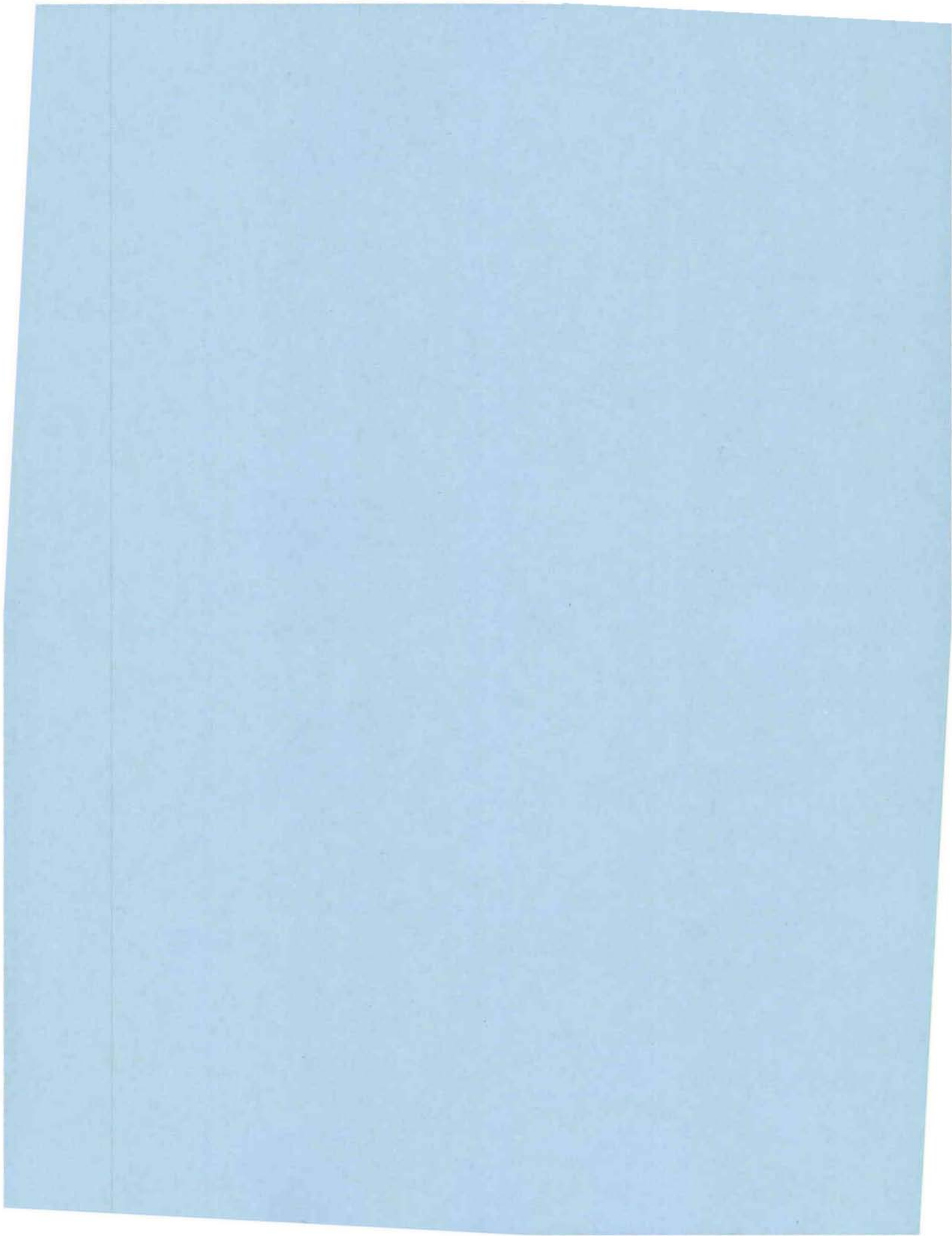
| PERMIT VIOLATIONS | | | | | | | | | | | |
|--------------------------|------------------|----------------|-----------|------------|----------------|-----------------|------------|-------------------|-------------|-------------------|----------|
| Non Compliance ID | Event Begin Date | Event End Date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

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

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

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

| SUBMISSION INFORMATION | | | |
|---|----------------------------------|-------------------------------|-------------------------|
| <p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p> | | | |
| Submitted By GreenPort User | SALKOWSKIE | Submitted By Full Name | Edward Salkowski |
| Email Address | esalkowski@limerickpa.org | Document Generated | 1/26/2016 |



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

| HEADER INFORMATION | | | | | |
|--------------------|-----------|--------------------|-----------------------|-------------------|---|
| Facility ID: | 477882 | Facility Name: | KING ROAD STP | Location Address: | 529 KING RD, ROYERSFORD PA, 19468 |
| Permit Number: | PA0051934 | Monitoring Period: | 01/01/2016-01/31/2016 | Mailing Address: | 646 WEST RIDGE PIKE, LIMERICK PA, 19468 |

| PARAMETERS REPORTED VALUES | | | | | | | | | | |
|--|--------------------|-------------------------------|----------------------------------|------------|----------------------------|-------------------------------|----------------|------------|------------------------|------------------|
| Sampling Point | | 002 | | Stage Code | | | Final Effluent | | No Discharge Indicator | N |
| Parameter | Limit Type | Load 1 | Load 2 | Units | Conc 1 | Conc 2 | Conc 3 | Units | Sample Type | Sample Frequency |
| Dissolved Oxygen | Sample Measurement | *** | *** | *** | 7.5 | *** | *** | mg/L | Grab | 1/day |
| | Permit Measurement | *** | *** | | 5.0 Inst Min | *** | *** | | Grab | 1/day |
| pH | Sample Measurement | *** | *** | *** | 6.5 | *** | 7.0 | S.U. | Grab | 1/day |
| | Permit Measurement | *** | *** | | 6.0 Inst Min | *** | 9.0 IMAX | | Grab | 1/day |
| Total Suspended Solids | Sample Measurement | <35 | 47 | lbs/day | *** | <5 | 7 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 425 Avg Mo | 638 Wkly Avg | | *** | 30 Avg Mo | 45 Wkly Avg | | 24-Hr Composite | 1/week |
| Total Nitrogen | Sample Measurement | 174 | *** | lbs/day | *** | 26.8 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Ammonia-Nitrogen | Sample Measurement | <.7 | *** | lbs/day | *** | <.1 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 114 Avg Mo | *** | | *** | 8 Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Phosphorus | Sample Measurement | 27 | *** | lbs/day | *** | 4.17 | *** | 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 | 800 | 1,222 | MGD | *** | *** | *** | *** | Recorded | Continuous |
| | Permit Measurement | Monitor & Report Avg Mo | Monitor & Report Daily Max | | *** | *** | *** | | Recorded | Continuous |
| Ultraviolet light transmittance | Sample Measurement | *** | *** | *** | 100 | *** | *** | % | Metered | 1/day |
| | Permit Measurement | *** | *** | | Monitor & Report Min | *** | *** | | Metered | 1/day |
| Fecal Coliform | Sample Measurement | *** | *** | *** | *** | 13 | 17 | No./100 ml | Grab | 1/week |
| | Permit Measurement | *** | *** | | *** | 200 Geo Mean | 1000 IMAX | | Grab | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | 20 | 28 | lbs/day | *** | 3 | 4 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 284 Avg Mo | 425 Wkly Avg | | *** | 20 Avg Mo | 30 Wkly Avg | | 24-Hr Composite | 1/week |
| Biochemical Oxygen Demand (BOD5) | Sample Measurement | 1936 | *** | lbs/day | *** | 298 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Suspended Solids | Sample Measurement | *** | *** | *** | *** | 255 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | *** | *** | *** | *** | 287 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Facility Comments | | | | | | | | | | |

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

| ATTACHMENT DETAILS | | | |
|---|---|---------------------------|---------------------------|
| File Name | Attachment Type | Uploaded Time | Attachment Comment |
| Daily Monitoring Report - January 2016.xlsx | Daily Effluent Monitoring Form | 2016-02-27T10:20:32-05:00 | |
| Cryptographic Hash Value of File (SHA-512) | 944A9A83BB74473D9D922D8E284BCFCB316D1A21061B56CC0D0F6F8E993970A595575AAEEF815D86B4AE62FA36B76F5CCB5469BD076C0BA0060BFDE1E6B579B81 | | |
| Influent & Process Control Report_January 2016.xlsx | Influent and Process Control Form | 2016-02-27T10:20:59-05:00 | |
| Cryptographic Hash Value of File (SHA-512) | CE1433633C969D4003BFBBB847C859676BE7B4B8F26FB9B6A23D18E22AD55FA9024D7BCCA4B6CB27BD9E5C64C1E2EDC25ED5EF24B7A69904D6758D6F1E3C3E2C | | |
| King Road STP Biosolids_January 2016.xlsx | Sewage Sludge / Biosolids Production and Disposal Form | 2016-02-27T10:21:24-05:00 | |
| Cryptographic Hash Value of File (SHA-512) | D89A40DF6EA5C60CED9A8D0BD28E2769C50D00E592238E3446B10AECED1419A88108B2E77F8430D4881337DD660B155DDECE63C226E9811EC4B1B186B8A5272E | | |
| Lab Accreditation Form1.doc | Laboratory Accreditation Form | 2016-02-27T10:21:58-05:00 | |
| Cryptographic Hash Value of File (SHA-512) | F19F899A1B50E87D55CC7BE179C8B613B582B762EF027FA85E43774B5A4033A6145044401EF8C992A4967CB351254A06B97FDAD1510E1C63D4DF0EF2B3BFCC20 | | |
| Lab Accreditation Form2.doc | Laboratory Accreditation Form | 2016-02-27T10:22:32-05:00 | |
| Cryptographic Hash Value of File (SHA-512) | C232E552EB6DA18F367AE0D867E52E98C0AE30447054443E7A979840574B433D6FB98D9FD118FE9937C337B26BA01232597DD8420C9161FC150463A16B4295BA | | |

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

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

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

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

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

| SUBMISSION INFORMATION | | | |
|---|---------------------------|------------------------|------------------|
| <p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p> | | | |
| Submitted By GreenPort User | SALKOWSKIE | Submitted By Full Name | Edward Salkowski |
| Email Address | esalkowski@limerickpa.org | Document Generated | 2/27/2016 |

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

| HEADER INFORMATION | | | | | |
|--------------------|-----------|--------------------|-----------------------|-------------------|---|
| Facility ID: | 477882 | Facility Name: | KING ROAD STP | Location Address: | 529 KING RD, ROYERSFORD PA, 19468 |
| Permit Number: | PA0051934 | Monitoring Period: | 02/01/2016-02/29/2016 | Mailing Address: | 646 WEST RIDGE PIKE, LIMERICK PA, 19468 |

| PARAMETERS REPORTED VALUES | | | | | | | | | | |
|--|--------------------|-------------------------------|----------------------------------|------------|----------------------------|-------------------------------|----------------|------------------------|-----------------|------------------|
| Sampling Point | | 002 | | Stage Code | Final Effluent | | | No Discharge Indicator | N | |
| Parameter | Limit Type | Load 1 | Load 2 | Units | Conc 1 | Conc 2 | Conc 3 | Units | Sample Type | Sample Frequency |
| Dissolved Oxygen | Sample Measurement | *** | *** | *** | 8.1 | *** | *** | mg/L | Grab | 1/day |
| | Permit Measurement | *** | *** | | 5.0 Inst Min | *** | *** | | Grab | 1/day |
| pH | Sample Measurement | *** | *** | *** | 6.6 | *** | 7.0 | S.U. | Grab | 1/day |
| | Permit Measurement | *** | *** | | 6.0 Inst Min | *** | 9.0 IMAX | | Grab | 1/day |
| Total Suspended Solids | Sample Measurement | <51 | 71 | lbs/day | *** | <5 | 7 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 425 Avg Mo | 638 Wkly Avg | | *** | 30 Avg Mo | 45 Wkly Avg | | 24-Hr Composite | 1/week |
| Total Nitrogen | Sample Measurement | 218 | *** | lbs/day | *** | 21.7 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Ammonia-Nitrogen | Sample Measurement | <1 | *** | lbs/day | *** | <.1 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 114 Avg Mo | *** | | *** | 8 Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Phosphorus | Sample Measurement | 38 | *** | lbs/day | *** | 3.67 | *** | 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 | 1.045 | 1.929 | MGD | *** | *** | *** | *** | Recorded | Continuous |
| | Permit Measurement | Monitor & Report Avg Mo | Monitor & Report Daily Max | | *** | *** | *** | | Recorded | Continuous |
| Ultraviolet light transmittance | Sample Measurement | *** | *** | *** | 100 | *** | *** | % | Metered | 1/day |
| | Permit Measurement | *** | *** | | Monitor & Report Min | *** | *** | | Metered | 1/day |
| Fecal Coliform | Sample Measurement | *** | *** | *** | *** | 17 | 285 | No./100 ml | Grab | 1/week |
| | Permit Measurement | *** | *** | | *** | 200 Geo Mean | 1000 IMAX | | Grab | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | <30 | 46 | lbs/day | *** | <3 | 5 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 284 Avg Mo | 425 Wkly Avg | | *** | 20 Avg Mo | 30 Wkly Avg | | 24-Hr Composite | 1/week |
| Biochemical Oxygen Demand (BOD5) | Sample Measurement | 2440 | *** | lbs/day | *** | 241 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Suspended Solids | Sample Measurement | *** | *** | *** | *** | 222 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | *** | *** | *** | *** | 221 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Facility Comments | | | | | | | | | | |

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

| ATTACHMENT DETAILS | | | |
|--|--|---------------------------|---------------------------|
| File Name | Attachment Type | Uploaded Time | Attachment Comment |
| Daily Monitoring Report - February 2016.xlsx | Daily Effluent Monitoring Form | 2016-03-24T11:51:45-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | C19EB856BEB16A32D05B8E9353978E513A8215470A4B111809D212DCAC7122D3A21F1F4EB0B66EEB85081CDF8CC74685F62F18A3F8D3F7B40885BE5831EB1AA9 | | |
| Influent & Process Control Report_February 2016.xlsx | Influent and Process Control Form | 2016-03-24T12:04:22-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | E607415DB00217991DDF5FA770AEAAA940494937FA1DF995117F3D372B78B59234955F8AA9103EB9E6A85815663E3A6A9DAB1309E4C705E32685190FEE3C7744 | | |
| King Road STP Biosolids_February 2016.xlsx | Sewage Sludge / Biosolids Production and Disposal Form | 2016-03-24T12:04:48-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | D6AF39E95EB764CBC56E43D4B929665FC4D33DF4D3FF7B11E2EFEC8AD6C337BB401DD74C4ED748BC64987D89A4693F8E03D90363F4A3CD8A13B336289648BBE2 | | |

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

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

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

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

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

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

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

| HEADER INFORMATION | | | | | |
|--------------------|-----------|--------------------|-----------------------|-------------------|---|
| Facility ID: | 477882 | Facility Name: | KING ROAD STP | Location Address: | 529 KING RD, ROYERSFORD PA, 19468 |
| Permit Number: | PA0051934 | Monitoring Period: | 03/01/2016-03/31/2016 | Mailing Address: | 646 WEST RIDGE PIKE, LIMERICK PA, 19468 |

| PARAMETERS REPORTED VALUES | | | | | | | | | | |
|--|--------------------|-------------------------------|----------------------------------|------------|----------------------------|-------------------------------|----------------|------------------------|-----------------|------------------|
| Sampling Point | | 002 | | Stage Code | Final Effluent | | | No Discharge Indicator | N | |
| Parameter | Limit Type | Load 1 | Load 2 | Units | Conc 1 | Conc 2 | Conc 3 | Units | Sample Type | Sample Frequency |
| Dissolved Oxygen | Sample Measurement | *** | *** | *** | 7.7 | *** | *** | mg/L | Grab | 1/day |
| | Permit Measurement | *** | *** | | 5.0 Inst Min | *** | *** | | Grab | 1/day |
| pH | Sample Measurement | *** | *** | *** | 6.6 | *** | 7.1 | S.U. | Grab | 1/day |
| | Permit Measurement | *** | *** | | 6.0 Inst Min | *** | 9.0 IMAX | | Grab | 1/day |
| Total Suspended Solids | Sample Measurement | 44 | 52 | lbs/day | *** | 7 | 8 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 425 Avg Mo | 638 Wkly Avg | | *** | 30 Avg Mo | 45 Wkly Avg | | 24-Hr Composite | 1/week |
| Total Nitrogen | Sample Measurement | 173 | *** | lbs/day | *** | 26.6 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Ammonia-Nitrogen | Sample Measurement | <.7 | *** | lbs/day | *** | <.1 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 114 Avg Mo | *** | | *** | 8 Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Phosphorus | Sample Measurement | 34 | *** | lbs/day | *** | 5.18 | *** | 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 | .790 | .865 | MGD | *** | *** | *** | *** | Recorded | Continuous |
| | Permit Measurement | Monitor & Report Avg Mo | Monitor & Report Daily Max | | *** | *** | *** | | Recorded | Continuous |
| Ultraviolet light transmittance | Sample Measurement | *** | *** | *** | 100 | *** | *** | % | Metered | 1/day |
| | Permit Measurement | *** | *** | | Monitor & Report Min | *** | *** | | Metered | 1/day |
| Fecal Coliform | Sample Measurement | *** | *** | *** | *** | 6 | 14 | No./100 ml | Grab | 1/week |
| | Permit Measurement | *** | *** | | *** | 200 Geo Mean | 1000 IMAX | | Grab | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | 21 | 27 | lbs/day | *** | 3 | 4 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 284 Avg Mo | 425 Wkly Avg | | *** | 20 Avg Mo | 30 Wkly Avg | | 24-Hr Composite | 1/week |
| Biochemical Oxygen Demand (BOD5) | Sample Measurement | 1961 | *** | lbs/day | *** | 301 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Suspended Solids | Sample Measurement | *** | *** | *** | *** | 267 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | *** | *** | *** | *** | 285 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Facility Comments | | | | | | | | | | |

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

| ATTACHMENT DETAILS | | | |
|---|--|---------------------------|---------------------------|
| File Name | Attachment Type | Uploaded Time | Attachment Comment |
| Daily Monitoring Report - March 2016.xlsx | Daily Effluent Monitoring Form | 2016-04-27T12:29:53-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | D4262053213BF54475E03DF49D76278B8FBF3846BDE9D095A2E6750BDD0C18D1115B4F416BE2BE50B4C866C95770AC5427A95C2B9A7E7E798E08F16C5F37F30 | | |
| Influent & Process Control Report_March 2016.xlsx | Influent and Process Control Form | 2016-04-27T12:30:30-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 13AAA42FC5B2EF8226706C3927C44CE7E67B24181822E8BB7A0ACBA0DF7F90AB5580C65DB2E0277E2497C9BBB07225C3B1B9C898F26B7F4B64AF2D19B750DF15 | | |
| King Road STP Biosolids_March 2016.xlsx | Sewage Sludge / Biosolids Production and Disposal Form | 2016-04-27T12:30:54-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 69ADADCF1FCF4ACB1AA8ED27AF0AC1B0D51AB80257CCAF09143C947BE75E7519BDFDC84A06311AEED70C921CE5817FEEADF2AC43C4EE730914D6D06E34F24F4 | | |

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

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

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

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

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

| SUBMISSION INFORMATION | | | |
|---|---------------------------|-------------------------------|-------------------------|
| <p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p> | | | |
| Submitted By GreenPort User | SALKOWSKIE | Submitted By Full Name | Edward Salkowski |
| Email Address | esalkowski@limerickpa.org | Document Generated | 4/27/2016 |

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

| HEADER INFORMATION | | | | | |
|--------------------|-----------|--------------------|-----------------------|-------------------|---|
| Facility ID: | 477882 | Facility Name: | KING ROAD STP | Location Address: | 529 KING RD, ROYERSFORD PA, 19468 |
| Permit Number: | PA0051934 | Monitoring Period: | 04/01/2016-04/30/2016 | Mailing Address: | 646 WEST RIDGE PIKE, LIMERICK PA, 19468 |

| PARAMETERS REPORTED VALUES | | | | | | | | | | |
|--|--------------------|-------------------------------|----------------------------------|------------|----------------------------|-------------------------------|----------------|------------|------------------------|------------------|
| Sampling Point | | 002 | | Stage Code | | | Final Effluent | | No Discharge Indicator | N |
| Parameter | Limit Type | Load 1 | Load 2 | Units | Conc 1 | Conc 2 | Conc 3 | Units | Sample Type | Sample Frequency |
| Dissolved Oxygen | Sample Measurement | *** | *** | *** | 6.8 | *** | *** | mg/L | Grab | 1/day |
| | Permit Measurement | *** | *** | | 5.0 Inst Min | *** | *** | | Grab | 1/day |
| pH | Sample Measurement | *** | *** | *** | 6.4 | *** | 6.9 | S.U. | Grab | 1/day |
| | Permit Measurement | *** | *** | | 6.0 Inst Min | *** | 9.0 IMAX | | Grab | 1/day |
| Total Suspended Solids | Sample Measurement | 64 | 82 | lbs/day | *** | 10 | 13 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 425 Avg Mo | 638 Wkly Avg | | *** | 30 Avg Mo | 45 Wkly Avg | | 24-Hr Composite | 1/week |
| Total Nitrogen | Sample Measurement | 200 | *** | lbs/day | *** | 32.1 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Ammonia-Nitrogen | Sample Measurement | <.6 | *** | lbs/day | *** | <.1 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 114 Avg Mo | *** | | *** | 8 Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Phosphorus | Sample Measurement | 34 | *** | lbs/day | *** | 5.43 | *** | 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 | .763 | .836 | MGD | *** | *** | *** | *** | Recorded | Continuous |
| | Permit Measurement | Monitor & Report Avg Mo | Monitor & Report Daily Max | | *** | *** | *** | | Recorded | Continuous |
| Ultraviolet light Transmittance | Sample Measurement | *** | *** | *** | 100 | *** | *** | % | Metered | 1/day |
| | Permit Measurement | *** | *** | | Monitor & Report Min | *** | *** | | Metered | 1/day |
| Fecal Coliform | Sample Measurement | *** | *** | *** | *** | 10 | 12 | No./100 ml | Grab | 1/week |
| | Permit Measurement | *** | *** | | *** | 200 Geo Mean | 1000 IMAX | | Grab | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | 27 | 40 | lbs/day | *** | 4 | 6 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 284 Avg Mo | 425 Wkly Avg | | *** | 20 Avg Mo | 30 Wkly Avg | | 24-Hr Composite | 1/week |
| Biochemical Oxygen Demand (BOD5) | Sample Measurement | 1752 | *** | lbs/day | *** | 281 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Suspended Solids | Sample Measurement | *** | *** | *** | *** | 271 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | *** | *** | *** | *** | 263 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Facility Comments | | | | | | | | | | |

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

| ATTACHMENT DETAILS | | | |
|---|--|---------------------------|---------------------------|
| File Name | Attachment Type | Uploaded Time | Attachment Comment |
| Daily Monitoring Report - April 2016.xlsx | Daily Effluent Monitoring Form | 2016-05-26T11:06:05-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | D330A387E9CBF2E23916784C0ADCA809FF08895171124D32A6F5FD26866506DC7C0881A80A55FD180DCB77CB02C982D3E3F3B811F8A75B21ADC9B096CD077FA0 | | |
| Influent & Process Control Report_April 2016.xlsx | Influent and Process Control Form | 2016-05-26T11:06:42-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 713856AA1825D028542D2B30015D3D7784A212E2BDEDC61FA390F64111DF899EFDBF9C7F5A85E5764098926CFF1FA50CC4A708C2A28C05C92E35F3BE5E7E4C47 | | |
| King Road STP Biosolids_April 2016.xlsx | Sewage Sludge / Biosolids Production and Disposal Form | 2016-05-26T11:07:11-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 886C09E0939E983D54517C8093EF642763BBB502DC09B683DA5F6B046190023B3CFD8F5CA18BAC7E25FE716D415BCAA740899B7B86B476E93D31FF839BC1D351 | | |

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

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

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

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

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

| SUBMISSION INFORMATION | | | |
|---|---------------------------|------------------------|------------------|
| <p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p> | | | |
| Submitted By GreenPort User | SALKOWSKIE | Submitted By Full Name | Edward Salkowski |
| Email Address | esalkowski@limerickpa.org | Document Generated | 5/26/2016 |

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

| HEADER INFORMATION | | | | | |
|--------------------|-----------|--------------------|-----------------------|-------------------|---|
| Facility ID: | 477882 | Facility Name: | KING ROAD STP | Location Address: | 529 KING RD, ROYERSFORD PA, 19468 |
| Permit Number: | PA0051934 | Monitoring Period: | 05/01/2016-05/31/2016 | Mailing Address: | 646 WEST RIDGE PIKE, LIMERICK PA, 19468 |

| PARAMETERS REPORTED VALUES | | | | | | | | | | |
|--|--------------------|-------------------------------|----------------------------------|------------|----------------------------|-------------------------------|----------------|------------|------------------------|------------------|
| Sampling Point | | 002 | | Stage Code | | | Final Effluent | | No Discharge Indicator | N |
| Parameter | Limit Type | Load 1 | Load 2 | Units | Conc 1 | Conc 2 | Conc 3 | Units | Sample Type | Sample Frequency |
| Dissolved Oxygen | Sample Measurement | *** | *** | *** | 6.6 | *** | *** | mg/L | Grab | 1/day |
| | Permit Measurement | *** | *** | | 5.0 Inst Min | *** | *** | | Grab | 1/day |
| pH | Sample Measurement | *** | *** | *** | 6.4 | *** | 6.9 | S.U. | Grab | 1/day |
| | Permit Measurement | *** | *** | | 6.0 Inst Min | *** | 9.0 IMAX | | Grab | 1/day |
| Total Suspended Solids | Sample Measurement | 49 | 56 | lbs/day | *** | 7 | 8 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 425 Avg Mo | 638 Wkly Avg | | *** | 30 Avg Mo | 45 Wkly Avg | | 24-Hr Composite | 1/week |
| Total Nitrogen | Sample Measurement | 207 | *** | lbs/day | *** | 30.1 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Ammonia-Nitrogen | Sample Measurement | < 8 | *** | lbs/day | *** | <.1 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 114 Avg Mo | *** | | *** | 8 Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Phosphorus | Sample Measurement | 32 | *** | lbs/day | *** | 4.63 | *** | 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 | 876 | 1,413 | MGD | *** | *** | *** | *** | Recorded | Continuous |
| | Permit Measurement | Monitor & Report Avg Mo | Monitor & Report Daily Max | | *** | *** | *** | | Recorded | Continuous |
| Ultraviolet light transmittance | Sample Measurement | *** | *** | *** | 100 | *** | *** | % | Metered | 1/day |
| | Permit Measurement | *** | *** | | Monitor & Report Min | *** | *** | | Metered | 1/day |
| Fecal Coliform | Sample Measurement | *** | *** | *** | *** | 21 | 78 | No./100 ml | Grab | 1/week |
| | Permit Measurement | *** | *** | | *** | 200 Geo Mean | 1000 IMAX | | Grab | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | 23 | 30 | lbs/day | *** | 3 | 4 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 284 Avg Mo | 425 Wkly Avg | | *** | 20 Avg Mo | 30 Wkly Avg | | 24-Hr Composite | 1/week |
| Biochemical Oxygen Demand (BOD5) | Sample Measurement | 2066 | *** | lbs/day | *** | 301 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Suspended Solids | Sample Measurement | *** | *** | *** | *** | 251 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | *** | *** | *** | *** | 253 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Facility Comments | | | | | | | | | | |

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

| ATTACHMENT DETAILS | | | |
|---|--|---------------------------|---------------------------|
| File Name | Attachment Type | Uploaded Time | Attachment Comment |
| Daily Monitoring Report - May 2016.xlsx | Daily Effluent Monitoring Form | 2016-06-28T11:23:43-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 95286632E97329B9C9831A315A45389A14E95C5A3CD275D39B34A2C18A4F49AE95886C32E72495DAF898E4AD106E127EEE7BC1272600A239AEE5EAF03D903655 | | |
| King Road STP Biosolids_May 2016.xlsx | Sewage Sludge / Biosolids Production and Disposal Form | 2016-06-28T11:24:45-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 1B3CEC4C7390A187FFE7289BA38ECF0FA13893A0C9D47E38DD9277AE0B542F228A3C79DA9C716F609E1BD095F7B0E233F0FA25BC6B25BDFB863AECBDEC33E27F | | |
| Influent & Process Control Report_May 2016.xlsx | Influent and Process Control Form | 2016-06-28T11:24:08-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 8BBCD9CC895FBAB8E2D1E5639E46D02F554F3E9F5570D9CC9120B8C643A91E9E8BBCDBC5DC5BB41517E70AC9CF46DF28C0033227E19D904E277E3C87CDD37AEF | | |

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

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

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

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

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

| SUBMISSION INFORMATION | | | |
|---|---------------------------|------------------------|------------------|
| <p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p> | | | |
| Submitted By GreenPort User | SALKOWSKIE | Submitted By Full Name | Edward Salkowski |
| Email Address | esalkowski@limerickpa.org | Document Generated | 6/28/2016 |

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

| HEADER INFORMATION | | | | | |
|--------------------|-----------|--------------------|-----------------------|-------------------|---|
| Facility ID: | 477882 | Facility Name: | KING ROAD STP | Location Address: | 529 KING RD, ROYERSFORD PA, 19468 |
| Permit Number: | PA0051934 | Monitoring Period: | 06/01/2016-06/30/2016 | Mailing Address: | 646 WEST RIDGE PIKE, LIMERICK PA, 19468 |

| PARAMETERS REPORTED VALUES | | | | | | | | | | |
|--|--------------------|-------------------------------|----------------------------------|------------|----------------------------|-------------------------------|----------------|------------|------------------------|------------------|
| Sampling Point | | 002 | | Stage Code | | | Final Effluent | | No Discharge Indicator | N |
| Parameter | Limit Type | Load 1 | Load 2 | Units | Conc 1 | Conc 2 | Conc 3 | Units | Sample Type | Sample Frequency |
| Dissolved Oxygen | Sample Measurement | *** | *** | *** | 5.5 | *** | *** | mg/L | Grab | 1/day |
| | Permit Measurement | *** | *** | | 5.0 Inst Min | *** | *** | | Grab | 1/day |
| pH | Sample Measurement | *** | *** | *** | 6.5 | *** | 7.3 | S.U. | Grab | 1/day |
| | Permit Measurement | *** | *** | | 6.0 Inst Min | *** | 9.0 IMAX | | Grab | 1/day |
| Total Suspended Solids | Sample Measurement | 40 | 50 | lbs/day | *** | 6 | 8 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 425 Avg Mo | 638 Wkly Avg | | *** | 30 Avg Mo | 45 Wkly Avg | | 24-Hr Composite | 1/week |
| Total Nitrogen | Sample Measurement | 215 | *** | lbs/day | *** | 31.5 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Ammonia-Nitrogen | Sample Measurement | <.8 | *** | lbs/day | *** | <.1 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 114 Avg Mo | *** | | *** | 8 Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Phosphorus | Sample Measurement | 39 | *** | lbs/day | *** | 5.7 | *** | 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 | .796 | .917 | MGD | *** | *** | *** | *** | Recorded | Continuous |
| | Permit Measurement | Monitor & Report Avg Mo | Monitor & Report Daily Max | | *** | *** | *** | | Recorded | Continuous |
| Ultraviolet light transmittance | Sample Measurement | *** | *** | *** | 100 | *** | *** | % | Metered | 1/day |
| | Permit Measurement | *** | *** | | Monitor & Report Min | *** | *** | | Metered | 1/day |
| Fecal Coliform | Sample Measurement | *** | *** | *** | *** | 25 | 69 | No./100 ml | Grab | 1/week |
| | Permit Measurement | *** | *** | | *** | 200 Geo Mean | 1000 IMAX | | Grab | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | 25 | 42 | lbs/day | *** | 4 | 7 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 284 Avg Mo | 425 Wkly Avg | | *** | 20 Avg Mo | 30 Wkly Avg | | 24-Hr Composite | 1/week |
| Biochemical Oxygen Demand (BOD5) | Sample Measurement | 1803 | *** | lbs/day | *** | 263 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Suspended Solids | Sample Measurement | *** | *** | *** | *** | 268 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | *** | *** | *** | *** | 275 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Facility Comments | | | | | | | | | | |

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

| ATTACHMENT DETAILS | | | |
|---|--|---------------------------|---------------------------|
| File Name | Attachment Type | Uploaded Time | Attachment Comment |
| Daily Monitoring Report - June 2016.xlsx | Daily Effluent Monitoring Form | 2016-07-27T13:14:02-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 54E49F8F34DD08F2BE10A290DF1764DE470E6C8CB7D5E77B2C24FE4C6AEFE11558376E5AA4F821CCDD0785E56510A2599D64B25193431F86EAE264E39A215F8E | | |
| Influent & Process Control Report_June 2016.xlsx | Influent and Process Control Form | 2016-07-27T13:14:36-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | E6FEE55BDDE22118C007E0C9D9CD415E21F849F63C53FCEDFE8C0FF0896E3FDFCE438F4961AD7A8DAB06E20D22FB215D20B3434BE0300D254BC044E54A8DE77 | | |
| King Road STP Biosolids_June 2016.xlsx | Sewage Sludge / Biosolids Production and Disposal Form | 2016-07-27T13:15:10-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 91B5675A6A8D4718E917F08A068BBEF9D81372B3B0332214B59335CB4960F348C32C0A08D5D7972F25C7D4A81F68DB020C21716F8BEFC9FB4B3E12D482439785 | | |

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

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

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

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

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

| SUBMISSION INFORMATION | | | |
|---|-------------------------------|-------------------------------|---------------------|
| <p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p> | | | |
| Submitted By GreenPort User | RODDENF | Submitted By Full Name | Frank Rodden |
| Email Address | frodden@limerickpa.org | Document Generated | 7/28/2016 |

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

| HEADER INFORMATION | | | | | |
|--------------------|-----------|--------------------|-----------------------|-------------------|---|
| Facility ID: | 477882 | Facility Name: | KING ROAD STP | Location Address: | 529 KING RD, ROYERSFORD PA, 19468 |
| Permit Number: | PA0051934 | Monitoring Period: | 07/01/2016-07/31/2016 | Mailing Address: | 646 WEST RIDGE PIKE, LIMERICK PA, 19468 |

| PARAMETERS REPORTED VALUES | | | | | | | | | | |
|--|--------------------|-------------------------------|----------------------------------|------------|----------------------------|-------------------------------|----------------|------------|------------------------|------------------|
| Sampling Point | | 002 | | Stage Code | | | Final Effluent | | No Discharge Indicator | N |
| Parameter | Limit Type | Load 1 | Load 2 | Units | Conc 1 | Conc 2 | Conc 3 | Units | Sample Type | Sample Frequency |
| Dissolved Oxygen | Sample Measurement | *** | *** | *** | 5.5 | *** | *** | mg/L | Grab | 1/day |
| | Permit Measurement | *** | *** | | 5.0 Inst Min | *** | *** | | Grab | 1/day |
| pH | Sample Measurement | *** | *** | *** | 6.6 | *** | 7.0 | S.U. | Grab | 1/day |
| | Permit Measurement | *** | *** | | 6.0 Inst Min | *** | 9.0 IMAX | | Grab | 1/day |
| Total Suspended Solids | Sample Measurement | <28 | 33 | lbs/day | *** | <5 | 5 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 425 Avg Mo | 638 Wkly Avg | | *** | 30 Avg Mo | 45 Wkly Avg | | 24-Hr Composite | 1/week |
| Total Nitrogen | Sample Measurement | 199 | *** | lbs/day | *** | 32.4 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Ammonia-Nitrogen | Sample Measurement | < 6 | *** | lbs/day | *** | < 1 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 114 Avg Mo | *** | | *** | 8 Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Phosphorus | Sample Measurement | 37 | *** | lbs/day | *** | 6.07 | *** | 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 | .737 | .856 | MGD | *** | *** | *** | *** | Recorded | Continuous |
| | Permit Measurement | Monitor & Report Avg Mo | Monitor & Report Daily Max | | *** | *** | *** | | Recorded | Continuous |
| Ultraviolet light transmittance | Sample Measurement | *** | *** | *** | 100 | *** | *** | % | Metered | 1/day |
| | Permit Measurement | *** | *** | | Monitor & Report Min | *** | *** | | Metered | 1/day |
| Fecal Coliform | Sample Measurement | *** | *** | *** | *** | 16 | 35 | No./100 ml | Grab | 1/week |
| | Permit Measurement | *** | *** | | *** | 200 Geo Mean | 1000 IMAX | | Grab | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | <20 | 25 | lbs/day | *** | <3 | 4 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 284 Avg Mo | 425 Wkly Avg | | *** | 20 Avg Mo | 30 Wkly Avg | | 24-Hr Composite | 1/week |
| Biochemical Oxygen Demand (BOD5) | Sample Measurement | 1474 | *** | lbs/day | *** | 241 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Suspended Solids | Sample Measurement | *** | *** | *** | *** | 236 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | *** | *** | *** | *** | 230 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Facility Comments | | | | | | | | | | |

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

| ATTACHMENT DETAILS | | | |
|---|---|---------------------------|---------------------------|
| File Name | Attachment Type | Uploaded Time | Attachment Comment |
| Limerick Twp King Road STP Coll Sys SSO 7-20-16 SSO.pdf | Letter Explaining Non-Compliance | 2016-08-26T10:18:22-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | F78B818F6DD9051432DD25096A15C7B81C394A73D7478263CF079FD2ABF9B88AD3E1CDD62167E8AD4D3793613870B9E0746D1C45361127914178445BB67D98C9 | | |
| SSO report 120 Elio.doc | Letter Explaining Non-Compliance | 2016-08-26T10:17:27-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 0CF16A29299CE4037295CBEEFD0AAD5D05ED5E1B6CDFE23D3B46650F2CE526A9A6B52FF12CCF833F3DB9D361799DF912D8E162D9F3BE6805FBDCE799B74E5E3 | | |
| Non-Compliance Reporting Form.docx | Letter Explaining Non-Compliance | 2016-08-26T10:16:58-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 1EC6D280F33B27907B654B2ECE2AA7454C1C85710095F017B8279774A024C89E2211750AE007AD931E955923FD11D874B9D6C1BFFFFE3CF3125B41917BE1D11D | | |
| Daily Monitoring Report - July 2016.xlsx | Daily Effluent Monitoring Form | 2016-08-26T10:08:14-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 4D11FF7232F379F8B7FB6CA78F9337109D3B9A876C4E8E3D649B44CF2FE7E4D991B24BCE438CE59763C9F62676AE396CB674EB102B1DB7DC4DF5D52167F7DD7B | | |
| Influent & Process Control Report_July 2016.xlsx | Influent and Process Control Form | 2016-08-26T10:08:50-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | AB0FE5933F2292503B9E49C55E0F7E5AFE50C8C6A5FA28D0D94D0616527E1E56DDABC EB6232C850D1F84D910E255E4D42125C90E9711FA6376A2198B17E44F7E | | |
| King Road STP Biosolids_July 2016.xlsx | Sewage Sludge / Biosolids Production and Disposal Form | 2016-08-26T10:09:47-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | FCD8AA5135A2040C24C8A078C19A5FCE2A96CA3187C4D5C180F26F2FCC0B0FE327467C4AC70301BE8A28152D81B91EF968C2337D7B2312E178AAB2AADD18E729 | | |

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

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

| UNAUTHORISED DISCHARGES | | | | | | | | | | | | |
|-------------------------|------------------|----------------|---------------------|----------------------|-----------------|--------|----------|------------------|-----------------|-----------------------|---------------------|----------|
| Non Compliance ID | Event Begin Date | Event End Date | Time Discovered | Substance Discharged | Event Location | Volume | Duration | Receiving Waters | Impact On Water | Cause Of Discharge | DEP Notified | Comments |
| 33919 | 07/19/2016 | 07/19/2016 | 07/19/2016 08:07:00 | Sewage | 120 Elio Circle | 20 | 3.50 | None | None Observed | See attached comments | 07/20/2016 07:07:00 | |

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

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

| SUBMISSION INFORMATION | | | |
|---|------------------------|------------------------|--------------|
| <p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p> | | | |
| Submitted By GreenPort User | RODDENF | Submitted By Full Name | Frank Rodden |
| Email Address | frodden@limerickpa.org | Document Generated | 8/26/2016 |

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

| HEADER INFORMATION | | | | | | | | | | |
|--------------------|-----------|--------------------|-----------------------|--|--|-------------------|---|--|--|--|
| Facility ID: | 477882 | Facility Name: | KING ROAD STP | | | Location Address: | 529 KING RD, ROYERSFORD PA, 19468 | | | |
| Permit Number: | PA0051934 | Monitoring Period: | 08/01/2016-08/31/2016 | | | Mailing Address: | 646 WEST RIDGE PIKE, LIMERICK PA, 19468 | | | |

| PARAMETERS REPORTED VALUES | | | | | | | | | | |
|--|--------------------|-------------------------------|----------------------------------|------------|----------------------------|-------------------------------|----------------|------------|------------------------|------------------|
| Sampling Point | | 002 | | Stage Code | | | Final Effluent | | No Discharge Indicator | N |
| Parameter | Limit Type | Load 1 | Load 2 | Units | Conc 1 | Conc 2 | Conc 3 | Units | Sample Type | Sample Frequency |
| Dissolved Oxygen | Sample Measurement | *** | *** | *** | 5.7 | *** | *** | mg/L | Grab | 1/day |
| | Permit Measurement | *** | *** | | 5.0 Inst Min | *** | *** | | Grab | 1/day |
| pH | Sample Measurement | *** | *** | *** | 6.9 | *** | 7.2 | S.U. | Grab | 1/day |
| | Permit Measurement | *** | *** | | 6.0 Inst Min | *** | 9.0 IMAX | | Grab | 1/day |
| Total Suspended Solids | Sample Measurement | <36 | 47 | lbs/day | *** | <6 | 8 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 425 Avg Mo | 638 Wkly Avg | | *** | 30 Avg Mo | 45 Wkly Avg | | 24-Hr Composite | 1/week |
| Total Nitrogen | Sample Measurement | 180 | *** | lbs/day | *** | 29.2 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Ammonia-Nitrogen | Sample Measurement | < 6 | *** | lbs/day | *** | < 1 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 114 Avg Mo | *** | | *** | 8 Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Phosphorus | Sample Measurement | 35 | *** | lbs/day | *** | 5.61 | *** | 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 | 749 | 819 | MGD | *** | *** | *** | *** | Recorded | Continuous |
| | Permit Measurement | Monitor & Report Avg Mo | Monitor & Report Daily Max | | *** | *** | *** | | Recorded | Continuous |
| Ultraviolet light transmittance | Sample Measurement | *** | *** | *** | 100 | *** | *** | % | Metered | 1/day |
| | Permit Measurement | *** | *** | | Monitor & Report Min | *** | *** | | Metered | 1/day |
| Fecal Coliform | Sample Measurement | *** | *** | *** | *** | 36 | 228 | No./100 ml | Grab | 1/week |
| | Permit Measurement | *** | *** | | *** | 200 Geo Mean | 1000 IMAX | | Grab | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | 15 | 22 | lbs/day | *** | 2 | 4 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 284 Avg Mo | 425 Wkly Avg | | *** | 20 Avg Mo | 30 Wkly Avg | | 24-Hr Composite | 1/week |
| Biochemical Oxygen Demand (BOD5) | Sample Measurement | 1566 | *** | lbs/day | *** | 253 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Suspended Solids | Sample Measurement | *** | *** | *** | *** | 288 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | *** | *** | *** | *** | 231 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Facility Comments | | | | | | | | | | |

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

| ATTACHMENT DETAILS | | | |
|--|--|---------------------------|---------------------------|
| File Name | Attachment Type | Uploaded Time | Attachment Comment |
| Daily Monitoring Report - August 2016.xlsx | Daily Effluent Monitoring Form | 2016-09-27T09:18:23-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 757E81300CD3A70377FF4A1FAE7109928538E5B652287CE25E3EEAB816269269D732EC402D7054398508174D22E4F84AF04DCEBF6BB42035A5280A7E396B2568 | | |
| Influent & Process Control Report_August 2016.xlsx | Influent and Process Control Form | 2016-09-27T09:19:04-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 56971CE4857732E79477D63B52346EDCE8F731AF4F0E20467F7C1BE6EB57E91D9297B23FEBB17DEE80496EF74DF1CA5E4C7167985A34A3CBE637C5F9FEBA15CC | | |
| King Road STP Biosolids_August 2016.xlsx | Sewage Sludge / Biosolids Production and Disposal Form | 2016-09-27T09:19:42-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 169BC2C25F1FB6E0E7F8B91E57DB563EA8C614560FE42321FAF91257CF3E0116273C8531774A330A3668E1F0B641F676A8C7596F35A75157F7090DDC6BC9364B | | |

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

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

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

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

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

| SUBMISSION INFORMATION | | | |
|---|------------------------|------------------------|--------------|
| <p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p> | | | |
| Submitted By GreenPort User | RODDENF | Submitted By Full Name | Frank Rodden |
| Email Address | frodden@limerickpa.org | Document Generated | 9/27/2016 |

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

| HEADER INFORMATION | | | | | | | | | | |
|--------------------|-----------|--------------------|-----------------------|--|--|-------------------|---|--|--|--|
| Facility ID: | 477882 | Facility Name: | KING ROAD STP | | | Location Address: | 529 KING RD, ROYERSFORD PA, 19468 | | | |
| Permit Number: | PA0051934 | Monitoring Period: | 09/01/2016-09/30/2016 | | | Mailing Address: | 646 WEST RIDGE PIKE, LIMERICK PA, 19468 | | | |

| PARAMETERS REPORTED VALUES | | | | | | | | | | |
|--|--------------------|-------------------------------|----------------------------------|------------|----------------------------|-------------------------------|----------------|------------|------------------------|------------------|
| Sampling Point | | 002 | | Stage Code | | | Final Effluent | | No Discharge Indicator | N |
| Parameter | Limit Type | Load 1 | Load 2 | Units | Conc 1 | Conc 2 | Conc 3 | Units | Sample Type | Sample Frequency |
| Dissolved Oxygen | Sample Measurement | *** | *** | *** | 5.9 | *** | *** | mg/L | Grab | 1/day |
| | Permit Measurement | *** | *** | | 5.0 Inst Min | *** | *** | | Grab | 1/day |
| pH | Sample Measurement | *** | *** | *** | 7.0 | *** | 7.3 | S.U. | Grab | 1/day |
| | Permit Measurement | *** | *** | | 6.0 Inst Min | *** | 9.0 IMAX | | Grab | 1/day |
| Total Suspended Solids | Sample Measurement | <23 | <24 | lbs/day | *** | <4 | 4 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 425 Avg Mo | 638 Wkly Avg | | *** | 30 Avg Mo | 45 Wkly Avg | | 24-Hr Composite | 1/week |
| Total Nitrogen | Sample Measurement | 135 | *** | lbs/day | *** | 23.2 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Ammonia-Nitrogen | Sample Measurement | <3 | *** | lbs/day | *** | < 5 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 114 Avg Mo | *** | | *** | 8 Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Phosphorus | Sample Measurement | 32 | *** | lbs/day | *** | 5.53 | *** | 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 | 722 | 1,084 | MGD | *** | *** | *** | *** | Recorded | Continuous |
| | Permit Measurement | Monitor & Report Avg Mo | Monitor & Report Daily Max | | *** | *** | *** | | Recorded | Continuous |
| Ultraviolet light transmittance | Sample Measurement | *** | *** | *** | 100 | *** | *** | % | Metered | 1/day |
| | Permit Measurement | *** | *** | | Monitor & Report Min | *** | *** | | Metered | 1/day |
| Fecal Coliform | Sample Measurement | *** | *** | *** | *** | 60 | 1500 | No./100 ml | Grab | 1/week |
| | Permit Measurement | *** | *** | | *** | 200 Geo Mean | 1000 IMAX | | Grab | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | <12 | 13 | lbs/day | *** | <2 | 2 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 284 Avg Mo | 425 Wkly Avg | | *** | 20 Avg Mo | 30 Wkly Avg | | 24-Hr Composite | 1/week |
| Biochemical Oxygen Demand (BOD5) | Sample Measurement | 1446 | *** | lbs/day | *** | 248 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Suspended Solids | Sample Measurement | *** | *** | *** | *** | 274 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | *** | *** | *** | *** | 249 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Facility Comments | | | | | | | | | | |

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

| ATTACHMENT DETAILS | | | |
|---|--|---------------------------|---------------------------|
| File Name | Attachment Type | Uploaded Time | Attachment Comment |
| King Road STP Biosolids_September 2016.xlsx | Sewage Sludge / Biosolids Production and Disposal Form | 2016-10-27T13:46:59-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 802572B87A2A76DECB649DE856F3A41BB3060B5016CE758D57D70D58F710CB3768B00BDF5FE72B0E43B34D02CCA3BA01D4683B61B4BA909703972D6C3E2C6ABD | | |
| Non-Compliance Reporting Form.docx | Letter Explaining Non-Compliance | 2016-10-27T13:47:54-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | D048D361A3F7736F9CAF9892C307A1C641F8DBBBC439A499A8F4B0BC790E19CAAD8C12C5E48CFB3E7C5E8CDFDCC7669941AF884785332D082F9375509DCD49F | | |
| Influent & Process Control Report_September 2016.xlsx | Influent and Process Control Form | 2016-10-27T13:44:46-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | E63EFDA4EEAAA47E65491875ADD288B6D1134A5F92415E2DCAC0ADD3CF3B86D68CB081A3C75782E20884C570217467F9FE4A1FBC5154C5332248F943BD89144C | | |
| Daily Monitoring Report - September 2016.xlsx | Daily Effluent Monitoring Form | 2016-10-27T13:45:28-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | D632DD6AF4C0634B2BB634D0FDBF174D51E5EB6271A37747E42053A1A9A043A23128559ED202CE93C9FAFC70BAD475F50C178A981ADC50817E1FD5C961AEB9F | | |

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

| PERMIT VIOLATIONS | | | | | | | | | | | |
|--------------------------|------------------|----------------|----------------|-----------------------|----------------|-----------------|------------|-------------------|-------------|-------------------|----------|
| Non Compliance ID | Event Begin Date | Event End Date | Parameter | Limit Type | Reported Value | Permitted Value | Load Units | Sampling Point ID | Cause Of NC | Corrective Action | Comments |
| 36067 | 09/01/2016 | 09/30/2016 | Fecal Coliform | Instantaneous Maximum | 1500 | 1000 | | 002 | | | |

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

| OTHER PERMIT VIOLATIONS | | | | |
|--------------------------------|-----------------------------|--------------------|------------------------------|--|
| Non Compliance ID | Stage Code (Sampling Point) | Reported Parameter | Non Compliance Type | Comments |
| 36068 | | | Violation of permit schedule | Exceeded Instantaneous Maximum for Fecal Coliform for an unknown, unnoticeable and unexplainable reason. Next weeks' results were fine with no known difference in situations. |

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

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



NON-COMPLIANCE REPORTING FORM

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

Facility Name: King Road STP
Municipality: Limerick Township County: Montgomery

Month: September Year: 2016
Permit No.: PA0051934

Violations of Permit Effluent Limitations*

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

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

- Sample collection less frequent than required Explain _____
- Sample type not in compliance with permit Explain _____
- Violation of permit schedule Explain _____
- Other Explain _____
- Other Explain _____

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: David W. Palmer
Title: Lead Operator

Signature: _____
Date: 10/27/16

INSTRUCTIONS FOR COMPLETING NON-COMPLIANCE REPORTING FORM

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

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

Instructions:

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

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

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

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



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

NAME: LIMERICK TWP MONTGOMERY CNTY
ADDRESS: 646 WEST RIDGE PIKE, LIMERICK PA, 19468
FACILITY: KING ROAD STP
LOCATION: 529 KING RD, ROYERSFORD PA, 19468
STAGE: Final Effluent

PA0051934
PERMIT NUMBER

002
OUTFALL NUMBER

Reporting Frequency: Monthly
DMR Effective From: 10/01/2016
DMR Effective To: 10/31/2016
Permit Expires: 02/29/2020
Permit Application Due: 11/28/2016
No Discharge? No

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

PARAMETERS REPORTED VALUES

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | SAMPLE TYPE | SAMPLE FREQUENCY |
|--|--------------------|----------------------------|-------------------------------|---------|---------------------------|----------------------------|----------------|------------|-----------------|------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | |
| Dissolved Oxygen | Sample Measurement | *** | *** | *** | 6.4 | *** | *** | mg/L | Grab | 1/day |
| | Permit Measurement | *** | *** | *** | 5.0 Inst Min | *** | *** | *** | Grab | 1/day |
| pH | Sample Measurement | *** | *** | *** | 7.0 | *** | 7.3 | S.U. | Grab | 1/day |
| | Permit Measurement | *** | *** | *** | 6.0 Inst Min | *** | 9.0 IMAX | *** | Grab | 1/day |
| Total Suspended Solids | Sample Measurement | <27 | 29 | lbs/day | *** | <4 | 5 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 425 Avg Mo | 638 Wkly Avg | *** | *** | 30 Avg Mo | 45 Wkly Avg | *** | 24-Hr Composite | 1/week |
| Total Nitrogen | Sample Measurement | 116 | *** | lbs/day | *** | 18.9 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | *** | *** | Monitor & Report Avg Mo | *** | *** | 24-Hr Composite | 1/week |
| Ammonia-Nitrogen | Sample Measurement | <5 | *** | lbs/day | *** | <.9 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 114 Avg Mo | *** | *** | *** | 8 Avg Mo | *** | *** | 24-Hr Composite | 1/week |
| Total Phosphorus | Sample Measurement | 29 | *** | 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 | 744 | 828 | MGD | *** | *** | *** | *** | Recorded | Continuous |
| | Permit Measurement | Monitor & Report Avg Mo | Monitor & Report Daily Max | *** | *** | *** | *** | *** | Recorded | Continuous |
| Ultraviolet light transmittance | Sample Measurement | *** | *** | *** | 100 | *** | *** | % | Metered | 1/day |
| | Permit Measurement | *** | *** | *** | Monitor & Report Min | *** | *** | *** | Metered | 1/day |
| Fecal Coliform | Sample Measurement | *** | *** | *** | *** | 8 | 10 | No./100 ml | Grab | 1/week |
| | Permit Measurement | *** | *** | *** | *** | 200 Geo Mean | 1000 IMAX | *** | Grab | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | <13 | 15 | lbs/day | *** | <2 | 3 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 284 Avg Mo | 425 Wkly Avg | *** | *** | 20 Avg Mo | 30 Wkly Avg | *** | 24-Hr Composite | 1/week |
| Biochemical Oxygen Demand (BOD5) | Sample Measurement | 1500 | *** | lbs/day | *** | 243 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | *** | *** | Monitor & Report Avg Mo | *** | *** | 24-Hr Composite | 1/week |
| Total Suspended Solids | Sample Measurement | *** | *** | *** | *** | 284 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | *** | *** | Monitor & Report Avg Mo | *** | *** | 24-Hr Composite | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | *** | *** | *** | *** | 253 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | *** | *** | Monitor & Report Avg Mo | *** | *** | 24-Hr Composite | 1/week |
| Facility Comments | | | | | | | | | | |



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

ATTACHMENT DETAILS

| File Name | Attachment Type | Uploaded Time | Attachment Comment |
|---|--|---------------------------|--------------------|
| Daily Monitoring Report - October 2016.xlsx | Daily Effluent Monitoring Form | 2016-11-18T13:21:25-05:00 | |
| Influent & Process Control Report_October 2016.xlsx | Influent and Process Control Form | 2016-11-18T13:22:10-05:00 | |
| King Road STP Biosolids_October 2016.xlsx | Sewage Sludge / Biosolids Production and Disposal Form | 2016-11-18T13:22:51-05:00 | |

PERMIT VIOLATIONS

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

UNAUTHORISED DISCHARGES

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

OTHER PERMIT VIOLATIONS

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

COMMENTS DETAILS

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

SUBMISSION INFORMATION

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



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

NAME: LIMERICK TWP MONTGOMERY CNTY
ADDRESS: 646 WEST RIDGE PIKE, LIMERICK PA, 19468
FACILITY: KING ROAD STP
LOCATION: 529 KING RD, ROYERSFORD PA, 19468
STAGE: Final Effluent

PA0051934
PERMIT NUMBER

002
OUTFALL NUMBER

Reporting Frequency: Monthly
DMR Effective From: 11/01/2016
DMR Effective To: 11/30/2016
Permit Expires: 02/29/2020
Permit Application Due: 12/28/2016
No Discharge? No

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

PARAMETERS REPORTED VALUES

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | SAMPLE TYPE | SAMPLE FREQUENCY |
|--|--------------------|----------------------------|-------------------------------|---------|---------------------------|----------------------------|----------------|------------|-----------------|------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | |
| Dissolved Oxygen | Sample Measurement | *** | *** | *** | 6.2 | *** | *** | mg/L | Grab | 1/day |
| | Permit Measurement | *** | *** | *** | 5.0 Inst Min | *** | *** | | Grab | 1/day |
| pH | Sample Measurement | *** | *** | *** | 7.0 | *** | 7.6 | S.U. | Grab | 1/day |
| | Permit Measurement | *** | *** | *** | 6.0 Inst Min | *** | 9.0 IMAX | | Grab | 1/day |
| Total Suspended Solids | Sample Measurement | <29 | 39 | lbs/day | *** | <4 | 6 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 425 Avg Mo | 638 Wkly Avg | | *** | 30 Avg Mo | 45 Wkly Avg | | 24-Hr Composite | 1/week |
| Total Nitrogen | Sample Measurement | 126 | *** | lbs/day | *** | 19.2 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Ammonia-Nitrogen | Sample Measurement | 9 | *** | lbs/day | *** | 1.1 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 114 Avg Mo | *** | | *** | 8 Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Phosphorus | Sample Measurement | 31 | *** | lbs/day | *** | 4.72 | *** | 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 | .761 | 1.165 | MGD | *** | *** | *** | *** | Recorded | Continuous |
| | Permit Measurement | Monitor & Report Avg Mo | Monitor & Report DAILY Max | | *** | *** | *** | | Recorded | Continuous |
| Ultraviolet light transmittance | Sample Measurement | *** | *** | *** | 100 | *** | *** | % | Melered | 1/day |
| | Permit Measurement | *** | *** | *** | Monitor & Report Min | *** | *** | | Melered | 1/day |
| Fecal Coliform | Sample Measurement | *** | *** | *** | *** | 10 | 37 | No./100 ml | Grab | 1/week |
| | Permit Measurement | *** | *** | *** | *** | 200 Geo Mean | 1000 IMAX | | Grab | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | <15 | 21 | lbs/day | *** | <2 | 3 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 294 Avg Mo | 425 Wkly Avg | | *** | 20 Avg Mo | 30 Wkly Avg | | 24-Hr Composite | 1/week |
| Biochemical Oxygen Demand (BOD5) | Sample Measurement | 1769 | *** | lbs/day | *** | 255 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Total Suspended Solids | Sample Measurement | *** | *** | *** | *** | 303 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | *** | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | *** | *** | *** | *** | 253 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | *** | *** | Monitor & Report Avg Mo | *** | | 24-Hr Composite | 1/week |
| Facility Comments | | | | | | | | | | |



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

ATTACHMENT DETAILS

| File Name | Attachment Type | Uploaded Time | Attachment Comment |
|--|--|---------------------------|--------------------|
| Daily Monitoring Report - November 2016.xlsx | Daily Effluent Monitoring Form | 2016-12-27T12:21:48-05:00 | |
| Influent & Process Control Report_November 2016.xlsx | Influent and Process Control Form | 2016-12-27T12:22:16-05:00 | |
| King Road STP Biosolids_November 2016.xlsx | Sewage Sludge / Biosolids Production and Disposal Form | 2016-12-27T12:22:40-05:00 | |

PERMIT VIOLATIONS

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

UNAUTHORISED DISCHARGES

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

OTHER PERMIT VIOLATIONS

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

COMMENTS DETAILS

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

SUBMISSION INFORMATION

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



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

NAME: LIMERICK TWP MONTGOMERY CNTY
ADDRESS: 646 WEST RIDGE PIKE, LIMERICK PA, 19469
FACILITY: KING ROAD STP
LOCATION: 529 KING RD, ROYERSFORD PA, 19468
STAGE: Final Effluent

PA0051934
PERMIT NUMBER

002
OUTFALL NUMBER

Reporting Frequency: Monthly
DMR Effective From: 12/01/2016
DMR Effective To: 12/31/2016
Permit Expires: 02/29/2020
Permit Application Due: 09/02/2019
No Discharge? No

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 2016 | 12 | 01 | 2016 | 12 | 31 |

FROM

TO

PARAMETERS REPORTED VALUES

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | SAMPLE TYPE | SAMPLE FREQUENCY |
|--|--------------------|----------------------------|-------------------------------|---------|---------------------------|----------------------------|----------------|------------|-----------------|------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | |
| Dissolved Oxygen | Sample Measurement | *** | *** | *** | 7.0 | *** | *** | mg/L | Grab | 1/day |
| | Permit Measurement | *** | *** | *** | 5.0 Inst Min | *** | *** | *** | Grab | 1/day |
| pH | Sample Measurement | *** | *** | *** | 7.0 | *** | 7.3 | S.U. | Grab | 1/day |
| | Permit Measurement | *** | *** | *** | 6.0 Inst Min | *** | 9.0 IMAX | *** | Grab | 1/day |
| Total Suspended Solids | Sample Measurement | 59 | 95 | lbs/day | *** | 8 | 12 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 425 Avg Mo | 638 Wtdy Avg | *** | *** | 30 Avg Mo | 45 Wtdy Avg | *** | 24-Hr Composite | 1/week |
| Total Nitrogen | Sample Measurement | 120 | *** | lbs/day | *** | 17.3 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | *** | *** | Monitor & Report Avg Mo | *** | *** | 24-Hr Composite | 1/week |
| Ammonia-Nitrogen | Sample Measurement | 34 | *** | lbs/day | *** | 5.0 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 114 Avg Mo | *** | *** | *** | 8 Avg Mo | *** | *** | 24-Hr Composite | 1/week |
| Total Phosphorus | Sample Measurement | 29 | *** | lbs/day | *** | 4.11 | *** | 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 | 819 | 1,056 | MGD | *** | *** | *** | *** | Recorded | Continuous |
| | Permit Measurement | Monitor & Report Avg Mo | Monitor & Report Daily Max | *** | *** | *** | *** | *** | Recorded | Continuous |
| Ultraviolet light transmittance | Sample Measurement | *** | *** | *** | 100 | *** | *** | % | Metered | 1/day |
| | Permit Measurement | *** | *** | *** | Monitor & Report Min | *** | *** | *** | Metered | 1/day |
| Fecal Coliform | Sample Measurement | *** | *** | *** | *** | 9 | 15 | No./100 ml | Grab | 1/week |
| | Permit Measurement | *** | *** | *** | *** | 200 Geo Mean | 1000 IMAX | *** | Grab | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | 26 | 30 | lbs/day | *** | 4 | 4 | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | 294 Avg Mo | 425 Wtdy Avg | *** | *** | 20 Avg Mo | 30 Wtdy Avg | *** | 24-Hr Composite | 1/week |
| Biochemical Oxygen Demand (BOD5) | Sample Measurement | 2050 | *** | lbs/day | *** | 299 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | Monitor & Report Avg Mo | *** | *** | *** | Monitor & Report Avg Mo | *** | *** | 24-Hr Composite | 1/week |
| Total Suspended Solids | Sample Measurement | *** | *** | *** | *** | 287 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | *** | *** | Monitor & Report Avg Mo | *** | *** | 24-Hr Composite | 1/week |
| Carbonaceous Biochemical Oxygen Demand (CBOD5) | Sample Measurement | *** | *** | *** | *** | 278 | *** | mg/L | 24-Hr Composite | 1/week |
| | Permit Measurement | *** | *** | *** | *** | Monitor & Report Avg Mo | *** | *** | 24-Hr Composite | 1/week |
| Facility Comments | | | | | | | | | | |



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

ATTACHMENT DETAILS

| File Name | Attachment Type | Uploaded Time | Attachment Comment |
|--|--|---------------------------|--------------------|
| Daily Monitoring Report - December 2016.xlsx | Daily Effluent Monitoring Form | 2017-01-26T12:26:42-05:00 | |
| Influent & Process Control Report_December 2016.xlsx | Influent and Process Control Form | 2017-01-26T12:27:05-05:00 | |
| King Road S TP Biosolids_December 2016.xlsx | Sewage Sludge / Biosolids Production and Disposal Form | 2017-01-26T12:27:30-05:00 | |

PERMIT VIOLATIONS

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

UNAUTHORISED DISCHARGES

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

OTHER PERMIT VIOLATIONS

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

COMMENTS DETAILS

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

SUBMISSION INFORMATION

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

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

| HEADER INFORMATION | | | | | |
|--------------------|-----------|--------------------|-----------------------|-------------------|---|
| Facility ID: | 477882 | Facility Name: | KING ROAD STP | Location Address: | 529 KING RD, ROYERSFORD PA, 19468 |
| Permit Number: | PA0051934 | Monitoring Period: | 01/01/2016-03/31/2016 | Mailing Address: | 646 WEST RIDGE PIKE, LIMERICK PA, 19468 |

| PARAMETERS REPORTED VALUES | | | | | | | | | | |
|----------------------------|--------------------|--------|----------------------------|------------|--------|----------------|----------------------------|-------|------------------------|------------------|
| Sampling Point | | 002 | | Stage Code | | | Final Effluent | | No Discharge Indicator | N |
| Parameter | Limit Type | Load 1 | Load 2 | Units | Conc 1 | Conc 2 | Conc 3 | Units | Sample Type | Sample Frequency |
| Copper, Total | Sample Measurement | *** | .2 | lbs/day | *** | *** | .018 | mg/L | 24-Hr Composite | 1/quarter |
| | Permit Measurement | *** | Monitor & Report Daily Max | | *** | *** | Monitor & Report Daily Max | | 24-Hr Composite | 1/quarter |
| Zinc, Total | Sample Measurement | *** | 2 | lbs/day | *** | *** | .202 | mg/L | 24-Hr Composite | 1/quarter |
| | Permit Measurement | *** | Monitor & Report Daily Max | | *** | *** | Monitor & Report Daily Max | | 24-Hr Composite | 1/quarter |
| Total Dissolved Solids | Sample Measurement | *** | *** | *** | *** | 668 | *** | mg/L | 24-Hr Composite | 1/quarter |
| | Permit Measurement | *** | *** | | *** | 1000 Avg Mo | *** | | 24-Hr Composite | 1/quarter |
| Facility Comments | | | | | | | | | | |

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

| ATTACHMENT DETAILS | | | |
|--|--|---------------------------|---------------------------|
| File Name | Attachment Type | Uploaded Time | Attachment Comment |
| Daily Monitoring Report - Quarterly Jan-Mar 2016A.xlsx | Daily Effluent Monitoring Form | 2016-04-27T12:22:23-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 64DC02AA4197D66E127946E3748EAE4DE4CA500ECF62FEAFA2D0C2C992FD035A97FF219DBCEB660006D3C9229968185800860D2FACEAC444709E11CE4086A4CA | | |
| Daily Monitoring Report - Quarterly Jan-Mar 2016B.xlsx | Daily Effluent Monitoring Form | 2016-04-27T12:22:49-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | A9E957FB16556E28E721BD0912E93E66CAE9113B022A5EF940D59161A39B48FA75F8D00E0C906C31111D605F0B01DF5C18C54DA373BF264688CC7F0B100AFEAD | | |

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

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

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

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

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

| SUBMISSION INFORMATION | | | |
|---|----------------------------------|-------------------------------|-------------------------|
| <p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p> | | | |
| Submitted By GreenPort User | SALKOWSKIE | Submitted By Full Name | Edward Salkowski |
| Email Address | esalkowski@limerickpa.org | Document Generated | 4/27/2016 |

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

| HEADER INFORMATION | | | | | |
|--------------------|-----------|--------------------|-----------------------|-------------------|---|
| Facility ID: | 477882 | Facility Name: | KING ROAD STP | Location Address: | 529 KING RD, ROYERSFORD PA, 19468 |
| Permit Number: | PA0051934 | Monitoring Period: | 04/01/2016-06/30/2016 | Mailing Address: | 646 WEST RIDGE PIKE, LIMERICK PA, 19468 |

| PARAMETERS REPORTED VALUES | | | | | | | | | | |
|----------------------------|--------------------|--------|----------------------------|------------|--------|----------------|----------------------------|-------|------------------------|------------------|
| Sampling Point | | 002 | | Stage Code | | | Final Effluent | | No Discharge Indicator | N |
| Parameter | Limit Type | Load 1 | Load 2 | Units | Conc 1 | Conc 2 | Conc 3 | Units | Sample Type | Sample Frequency |
| Copper, Total | Sample Measurement | *** | .1 | lbs/day | *** | *** | .023 | mg/L | 24-Hr Composite | 1/quarter |
| | Permit Measurement | *** | Monitor & Report Daily Max | | *** | *** | Monitor & Report Daily Max | | 24-Hr Composite | 1/quarter |
| Zinc, Total | Sample Measurement | *** | 1 | lbs/day | *** | *** | .166 | mg/L | 24-Hr Composite | 1/quarter |
| | Permit Measurement | *** | Monitor & Report Daily Max | | *** | *** | Monitor & Report Daily Max | | 24-Hr Composite | 1/quarter |
| Total Dissolved Solids | Sample Measurement | *** | *** | *** | *** | 485 | *** | mg/L | 24-Hr Composite | 1/quarter |
| | Permit Measurement | *** | *** | | *** | 1000 Avg Mo | *** | | 24-Hr Composite | 1/quarter |
| Facility Comments | | | | | | | | | | |

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

| ATTACHMENT DETAILS | | | |
|--|--|---------------------------|--------------------|
| File Name | Attachment Type | Uploaded Time | Attachment Comment |
| Daily Monitoring Report - Quarterly Apr-June 2016.xlsx | Daily Effluent Monitoring Form | 2016-07-27T13:06:43-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 2886C8AB7ECF24A2234F3F9483F7BE6629F874E57F4D5EF5BF7CA476E6FE8538019132910E6E65803A34538A36C427B461642BF986C8BC0E944914AE42B60821 | | |

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

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

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

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

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

| SUBMISSION INFORMATION | | | |
|---|------------------------|------------------------|--------------|
| <p>*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).</p> | | | |
| Submitted By GreenPort User | RODDENF | Submitted By Full Name | Frank Rodden |
| Email Address | frodden@limerickpa.org | Document Generated | 7/28/2016 |

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

| HEADER INFORMATION | | | | | |
|---------------------------|-----------|---------------------------|-----------------------|--------------------------|---|
| Facility ID: | 477882 | Facility Name: | KING ROAD STP | Location Address: | 529 KING RD, ROYERSFORD PA, 19468 |
| Permit Number: | PA0051934 | Monitoring Period: | 07/01/2016-09/30/2016 | Mailing Address: | 646 WEST RIDGE PIKE, LIMERICK PA, 19468 |

| PARAMETERS REPORTED VALUES | | | | | | | | | | |
|-----------------------------------|--------------------|--------|----------------------------|------------|--------|-------------|----------------------------|-------|------------------------|------------------|
| Sampling Point | | 002 | | Stage Code | | | Final Effluent | | No Discharge Indicator | N |
| Parameter | Limit Type | Load 1 | Load 2 | Units | Conc 1 | Conc 2 | Conc 3 | Units | Sample Type | Sample Frequency |
| Copper, Total | Sample Measurement | *** | .1 | lbs/day | *** | *** | .02 | mg/L | 24-Hr Composite | 1/quarter |
| | Permit Measurement | *** | Monitor & Report Daily Max | | *** | *** | Monitor & Report Daily Max | | 24-Hr Composite | 1/quarter |
| Zinc, Total | Sample Measurement | *** | .9 | lbs/day | *** | *** | .148 | mg/L | 24-Hr Composite | 1/quarter |
| | Permit Measurement | *** | Monitor & Report Daily Max | | *** | *** | Monitor & Report Daily Max | | 24-Hr Composite | 1/quarter |
| Total Dissolved Solids | Sample Measurement | *** | *** | *** | *** | 530 | *** | mg/L | 24-Hr Composite | 1/quarter |
| | Permit Measurement | *** | *** | | *** | 1000 Avg Mo | *** | | 24-Hr Composite | 1/quarter |
| Facility Comments | | | | | | | | | | |

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DISCHARGE MONITORING REPORT (DMR)

| ATTACHMENT DETAILS | | | |
|---|--|---------------------------|--------------------|
| File Name | Attachment Type | Uploaded Time | Attachment Comment |
| Daily Monitoring Report - Quarterly July-Sept 2016.xlsx | Daily Effluent Monitoring Form | 2016-10-27T13:53:23-04:00 | |
| Cryptographic Hash Value of File (SHA-512) | 79F7233F771E2D8404D0FE51CA337C5D8FCE891315558957493B156B5F53CE660C317EFD8FE773968BB451191F427640A1143AB972BFDB8CD804A1C256BFD1A6 | | |

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

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

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

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

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

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



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

NAME: LIMERICK TWP MONTGOMERY CNTY
 ADDRESS: 646 WEST RIDGE PIKE, LIMERICK PA, 19468
 FACILITY: KING ROAD STP
 LOCATION: 529 KING RD, ROYERSFORD PA, 19468
 STAGE: Final Effluent

PA0051934
PERMIT NUMBER

002
OUTFALL NUMBER

Reporting Frequency: Quarterly
 DMR Effective From: 10/01/2016
 DMR Effective To: 12/31/2016
 Permit Expires: 02/29/2020
 Permit Application Due: 09/02/2019
 No Discharge? No

| MONITORING PERIOD | | | | | | |
|-------------------|----|-----|----|------|----|-----|
| YEAR | MO | DAY | | YEAR | MO | DAY |
| FROM 2016 | 10 | 01 | TO | 2016 | 12 | 31 |

PARAMETERS REPORTED VALUES

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | SAMPLE TYPE | SAMPLE FREQUENCY |
|------------------------|--------------------|---------------------|----------------------------|---------|---------------------------|----------------|----------------------------|-------|-----------------|------------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | |
| Copper, Total | Sample Measurement | *** | .07 | lbs/day | *** | *** | .012 | mg/L | 24-Hr Composite | 1/quarter |
| | Permit Measurement | *** | Monitor & Report Daily Max | | *** | *** | Monitor & Report Daily Max | | 24-Hr Composite | 1/quarter |
| Zinc, Total | Sample Measurement | *** | .9 | lbs/day | *** | *** | .143 | mg/L | 24-Hr Composite | 1/quarter |
| | Permit Measurement | *** | Monitor & Report Daily Max | | *** | *** | Monitor & Report Daily Max | | 24-Hr Composite | 1/quarter |
| Total Dissolved Solids | Sample Measurement | *** | *** | *** | *** | 520 | *** | mg/L | 24-Hr Composite | 1/quarter |
| | Permit Measurement | *** | *** | | *** | 1000 Avg Mo | | | *** | 24-Hr Composite |
| Facility Comments | | | | | | | | | | |



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ATTACHMENT DETAILS

| File Name | Attachment Type | Uploaded Time | Attachment Comment |
|---|--------------------------------|---------------------------|--------------------|
| Daily Monitoring Report - Quarterly Oct-Dec 2016.xlsx | Daily Effluent Monitoring Form | 2017-01-26T12:30:51-05:00 | |

PERMIT VIOLATIONS

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

UNAUTHORISED DISCHARGES

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

OTHER PERMIT VIOLATIONS

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

COMMENTS DETAILS

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

SUBMISSION INFORMATION

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