



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

NAME: NEW KENSINGTON CITY MUNI SANI AUTH
 ADDRESS: 120 LOGANS FERRY RD., NEW KENSINGTON PA, 15068-2004
 FACILITY: NEW KENSINGTON STP
 LOCATION: 120 LOGANS FERRY RD, NEW KENSINGTON PA, 15068
 STAGE: Final Effluent

PA0027111
PERMIT NUMBER

001
OUTFALL NUMBER

Reorting Frequency: Monthly
 DMR Effective From: 11/01/2016
 DMR Effective To: 11/30/2016
 Permit Expires: 06/30/2015
 Permit Application Due: 12/28/2016
 No Discharge?: No

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

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLE TYPE	SAMPLE FREQUENCY
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
pH	Sample Measurement	***	***	***	6.5	***	7.2	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Min		9.0 Max		Grab	1/day
Total Suspended Solids	Sample Measurement	142	224	lbs/day	***	5	8	mg/L	24-Hr Composite	1/day
	Permit Measurement	1501 Avg Mo	2252 Wkly Avg		***	30 Avg Mo	45 Wkly Avg		24-Hr Composite	1/day
Flow	Sample Measurement	3.67	6.53	MGD	***	***	***	***	Recorded	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Recorded	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.39	1.6	mg/L	Grab	1/day
	Permit Measurement	***	***		***	1.0 Avg Mo	3.3 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	74	2900	CFU/100 ml	Grab	1/day
	Permit Measurement	***	***		***	2000 Geo Mean	10000 IMAX		Grab	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	167	227	lbs/day	***	6	8.1	mg/L	24-Hr Composite	1/day
	Permit Measurement	1251 Avg Mo	1877 Wkly Avg		***	25 Avg Mo	37.5 Wkly Avg		24-Hr Composite	1/day
Facility Comments										

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**ATTACHMENT DETAILS**

File Name	Attachment Type	Uploaded Time	Attachment Comment
5thCSO.112016.xls	CSO Detailed Outfall Report Form	2016-12-28T14:46:41-05:00	
6thCSO.112016.xls	CSO Detailed Outfall Report Form	2016-12-28T14:47:17-05:00	
7thCSO.112016.xls	CSO Detailed Outfall Report Form	2016-12-28T14:47:51-05:00	
Bio-Solids.112016.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-12-28T14:48:57-05:00	
9thCSO.112016.xls	CSO Detailed Outfall Report Form	2016-12-28T14:48:22-05:00	
3rdCSO.112016.xls	CSO Detailed Outfall Report Form	2016-12-28T14:45:33-05:00	
4thCSO.112016.xls	CSO Detailed Outfall Report Form	2016-12-28T14:46:06-05:00	

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
	keith anderson	197407	724-335-9813

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).	keith anderson	TELEPHONE		DATE		
ANDERSONKEI			AREA CODE	NUMBER	2016	12	28
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY