

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

HEADER INFORMATION					
Facility ID:	247544	Facility Name:	NEW KENSINGTON STP	Location Address:	120 LOGANS FERRY RD, NEW KENSINGTON PA, 15068
Permit Number:	PA0027111	Monitoring Period:	09/01/2016-09/30/2016	Mailing Address:	120 LOGANS FERRY RD., NEW KENSINGTON PA, 15068-2004

PARAMETERS REPORTED VALUES										
Sampling Point		001		Stage Code			Final Effluent		No Discharge Indicator	N
Parameter	Limit Type	Load 1	Load 2	Units	Conc 1	Conc 2	Conc 3	Units	Sample Type	Sample Frequency
pH	Sample Measurement	***	***	***	6.6	***	7.4	S.U.	Grab	1/day
	Permit Measurement	***	***		6.0 Min	***	9.0 Max		Grab	1/day
Total Suspended Solids	Sample Measurement	151	174	lbs/day	***	4	5	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	3.69	7.99	MGD	***	***	***	***	Recorded	Continuous
	Permit Measurement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Recorded	Continuous
Total Residual Chlorine (TRC)	Sample Measurement	***	***	***	***	.57	3.7	mg/L	Grab	1/day
	Permit Measurement	***	***		***	1.0 Avg Mo	3.3 IMAX		Grab	1/day
Fecal Coliform	Sample Measurement	***	***	***	***	47	***	CFU/100 ml	Grab	1/day
	Permit Measurement	***	***		***	200 Geo Mean	***		Grab	1/day
Carbonaceous Biochemical Oxygen Demand (CBOD5)	Sample Measurement	213	266	lbs/day	***	7	10.0	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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<b>ATTACHMENT DETAILS</b>			
<b>File Name</b>	<b>Attachment Type</b>	<b>Uploaded Time</b>	<b>Attachment Comment</b>
6thCSO.092016.xls	CSO Detailed Outfall Report Form	2016-10-28T11:09:24-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	23EA729C247C177A41B5621E2813A86A073ABC30784B8C02A9F92E2F469F4F44917B12538414E30E097105ADFC2A60C7AF265088F2415CCE747EBFBDAD7CA937		
9thCSO.092016.xls	CSO Detailed Outfall Report Form	2016-10-28T11:08:17-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	782404A3A52CC965455E10C178CEA37CF97C622BF62933BB570B7DBF4B064B6AE9F3554595DF624E3F2D5D9A328C71B46288DB7F648CBC6EA9941272553B2320		
7thCSO.092016.xls	CSO Detailed Outfall Report Form	2016-10-28T11:08:53-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	3195C16B6470F54F5F7F8DD37D0423FFC979ADA3509313AF8F67E674A9CD2F99EBB25031C03196C49FDC2F469303AC031F22FAF917018BC806FA505B532EB6BF		
4thCSO.092016.xls	CSO Detailed Outfall Report Form	2016-10-28T11:11:39-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	BEA6C2966F4C3D4AC869FE76CDC5D4FC96F96F35D5A80F94DA2C545D57076CD69ACDB4D7B7A284DEB3CEC065B28C3A4921CF43A1792CF2862DB4C318F153FB19A		
Bio-Solids.092016.xls	Sewage Sludge / Biosolids Production and Disposal Form	2016-10-28T11:13:20-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	8BE79F5CACBDA8589E4734B7B0001E1957184472F1E29F3DC2BAB63D40F2F7B60EEA2C7902349F5A180C044AC831EF580BF66BFA5E55C213A3788A845715B932		
5thCSO.092016.xls	CSO Detailed Outfall Report Form	2016-10-28T11:10:03-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	6FC77427EBA41C2F454B4FC03ABE4B53A45123F08B1198C4234628767FBE9AB88ED309EAC908C8A279238A7620992CC1F644677A051EE3B1D21AE8572DFD3F9A		
3rdCSO.092016.xls	CSO Detailed Outfall Report Form	2016-10-28T11:12:23-04:00	
<b>Cryptographic Hash Value of File (SHA-512)</b>	241EB95E822C510D1A131EFBEBF994A7537A1E93E58B70AD5DE21E3C021A31CCAC7F6B3D229881C28B0F1AF5E3E8A34DFCC6AD3637B5DCA27C6BEA9E072A186B		

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<b>PERMIT VIOLATIONS</b>											
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
36141	09/01/2016	09/30/2016	Total Residual Chlorine (TRC)	Instantaneous Maximum	3.7	3.3		001	Insufficient/overdose chemical feed	Increased chemical feed	

<b>UNAUTHORISED DISCHARGES</b>													
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	

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

<b>COMMENTS DETAILS</b>			
Comment	Operator Name	Operator Certification Number	Operator Contact Number
	Keith Anderson	197407	7243359813

<b>SUBMISSION INFORMATION</b>			
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<b>Submitted By GreenPort User</b>	<b>ANDERSONKEI</b>	<b>Submitted By Full Name</b>	<b>keith anderson</b>
<b>Email Address</b>	kanderson@msank.org	<b>Document Generated</b>	10/28/2016