3800-PM-BCW0083g DMR Appendix A pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR

PERMITTEE NA	ME/ADDRESS		DISC	HARG	E MONITO	RING	REPORT	(DMR)				APPENDIX A
NAME		_				_						
ADDRESS												
		-	PERM	1IT NUI	MBER		OUTFA	ALL NU	MBER	Reporting Frequency:	Semiannual	
FACILITY												
LOCATION					MONITO	RING F	PERIOD			Check here if No Dis	charge	
	•	YEAR	MO	DAY		YEAR	MO	DAY				
WATERSHED		FROM				то				NOTE: Read Instructions	s before complet	ing this form

PARAMETER		QUANT	TTY OR LOADI	NG	QU	ALITY OR CON	CENTRATIO	N	NO.	FREQUENCY OF	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	ANALYSIS	TYPE
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX		611			
рН	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	S.U.		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		ma/l			
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		ma/l			
Chemical Oxygen Demand	PERMIT REQUIREMENT	XXX	XXX	***	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX		/I			
Ammonia-Nitrogen	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		ma/l			
Total Arsenic	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		ma/l			
Total Cadmium	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX					
Total Cyanide	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		ma/l			
Total Lead	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L		1/6 months	Grab

3800-PM-BCW0083g DMR Appendix A pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

PERMITTEE NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX A

NAME ADDRESS	 								
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FACILITY									
LOCATION				MONITOR	RING P	ERIOD			Check here if No Discharge
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WATERSHED	FROM				то				NOTE: Read Instructions before completing this form

PARAMETER		QUANT	TITY OR LOADI	NG	QU	ALITY OR CON	CENTRATI	ON	NO.	FREQUE OF	NCY	SAM	/IPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	s ^{EX}	ANALY	SIS	TY	PE.
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX							
Total Mercury	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L	-	1/6 moi	nths	Gr	rab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX							
Total Selenium	PERMIT REQUIREMENT	XXX	XXX	***	XXX	XXX	Report Max	mg/L	-	1/6 moi	nths	Gr	rab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX							
Total Silver	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L	-	1/6 moi	nths	Gr	rab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX							
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	***	XXX	XXX	Report Max	mg/L	-	1/6 moi	nths	Gr	rab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX							
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L	-	1/6 moi	nths	Gr	rab
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EX	KECUTIVE OFFICER	direction or supervision in that qualified personnel of	aw that this document was p accordance with a system of ather and evaluate the info	designed to assure mation submitted.				TEL	EPHONE		D.	ATE	
		or those persons directly	ne person or persons who me responsible for gathering the to the best of my knowledge	ne information, the									
TYPED OR PR	RINTED	accurate and complete. If	I am aware that there are si rmation, including the poss g violations. See 18 Pa. C.S	ignificant penalties		OF PRINCIPAL EX OR AUTHORIZED A		AREA CODE	NUMBE	R YEA	AR I	МО	DAY

3800-PM-BCW0083g DMR Appendix B pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

PERMITTEE NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX B

NAME					, , , , , , , , , , , , , , , , , , , 							
ADDRESS			PERMI	T NUMBER	OI	JTFALL NUMBE	R Rei	oortina Fr	requency:	Sem	niannual	
FACILITY					- -				11.1			
LOCATION				MONITO	RING PERIC	DD		Check h	ere if No D	ischarge		
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WATERSHED		FROM			ТО		NO	TE: Read	d Instruction	ns before	completi	ng this form
PARAMETER		QUAN	ITITY OR LO	DADING	Ql	JALITY OR CON	ICENTRATIO	ON	NO.		QUENCY OF	SAMPLE
TAINAIVILTEN		VALUE	VALUI	UNITS	VALUE	VALUE	VALUE	UNIT	rs ^{EX}		ALYSIS	TYPE
	SAMPLE MEASUREMENT	XXX	XXX	xxx	XXX	XXX		,				
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX XXX XXX Report Max		Report Max	mg/	L	1/6 ו	months	Grab		
	SAMPLE MEASUREMENT	XXX	XXX		xxx	XXX						
Total Aluminum	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/	L	1/6 ו	months	Grab
	SAMPLE MEASUREMENT	XXX	xxx	VVV	xxx	XXX			,			
Total Zinc	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/	L	1/6 ו	months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	xxx	xxx	XXX		- ma/	,			
Total Copper	PERMIT REQUIREMENT	XXX	xxx	***	XXX	XXX	Report Max	mg/	L	1/6 ו	months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	xxx	XXX	XXX		ma/	,			
Total Iron	PERMIT REQUIREMENT	XXX	xxx	^^^	xxx	XXX	Report Max	mg/	_	1/6 ו	months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX			1			
Total Lead	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/	L	1/6 ו	months	Grab
NAME/TITLE PRINCIPAL E.	XECUTIVE OFFICER	direction or supervision that qualified personne Based on my inquiry of	n in accordance with a el gather and evaluate f the person or persor	ent was prepared under my system designed to assure the information submitted. as who manage the system thering the information, the			_	TEI	LEPHONE		D	ATE

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

AREA

CODE

NUMBER

YEAR

COMMENTS (Report all violations on the "Non-Compliance Reporting Form (3800-FM-BCW0440)")

to unsworn falsification).

TYPED OR PRINTED

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

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3800-PM-BCW0083g DMR Appendix B pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX B

PERMITTEE NAME/ADI	DRESS		DISCHA	RGE MONITO	ORING REPO	ORT (DMR)					APPE	NDIX B
NAME												
ADDRESS			PERMIT I	NUMBER	OL	JTFALL NUMBE	R Re	eporting Fr	eguency:	Semiannual		
FACILITY					<u> </u>			Sporting 11	oquonoy.	<u>Jonnamaan</u>		
LOCATION				MONITO	RING PERIO)D		Check he	ere if No Di	scharge		
· 			YEAR M	O DAY	YEA	AR MO DA						
WATERSHED		FROM			ТО		N	OTE: Read	Instruction	ns before comple	ting this	s form
PARAMETER		QUAN	ITITY OR LOA	DING	QL	JALITY OR CON	ICENTRAT	ION	NO.	FREQUENCY OF	SA	AMPLE
TAKAWETEK		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNIT	S EX	ANALYSIS	Т	ГҮРЕ
	SAMPLE MEASUREMENT	XXX	XXX	2007	XXX	XXX						
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/l		1/6 months	C	Grab
	SAMPLE MEASUREMENT	XXX	XXX	2004	XXX	XXX						
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX XXX		Report Max	mg/l	_	1/6 months	C	Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX						
Oil and Grease	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/l		1/6 months	C	Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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NAME/TITLE PRINCIPAL E	AME/TITLE PRINCIPAL EXECUTIVE OFFICER			was prepared under my tem designed to assure information submitted. tho manage the system ing the information, the				TEL	EPHONE		DATE	
TYPED OR P	PRINTED	accurate and complete. for submitting false inf	s, to the best of my know. I am aware that there a formation, including the ing violations. See 18 Pal.	are significant penalties possibility of fine and		E OF PRINCIPAL EX R OR AUTHORIZED		AREA CODE	NUMBE	ER YEAR	МО	DAY
COMMENTS (Report all vio	plations on the "Non-Con	npliance Reportir	ng Form (3800-i	FM-BCW0440)"	")							

3800-PM-BCW0083g DMR Appendix C pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX C

PERMITTEE NAME/ADD	RESS		DISCHAR	GE MONITO	ORING REPO	RT (DMR)				A	APPENDIX C
NAME		<u> </u>									
ADDRESS			PERMIT N	JMBER	OU	TFALL NUMBE	Rep	orting Frequ	ency:	Semiannual	
FACILITY				MONITO	RING PERIO			Check here i	f No Dis	scharge	
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WATERSHED		FROM			ТО		NO	E: Read Ins	truction	s before completir	ng this form
PARAMETER		QUAN	ITITY OR LOAD	ING	QU	ALITY OR CON	ICENTRATIC	N	NO.	FREQUENCY OF	SAMPLE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	ANALYSIS	TYPE
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX		0.11			
pH	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	S.U.		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX					
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	***	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		ma/l			
Chemical Ovygen	DEDMIT						Panort	mg/L			

	SAMPLE MEASUREMENT	XXX	XXX	VVV	xxx	XXX			<i>,</i>				
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg,		1/	6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX			/1				
Chemical Oxygen Demand	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg,		1/	6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX			<i>(</i> 1				
Ammonia-Nitrogen	PERMIT REQUIREMENT	XXX	XXX	XXX	xxx	XXX	Report Max	mg/		1/	6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX			/1				
Total Iron	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg,		1/	6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX			/1				
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg,	L	1/	6 months	(Grab
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	direction or supervision in	aw that this document was paccordance with a system	designed to assure				TE	LEPHO	NE		DATE	
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TYPED OR PR	RINTED	accurate and complete. for submitting false info	I am aware that there are s rmation, including the post g violations. See 18 Pa. C.	significant penalties sibility of fine and		OF PRINCIPAL EX OR AUTHORIZED		AREA CODE	NUN	ИBER	YEAR	МО	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form (3800-FM-BCW0440)")

to unsworn falsification).

3800-PM-BCW0083g DMR Appendix C pennsylvania DEPARTMENT OF ENVIRONMENTAL

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

PAG-03 DMR

PERMITTEE NAME/ADDI	RESS	N	DISCHARG		RING REPO	-)					NDIX C
NAME												
ADDRESS												
			PERMIT NU	JMBER	OU	ITFALL NUMBE	R Re	porting Fre	equency:	Semiannual		
FACILITY												
LOCATION				MONITOR	RING PERIO			Check he	ere if No Dis	charge		
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WATERSHED		FROM			то		NC	TE: Read	Instructions	s before complet	ting this	s form
PARAMETER		QUAN	ITITY OR LOADI	NG	QU	IALITY OR CON	CENTRATI	ON	NO.	FREQUENCY OF	SA	MPLE
FANAIVILILIX		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	s ^{EX}	ANALYSIS	Т	TYPE
	SAMPLE MEASUREMENT	XXX	XXX	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	XXX	XXX						
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L	-	1/6 months	C	Grab
·	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT				_							
REQUIREMENT SAMPLE MEASUREMENT												
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NAME/TITLE PRINCIPAL EX	KECUTIVE OFFICER	direction or supervision	of law that this document was p in accordance with a system of gather and evaluate the infor	designed to assure				TEL	EPHONE		DATE	
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TYPED OR PR	RINTED	for submitting false inf	. I am aware that there are si formation, including the possing violations. See 18 Pa. C.S.).	sibility of fine and		E OF PRINCIPAL EX R OR AUTHORIZED /		AREA CODE	NUMBE	R YEAR	МО	DAY
COMMENTS (Report all viola	ations on the "Non-Con	npliance Reportii	ng Form (3800-FM	-BCW0440)")								

3800-PM-BCW0083g DMR Appendix D pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PAG-03 DMR ADDENDIV D

PERMITTEE NAM	PERMITTEE NAME/ADDRESS		DISC	HARG	E MONITO	RING I	REPORT	(DMR)			APPENDIX D
NAME											
ADDRESS											
			PERM	IIT NUI	MBER		OUTFA	ALL NU	MBER	Reporting Frequency:	Semiannual
FACILITY											
LOCATION				MONITOR	RING P	ERIOD			Check here if No Discha	arge	
			YEAR	МО	DAY		YEAR	MO	DAY		
WATERSHED FROM						TO	1			NOTE: Read Instructions be	efore completing this form

DADAMETED		QUANT	TITY OR LOADI	NG	QU	ALITY OR CON	ICENTRATI	ON	NO.	FREQUENCY OF	SA	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	ANALYSIS		ΓΥΡΕ
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX		611				
pH	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	S.U.		1/6 months		Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX						
Chemical Oxygen Demand	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX						
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		ma/l				
Pentachlorophenol	PERMIT REQUIREMENT	XXX	XXX	***	XXX	XXX	Report Max	mg/L		1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX						
Total Arsenic	PERMIT REQUIREMENT	XXX	XXX	***	XXX	XXX	Report Max	mg/L		1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L				
Total Chromium	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	IIIg/L		1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	~~~	XXX	XXX						
Total Copper	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	(Grab
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	direction or supervision in	aw that this document was particular accordance with a system of the accordance with a system of the information and evaluate the information.	designed to assure				TELE	PHONE		DATE	
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TYPED OR PR	INTED	accurate and complete. for submitting false info	to the best of my knowledg I am aware that there are si rmation, including the poss g violations. See 18 Pa. C.S	ignificant penalties sibility of fine and		OF PRINCIPAL EX OR AUTHORIZED		AREA CODE	NUMBE	R YEAR	МО	DAY
COMMENTS (Report all viola	ations on the "Non-Con	npliance Reportin	g Form (3800-FM	-BCW0440)")								

3800-PM-BCW0083g DMR Appendix D pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR

NAME	ME/ADDF	RESS			DISC	HARG	E MONITO	DRING	REPORT	(DMR)				APPENDIX D
ADDRESS	ADDRESS													
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FACILITY				_										
LOCATION	·						MONITO	RING F	PERIOD			Check here if	No Dis	scharge
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WATERSHED				FROM				ТО				NOTE: Read Inst	ructions	s before completing this form
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DADAMETED		QUANT	TTY OR LOADI	NG	QU	ALITY OR CON	ICENTRATIO	ON	NO.	FREQUENC' OF	/ SA	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ANALYSIS	Т	TYPE
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX						
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months		Grab
<u> </u>	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX						
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months		Grab
	SAMPLE MEASUREMENT											
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NAME/TITLE PRINCIPAL E	EXECUTIVE OFFICER	direction or supervision in that qualified personnel g Based on my inquiry of th	aw that this document was p accordance with a system of ather and evaluate the info e person or persons who man responsible for gathering the to the best of my knowledge	designed to assure rmation submitted.				TELI	EPHONE		DATE	
TYPED OR P	RINTED	accurate and complete. I for submitting false infor	to the best of my knowledge am aware that there are s mation, including the poss violations. See 18 Pa. C.	ignificant penalties sibility of fine and		OF PRINCIPAL EX OR AUTHORIZED		AREA CODE	NUMBE	R YEAR	МО	DA



3800-PM-BCW0083g DMR Appendix E pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX E

PERMITTEE NAME/ADD	RESS		DISC	HARG	E MONITO	RING F	REPOR	Γ(DMR)						APPE	NDIX E
NAME ADDRESS		<u> </u>	PERM	MIT NU	IMBER		OUTI	FALL NUMBE	2	Reporting F	reque	ucv.	Semiannual		
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WATERSHED		FROM	YEAR	МО	DAY	то	YEAR	MO DA	Y				before comple	ing this	s form
PARAMETER			ITITY OR I					ITY OR CON	$\overline{}$			NO. EX	FREQUENCY OF	54	AMPLE TYPE
	SAMPLE	VALUE	VALU		UNITS	VAL		VALUE	VALUE	UNI	TS	ΕΛ	ANALYSIS	'	<u> </u>
	MEASUREMENT	XXX	XXX	X	xxx	XX	X	XXX		s.u	.				
рН	PERMIT REQUIREMENT	XXX	XXX	X	7000	XX	X	XXX	Repor Max	1 0.0	,. 		1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	X	VVV	XX	X	XXX			/1				
Chemical Oxygen Demand	PERMIT REQUIREMENT	XXX	XXX	X	XXX	XX	X	XXX	Repor Max	t mg.	/L		1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	X	VVV	XX	Х	XXX			/1				
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	X	XXX	XX	X	XXX	Repor Max	t mg.	[']		1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	X	XXX	XX	X	XXX			/1				
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	X	***	XX	X	XXX	Repor Max	t mg.	/L		1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	X	VVV	XX	X	XXX			/1				
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	X	XXX	XX	X	XXX	Repor Max	t mg.	['] [1/6 months	(Grab
NAME/TITLE PRINCIPAL EX	KECUTIVE OFFICER	I certify under penalty of direction or supervision that qualified personne	in accordance with	h a system o	designed to assure					TE	LEPH	ONE		DATE	
		Based on my inquiry of or those persons direct	the person or person the responsible for	sons who m gathering th	nanage the system ne information, the										
TYPED OR PR	RINTED	or those persons directly responsible for gathering the information submitted is, to the best of my knowledge accurate and complete. I am aware that there are signi			gnificant penalties sibility of fine and			OF PRINCIPAL EX R AUTHORIZED A		AREA CODE	N	UMBER	YEAR	МО	DAY
COMMENTS (Report all viola	ations on the "Non-Con	mpliance Reporti	ng Form (38	300-FM	-BCW0440)"))									

3800-PM-BCW0083g DMR Appendix F pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

PERMITTEE NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX F

NAME										
ADDRESS										
	'		PERM	1IT NUI	MBER		OUTF	ALL NU	MBER	Reporting Frequency: Semiannual
FACILITY										
LOCATION					MONITO	RING F	PERIOD			Check here if No Discharge
		•	YEAR	MO	DAY		YEAR	MO	DAY	
WATERSHED		FROM				TO				NOTE: Read Instructions before completing this form

DADAMETED		QUANT	TTY OR LOADI	NG	QU	ALITY OR CON	CENTRATIO	N	NO.	FREQUENCY OF	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	ANALYSIS	TYPE
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX		0.11			
рН	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	S.U.		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		ma/l			
Chemical Oxygen Demand	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX		ma/l			
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX		//			
Nitrate + Nitrite-Nitrogen	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		ma/l			
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX					
Total Lead	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX		//			
Total Zinc	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	xxx	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX					
Total Iron	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	Grab

3800-PM-BCW0083g DMR Appendix F pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX F

PERMITTEE NAME/ADDI	RESS		DISCHAF	RGE MONITO	RING REPO	RT (DMR)					APPE	NDIX F
NAME		_ 7	PERMIT N	IUMBER	OU	ITFALL NUMBE	R Re	eporting Fre	equency:	Semiannual		
FACILITY LOCATION			V515 114		RING PERIO			Check he				
WATERSHED		FROM	YEAR MO	D DAY	TO YEA	AR MO DA		OTE: Read	Instructions	s before complet	ing this	s form
		QUAN	ITITY OR LOAI	DING	QU	IALITY OR CON	CENTRATI	ION	NO.	FREQUENCY	SA	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		OF ANALYSIS		TYPE
	SAMPLE MEASUREMENT	XXX	XXX	2004	XXX	XXX		,,				
Total Aluminum	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L	-	1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	xxx	XXX		,,				
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L	-	1/6 months	(Grab
<u> </u>	SAMPLE MEASUREMENT	XXX	XXX	VVV	xxx	XXX		/1				
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L	-	1/6 months	(Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	direction or supervision that qualified personnel Based on my inquiry of or those persons direct	if law that this document wa in accordance with a systel gather and evaluate the i the person or persons what the responsible for gatherin	em designed to assure information submitted. o manage the system g the information, the				TEL	EPHONE	1	DATE	
TYPED OR PR	INTED	accurate and complete, for submitting false in	s, to the best of my knowl. I am aware that there ar formation, including the ping violations. See 18 Pa. I.	e significant penalties ossibility of fine and		E OF PRINCIPAL EX R OR AUTHORIZED /		AREA CODE	NUMBE	R YEAR	МО	DAY
COMMENTS (Report all viola	ations on the "Non-Con	mpliance Reporti	ng Form (3800-F	M-BCW0440)",)							

3800-PM-BCW0083g DMR Appendix G pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

PERMITTEE NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX G

NAME ADDRESS	 _								
		PERM	IIT NUI	MBER		OUTFA	LL NU	MBER	Reporting Frequency: Semiannual
FACILITY									
LOCATION				MONITO	RING F	ERIOD			Check here if No Discharge
		YEAR	MO	DAY		YEAR	MO	DAY	
WATERSHED	FROM				то				NOTE: Read Instructions before completing this form

PARAMETER		QUANT	TITY OR LOADI	NG	QU	ALITY OR CON	CENTRATI	ON	NO.	FRE	QUENCY OF	SA	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNIT	S EX	1A	VALYSIS	T	TYPE
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX		0.11					
pH	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	S.U.	-	1/6	months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX							
5-Day Biochemical Oxygen Demand	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/l		1/6	6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX							
Chemical Oxygen Demand	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/l	_	1/6	6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		- ma/l					
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/l	<u> </u>	1/6	months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX							
Ammonia-Nitrogen	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max	mg/l	_	1/6	6 months		Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX							
Total Dissolved Solids	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/l	_	1/6	6 months	(Grab
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	direction or supervision in	aw that this document was particular accordance with a system of ather and evaluate the info	designed to assure				TEL	EPHONE			DATE	
		or those persons directly	ne person or persons who me responsible for gathering the	ne information, the									
TYPED OR PR	INTED	accurate and complete. for submitting false info	to the best of my knowledg I am aware that there are si mation, including the poss g violations. See 18 Pa. C.9	ignificant penalties sibility of fine and		OF PRINCIPAL EX OR AUTHORIZED		AREA CODE	NUMBE	ĒR	YEAR	МО	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form (3800-FM-BCW0440)")

3800-PM-BCW0083g DMR Appendix G pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX G

PERMITTEE NAME/ADDI	RESS		DISCHARG	SE MONITO	RING REPO	RT (DMR)					APPE	NDIX G
NAME					1							
ADDRESS			PERMIT NU	JMBER	OU	TFALL NUMBER	Re	eporting Fre	equency:	Semiannual		
FACILITY												
LOCATION			VEAD LAG		RING PERIO			Check he	re if No Dis	charge		
WATERSHED		FROM	YEAR MO	DAY	TO YEA	AR MO DA	_	OTE: Read	Instruction	s before comple	ting this	s form
DADAMETED		QUAN'	ITITY OR LOADI	ING	QU.	ALITY OR CON	CENTRATI	ON	NO.	FREQUENCY	/ SA	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		OF ANALYSIS		ГҮРЕ
	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX						
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L	-	1/6 months		Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/L				
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L		1/6 months	(Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT			<u> </u>								
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EX	CECUTIVE OFFICER	direction or supervision i that qualified personnel	If law that this document was print in accordance with a system of gather and evaluate the information.	designed to assure ormation submitted.				TEL	EPHONE		DATE	
		or those persons directly information submitted is	the person or persons who makes the person or persons who makes to the person or persons who makes to the person or persons who makes to the person or persons who makes the person or person or persons who makes the person or p	the information, the ge and belief, true,								
TYPED OR PR	INTED	for submitting false info	. I am aware that there are siformation, including the possing violations. See 18 Pa. C.S.	sibility of fine and		E OF PRINCIPAL EXE OR AUTHORIZED A		AREA CODE	NUMBE	R YEAR	МО	DAY
COMMENTS (Report all viola	ations on the "Non-Con	npliance Reportin	ng Form (3800-FM	I-BCW0440)"))							

3800-PM-BCW0083g DMR Appendix H pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

PERMITTEE NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX H

NAME ADDRESS									
		PERM	IIT NUI	MBER		OUTFA	ALL NU	MBER	Reporting Frequency: Semiannual
FACILITY									
LOCATION				MONITOR	RING P	ERIOD			Check here if No Discharge
		YEAR	МО	DAY		YEAR	MO	DAY	
WATERSHED	FROM				ТО				NOTE: Read Instructions before completing this form

DADAMETED		QUANT	TITY OR LOADI	NG	QU.	ALITY OR CON	ICENTRATI	ON	NO.	FRI	EQUENC'	SA	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNIT	s ^{EX}	Α	NALYSIS	7	TYPE
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX							
pH	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	S.U.		1/6	6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		m a/l					
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	***	XXX	XXX	Report Max	mg/L	-	1/0	6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		m a/l					
Oil and Grease	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L	-	1/0	6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		- ma/l					
Total Iron	PERMIT REQUIREMENT	XXX	XXX	***	XXX	XXX	Report Max	mg/L	-	1/0	6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX							
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L	-	1/0	6 months	(Grab
Total Phosphorus	SAMPLE MEASUREMENT	xxx	xxx	XXX	XXX	XXX		mg/L	-				
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6	6 months	(Grab
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	direction or supervision in that qualified personnel g Based on my inquiry of th or those persons directly	aw that this document was p accordance with a system of pather and evaluate the info ne person or persons who m responsible for gathering the	designed to assure rmation submitted. nanage the system ne information, the				TEL	EPHONE			DATE	
TYPED OR PR	INTED	accurate and complete. for submitting false info	to the best of my knowledge I am aware that there are s rmation, including the poss g violations. See 18 Pa. C.	ignificant penalties sibility of fine and		OF PRINCIPAL EX		AREA CODE	NUMB	ER	YEAR	МО	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form (3800-FM-BCW0440)")

3800-PM-BCW0083g DMR Appendix I pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

PERMITTEE NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX I

NAME	 				1				
ADDRESS									
		PERM	IIT NUI	MBER		OUTFA	LL NU	MBER	Reporting Frequency: Semiannual
FACILITY									
LOCATION				MONITOR	RING P	ERIOD			Check here if No Discharge
		YEAR	MO	DAY	ļ	YEAR (MO	DAY	
WATERSHED	FROM				ТО				NOTE: Read Instructions before completing this form

PARAMETER		QUANT	TITY OR LOADI	NG	QU	ALITY OR CON	CENTRATI	ON	NO.	FRE	QUENCY OF	SA	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNIT	S EX	1A	VALYSIS	T	ГҮРЕ
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX		0.11					
pН	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	S.U.	-	1/6	months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX							
5-Day Biochemical Oxygen Demand	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/l	_	1/6	6 months		Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX							
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/l		1/6	months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		- ma/l					
Chemical Oxygen Demand	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/l	_	1/6	6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX							
Nitrate + Nitrite-Nitrogen	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max	mg/l	_	1/6	6 months		Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		- ma/l					
Oil and Grease	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/l	_	1/6	6 months	(Grab
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	direction or supervision in	aw that this document was paccordance with a system of ather and evaluate the info	designed to assure				TEL	EPHONE			DATE	ı
		Based on my inquiry of the or those persons directly	ne person or persons who me responsible for gathering the	nanage the system ne information, the									
TYPED OR PR	INTED	accurate and complete. for submitting false info	to the best of my knowledg I am aware that there are si mation, including the poss g violations. See 18 Pa. C.9	ignificant penalties sibility of fine and		OF PRINCIPAL EX OR AUTHORIZED		AREA CODE	NUMBE	ĒR	YEAR	МО	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form (3800-FM-BCW0440)")

3800-PM-BCW0083g DMR Appendix I pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX I

PERMITTEE NAME/ADD	RESS		DISCHA	ARGE MONITO	ORING REPO	RT (DMR)						APPE	ENDIX I
NAME		<u> </u>						,					
			PERMIT	NUMBER	OL	JTFALL NUMBE	R Re	porting Fr	equency	: <u>S</u>	emiannual		
FACILITY						*							
LOCATION			\/EAD A		RING PERIO			Check h	ere if No	Discha	rge		
WATERSHED		FROM	YEAR N	MO DAY	TO YEA	AR MO DA	_	OTE: Read	Instruct	ions bef	ore comple	ting this	s form
		QUAN	NTITY OR LO	ADING	QL	JALITY OR CON	CENTRATI	ON	N	O. FF	REQUENCY	SA	MPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNIT		v	OF ANALYSIS		YPE
	SAMPLE MEASUREMENT	XXX	XXX	xxx	XXX	XXX		ma/					
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	***	XXX	XXX	Report Max	mg/	L	1.	/6 months	C	Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		mg/					
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	***	XXX	XXX	Report Max	mg/	L	1.	/6 months	G	Grab
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT								L			╙	
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT	A											
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT								L				
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EX	XECUTIVE OFFICER	direction or supervision that qualified personne	n in accordance with a sy el gather and evaluate th	t was prepared under my stem designed to assure he information submitted. who manage the system				TEI	EPHON	IE	<u> </u>	DATE I	
		or those persons direct information submitted	tly responsible for gather is, to the best of my kno	ering the information, the owledge and belief, true,									<u> </u>
TYPED OR PR	RINTED	for submitting false in	nformation, including the ving violations. See 18 F	e are significant penalties e possibility of fine and Pa. C.S. § 4904 (relating		E OF PRINCIPAL EX R OR AUTHORIZED		AREA CODE	NUM	BER	YEAR	МО	DAY
COMMENTS (Report all viola	ations on the "Non-Con	npliance Reporti	ing Form (3800	-FM-BCW0440)")								

3800-PM-BCW0083g DMR Appendix J pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

PERMITTEE NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX J

NAME		_ T	PERM	/IT NU	IMBER		0	UTFALL NUM	IBER	Reporting	Freque	nev:	Semiannu	al	
FACILITY LOCATION					MONIT	ORING	PERI	OD		Check	•			ai	
WATERSHED		FROM	YEAR	MO	DAY	то	YEAF	R MO	DAY	NOTE: Re	ad Instr	ructions be	efore com	pleting t	his form
PARAMETER		QUAN [*] VALUE	TITY OR VALI		NG UNITS	VAL	-	LITY OR CON VALUE	VALUE	ON	NO. EX	FREQU OF AN			MPLE YPE
	SAMPLE MEASUREMENT	XXX	XX	X		XX	ίX	XXX							
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XX	X	XXX	XX	ίX	XXX	Report Max	mg/L		1/6 m	onths	G	irab
	SAMPLE MEASUREMENT	XXX	XX	X	XXX	XX	ίX	XXX		m a/l					
Oil and Grease	PERMIT REQUIREMENT	XXX	XX	X	***	XX	ίX	XXX	Report Max	mg/L		1/6 m	onths	G	irab
	SAMPLE MEASUREMENT	XXX	XX	X	XXX	XX	XΧ	XXX		ma/l					
Total Nitrogen	PERMIT REQUIREMENT	XXX	XX	X	***	XX	XΧ	XXX	Report Max	mg/L		1/6 m	onths	G	irab
	SAMPLE MEASUREMENT	XXX	XX	X	XXX	XX	ίX	XXX		mg/L					
Total Phosphorus	PERMIT REQUIREMENT	XXX	XX	X	***	XX	ίX	XXX	Report Max	IIIg/L		1/6 m	onths	G	irab
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
NAME/TITLE PRINCIPA OFFICER		I certify under penalty of my direction or supervision assure that qualified penalty submitted. Based on my	sion in accordant ersonnel gather a rinquiry of the pe	ce with a sy and evaluate erson or pers	stem designed to e the information sons who manage					TEL	EPHON	IE		DATE	
		the system or those p information, the informa and belief, true, accura significant penalties fo	tion submitted is ite and complete	to the best a. I am awa	of my knowledge are that there are	SIG	NATURE	OF PRINCIPAL	EXECUTIVE						
TYPED OR PR		possibility of fine and im C.S. § 4904 (relating to	prisonment for kr unsworn falsifica	nowing viola ition).	tions. See 18 Pa.	О		OR AUTHORIZE		AREA CODE	NUI	MBER	YEAR	MO	DAY
COMMENTS (Report all vio	lations on the "Non-Co	ompliance Repor	ting Form	(3800-F	FM-BCW044	0)")									

3800-PM-BCW0083g DMR Appendix K pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

PERMITTEE NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX K

NAME	 				•				
ADDRESS									
		PERM	IIT NUI	MBER]	OUTF	ALL NU	MBER	Reporting Frequency: Semiannual
FACILITY									
LOCATION				MONITOR	RING F	PERIOD			Check here if No Discharge
		YEAR	МО	DAY		YEAR	МО	DAY	
WATERSHED	FROM				ТО				NOTE: Read Instructions before completing this form

DADAMETED		QUANT	ITY OR LOADI	NG	QU	ALITY OR CON	CENTRATI	ON	NO.	FRI	EQUENC) OF	SA	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNIT	'S EX	Α	NALYSIS	1	ΓΥΡΕ
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX		0.11					
pH	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	S.U.		1/0	6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX							
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	***	XXX	XXX	Report Max	mg/l	-	1/0	6 months		Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX							
Total Dissolved Solids	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/l	_	1/0	6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		- ma/l					
Chloride	PERMIT REQUIREMENT	XXX	XXX	***	XXX	XXX	Report Max	mg/l	_	1/0	6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX							
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/l	-	1/0	6 months		Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		- ma/l					
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/l	_	1/0	6 months	(Grab
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	direction or supervision in	aw that this document was p accordance with a system of ather and evaluate the info	designed to assure				TEL	EPHONE			DATE	
		Based on my inquiry of the or those persons directly	ne person or persons who me responsible for gathering the	nanage the system ne information, the									
TYPED OR PR	INTED	accurate and complete. for submitting false info	to the best of my knowledg am aware that there are si mation, including the poss g violations. See 18 Pa. C.9	gnificant penalties sibility of fine and		OF PRINCIPAL EX OR AUTHORIZED A		AREA CODE	NUMBI	ER	YEAR	МО	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form (3800-FM-BCW0440)")

3800-PM-BCW0083g DMR Appendix L pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX I

PERMITTEE NAME/ADD	RESS		DISC	HARC	SE MONITO	RING I	REPOR	T (DMR)							APPI	ENDIX L
NAME																
			PERI	/IT NL	JMBER		OUT	FALL NUMBE	ER	Re	porting Fr	eque	ency:	Semiannua	l	
FACILITY																
LOCATION			YEAR	МО	MONITOR	RING P	ERIOD YEAR		AY		Check he	ere if	No Dis	charge		
WATERSHED		FROM	ILAN	IVIO	DAT	то	TEAR	NO D	AT	NC	TE: Read	l Inst	tructions	before comple	ting th	is form
PARAMETER		QUAN	TITY OR	LOADI	ING		QUA	LITY OR CO	NCEN	TRATI	ON		NO.	FREQUENCY OF	0	AMPLE
PARAMETER		VALUE	VALI	JE	UNITS	VAL	.UE	VALUE	V	ALUE	UNIT	S	EX	ANALYSIS		TYPE
	SAMPLE MEASUREMENT	XXX	XX	X	V004	XX	ίX	XXX								
Total Nitrogen	PERMIT REQUIREMENT	XXX	XX	X	XXX	XX	ίX	XXX		eport Max	mg/	L		1/6 months		Grab
	SAMPLE MEASUREMENT	XXX	XX	X	VVV	XX	άX	XXX								
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XX	X	XXX	XX	ίX	XXX		eport Max	mg/	L		1/6 months		Grab
	SAMPLE MEASUREMENT	XXX	XX	X	XXX	XX	αx	XXX								
Oil and Grease	PERMIT REQUIREMENT	XXX	XX	X	^^^	XX	ίX	XXX		eport Max	mg/	L		1/6 months		Grab
	SAMPLE MEASUREMENT	XXX	XX	X	XXX	XX	ίX	XXX								
Total Phosphorus	PERMIT REQUIREMENT	XXX	XX	X	***	XX	ίX	XXX		eport Max	mg/	L		1/6 months		Grab
	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT															
	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT															
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	I certify under penalty of direction or supervision that qualified personnel	in accordance wit	h a system	designed to assure				•		TEL	EPH	HONE		DATE	
		Based on my inquiry of or those persons directl information submitted is	the person or per ly responsible for	sons who n gathering t	manage the system he information, the											
TYPED OR PR	RINTED	accurate and complete. for submitting false infimprisonment for knowing to unsworn falsification).	I am aware that ormation, includir no violations. See	there are s	significant penalties sibility of fine and			OF PRINCIPAL E DR AUTHORIZED			AREA CODE	N	IUMBEF	R YEAR	МО	DAY
COMMENTS (Report all viola	ations on the "Non-Con	npliance Reportir	ng Form (38	300-FM												

3800-PM-BCW0083g DMR Appendix M pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

PERMITTEE NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX M

NAME		_ 7	PERM	1IT NU	IMBER		0	UTFALL NUM	1BER	Reporting	Freque	ncy:	Semiannu	al	
FACILITY						! <u>L</u>				reporting	ricque	110y. <u>c</u>	Jermanne.	ıuı .	
LOCATION					MONIT	ORING F	PERI	OD		☐ Check	here if	No Disch	arge		
WATERSHED		 FROM	YEAR	МО	DAY	то	YEAF	R MO	DAY	NOTE: Re	ad Instr	ructions b	efore com	pleting t	this form
			TITY OR		NC		\cap	LITY OR COI	NCENTRA	TION		l			
PARAMETER		VALUE	VALI		UNITS	VALUI		VALUE	VALUE		NO. EX		JENCY ALYSIS		MPLE YPE
	SAMPLE MEASUREMENT	XXX	XXX			XXX		XXX	.,	00					
рН	PERMIT REQUIREMENT	XXX	XX	X	XXX	XXX		XXX	Report Max	S.U.		1/6 m	onths	G	Grab
	SAMPLE MEASUREMENT	XXX	XX	X		XXX		XXX	· · · · · · ·						
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XX	X	XXX	XXX		XXX	Report Max	mg/L		1/6 m	onths	G	erab
	SAMPLE MEASUREMENT	XXX	XX	X	VVV	XXX		XXX							
Oil and Grease	PERMIT REQUIREMENT	XXX	XX	X	XXX	XXX		XXX	Report Max	mg/L		1/6 m	onths	G	3rab
	SAMPLE MEASUREMENT	XXX	XX	X	XXX	XXX		XXX							
Total Nitrogen	PERMIT REQUIREMENT	XXX	XX	X	***	XXX		XXX	Report Max	mg/L		1/6 m	onths	G	Grab
	SAMPLE MEASUREMENT	XXX	XX	X	XXX	XXX		XXX							
Total Phosphorus	PERMIT REQUIREMENT	XXX	XX	X	^^^	XXX		XXX	Report Max	mg/L		1/6 m	onths	G	Grab
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
NAME/TITLE PRINCIPA OFFICEI		I certify under penalty my direction or supervi assure that qualified p	ision in accordance ersonnel gather a	e with a sy and evaluat	stem designed to e the information					TEL	EPHON	NE		DATE	
		submitted. Based on m the system or those p information, the information, the information and belief, true, accur-	persons directly reation submitted is,	esponsible to the best	for gathering the of my knowledge										
TYPED OR PF	RINTED	and belief, true, accur- significant penalties for possibility of fine and in C.S. § 4904 (relating to	or submitting fals apprisonment for kr	e information	on, including the			OF PRINCIPAL OR AUTHORIZE		AREA CODE	NUI	MBER	YEAR	МО	DAY
COMMENTS (Report all vio	lations on the "Non-Co	ompliance Repo	rting Form	(3800-F	FM-BCW0440	0)")									

3800-PM-BCW0083q DMR Appendix N pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PAG-03 DMR

PERMITTEE NAME/AD	DRESS		DIS	SCHAF	RGE MONI	TORIN	IG REP	ORT (DMR)					APPENDIX N
NAME						1							
ADDRESS													
			PERM	IIT NU	IMBER		0	UTFALL NUM	1BER	Reporting	Freque	ncy: <u>Semiannu</u>	al
FACILITY													
LOCATION			VEAD	L 140	MONIT	ORING			I DAY	L Check	here if	No Discharge	
WATERSHED		FROM	YEAR	MO	DAY	то	YEAF	R MO	DAY	NOTE: Re	ad Inst	ructions before comp	pleting this form
DADAMETED		QUAN	TITY OR	LOADI	NG		QUA	LITY OR CO	NCENTRAT	ION	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALI	JE	UNITS	VAL	LUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
	SAMPLE MEASUREMENT	XXX	XX	X	XXX	XX	ΚX	XXX		S.U.			
pH	PERMIT REQUIREMENT	XXX	XX	X	***	XX	×Χ	XXX	Report Max	3.0.		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XX	X	VVV	XX	ΚX	XXX					
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XX	X	XXX	XX	ΚX	XXX	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XX	X	XXX	XX	ΚX	XXX					
Total Aluminum	PERMIT REQUIREMENT	XXX	XX	X	***	XX	ΧX	XXX	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XX	X	VVV	XX	ΚX	XXX					
Total Iron	PERMIT REQUIREMENT	XXX	XX	X	XXX	XX	ΧX	XXX	Report Max	mg/L		1/6 months	Grab
	SAMPLE MEASUREMENT	XXX	XX	x	VVV	XX	ΚX	XXX					
	D=D+#=				XXX				D	─ ma/L			

XXX

XXX

XXX

XXX

XXX

XXX

XXX

NAME/TITLE PRINCIPAL EXECUTIVE **OFFICER**

TYPED OR PRINTED

Total Nitrogen

Total Phosphorus

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).

XXX

XXX

XXX

Max **TELEPHONE** DATE SIGNATURE OF PRINCIPAL EXECUTIVE **AREA** NUMBER YEAR MO DAY OFFICER OR AUTHORIZED AGENT CODE

mg/L

mg/L

1/6 months

1/6 months

Grab

Grab

Report

Max

Report

COMMENTS (Report all violations on the "Non-Compliance Reporting Form (3800-FM-BCW0440)")

XXX

XXX

XXX

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

3800-PM-BCW0083g DMR Appendix O pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

PERMITTEE NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX O

NAME					1							
ADDICEOU			PERMIT N	UMBER	OU	TFALL NUMBE	R Re	eporting Freq	quency:	Semiannual		
FACILITY LOCATION		 [MONITO	RING PERIO	D		Check here	e if No Dis	charge		
			YEAR MO	DAY	YEA	AR MO DA						
WATERSHED		FROM			ТО		N	OTE: Read Ir	nstructions	s before complet	ing this	s form
PARAMETER		QUAN	TITY OR LOAD	ING	QU	IALITY OR CON	CENTRAT	ION	NO.	FREQUENCY OF		AMPLE
TATOWNETER	2.1.1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	ANALYSIS	T	ГҮРЕ
	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX						
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX						
Oil and Grease	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months		Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		ma/l				
Total Aluminum	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L		1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		- ma/l				
Total Iron	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L		1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		ma/l				
Total Lead	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max	mg/L		1/6 months	(Grab
NAME/TITLE PRINCIPAL E	XECUTIVE OFFICER	direction or supervision	f law that this document was in accordance with a system gather and evaluate the inf	designed to assure				TELE	PHONE]	DATE	
		Based on my inquiry of or those persons direct	the person or persons who ly responsible for gathering s, to the best of my knowled	manage the system the information, the								1
TYPED OR PE	RINTED	accurate and complete. for submitting false inf	I am aware that there are formation, including the pong violations. See 18 Pa. C	significant penalties ssibility of fine and		E OF PRINCIPAL EX R OR AUTHORIZED /		AREA CODE	NUMBE	R YEAR	МО	DAY
COMMENTS (Report all viol	ations on the "Non-Cor			Л-BCW0440)",)			•		_		

3800-PM-BCW0083g DMR Appendix O pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

PERMITTEE NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX O

NAME												
			PERMIT NU	IMBER	OU	FALL NUMBER	Re	porting Fr	equency:	Semiannual		
FACILITY												
LOCATION			V=15 110		RING PERIOD			Check h	ere if No D	ischarge		
WATERSHED		FROM	YEAR MO	DAY	TO YEAR	R MO DA	_	OTE: Read	d Instruction	ns before comple	ing this	s form
PARAMETER		QUANT	TITY OR LOADI	NG	QUA	ALITY OR CON	CENTRATI	ON	NO.	FREQUENCY OF	SA	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNIT	S EX	ANALYSIS	Т	ГҮРЕ
	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX						
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/	L	1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX		xxx	XXX						
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/	L	1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX		xxx	XXX						
Chemical Oxygen Demand (COD)	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/	L	1/6 months	(Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL E	EXECUTIVE OFFICER	direction or supervision in	law that this document was postern accordance with a system of gather and evaluate the information	designed to assure				TEI	EPHONE		DATE	
		Based on my inquiry of the or those persons directly	he person or persons who may responsible for gathering the to the best of my knowledge	nanage the system ne information, the								
TYPED OR F	PRINTED	accurate and complete. for submitting false info	I am aware that there are si rmation, including the poss g violations. See 18 Pa. C.S	gnificant penalties		OF PRINCIPAL EXI OR AUTHORIZED A		AREA CODE	NUMBI	ER YEAR	МО	DAY
COMMENTS (Report all vio	plations on the "Non-Con	npliance Reportin	g Form (3800-FM	-BCW0440)")				•		-		

3800-PM-BCW0083g DMR Appendix P pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX P

PERMITTEE NAME/ADD	RESS		DISCHAR	GE MONITO	RING REPOR	RT (DMR)						APPE	ENDIX P
NAME					,								
ADDRESS													
			PERMIT NU	JMBER	OU	TFALL NUMBE	R Re	porting Fi	reque	ncy:	Semiannua	I	
FACILITY													
LOCATION				MONITOR	RING PERIOD)		Check h	ere if	No Discha	arge		
			YEAR MO	DAY	YEAI	R MO DA							
WATERSHED		FROM			ТО		NO	OTE: Read	d Instr	ructions be	efore comple	eting th	is form
PARAMETER		QUAN	ITITY OR LOAD	ING	QUA	ALITY OR CON	CENTRATI	ON		NO. F	REQUENC' OF	Y S	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNI	TS	EX	ANALYSIS		TYPE
	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX			_				
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/	/L	,	I/6 months		Grab
•	SAMPLE MEASUREMENT	XXX	XXX	VVV	xxx	XXX			/1				
Oil and Grease	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/	/L	,	I/6 months		Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX			/1				
Chemical Oxygen Demand	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/	^{/L}	,	I/6 months		Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	xxx	XXX			/1				
Total Copper	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/	^{/L}	,	I/6 months		Grab
	SAMPLE MEASUREMENT	XXX	XXX	V///	XXX	XXX			/1				
Total Lead	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/	/L	•	I/6 months		Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		ma	/1				
Total Zinc	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/	/L	·	I/6 months		Grab
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	direction or supervision	of law that this document was in accordance with a system I gather and evaluate the info	designed to assure				TE	LEPH	ONE		DATE	
		Based on my inquiry of or those persons direct	I gather and evaluate the info the person or persons who in the responsible for gathering s, to the best of my knowled	manage the system the information, the									
TYPED OR PR	RINTED	accurate and complete for submitting false in	. I am aware that there are a formation, including the posing violations. See 18 Pa. C	significant penalties ssibility of fine and		OF PRINCIPAL EX		AREA CODE	N	UMBER	YEAR	МО	DAY

3800-PM-BCW0083g DMR Appendix P pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX P

PERMITTEE NAME/ADD	RESS		DISCH	IARGE MONITO	ORING RE	PORT (DMR)					APPEN	IDIX P
NAME] [
			PERMI [*]	T NUMBER		OUTFALL NUMBE	R R	eporting Fr	equency:	Semiannua		
FACILITY												
LOCATION			VEAD		RING PER			☐ Check he	ere if No Dis	charge		
WATERSHED		FROM	YEAR	MO DAY	то	YEAR MO DA		OTE: Read	Instruction:	s before comple	ting this	form
PARAMETER		QUAN	ITITY OR LO	DADING		QUALITY OR CON	CENTRAT	ION	NO.	FREQUENCY OF	SAI	MPLE
TANAMETER		VALUE	VALUE	UNITS	VALUI	E VALUE	VALUE	UNIT	S EX	ANALYSIS	T	YPE
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX						
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/	L	1/6 months	G	ab
	SAMPLE MEASUREMENT	XXX	XXX	V/V/V	XXX	XXX						
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/	L	1/6 months	G	irab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EX	KECUTIVE OFFICER	direction or supervision that qualified personne Based on my inquiry of or those persons direc	n in accordance with a el gather and evaluate f the person or person tly responsible for gat	ent was prepared under my system designed to assure the information submitted. as who manage the system thering the information, the knowledge and belief, true,		•		TEL	EPHONE		DATE	
TYPED OR PR	RINTED	accurate and complete for submitting false in	e. I am aware that the formation, including thing violations. See 18	rere are significant penalties the possibility of fine and 8 Pa. C.S. § 4904 (relating		TURE OF PRINCIPAL EXICER OR AUTHORIZED		AREA CODE	NUMBE	R YEAR	МО	DAY
COMMENTS (Report all viola	ations on the "Non-Con	npliance Reporti	ing Form (380	0-FM-BCW0440)",	')							

3800-PM-BCW0083g DMR Appendix Q pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX Q

PERMITTEE NAME/ADI	DRESS		DISCHAR	GE MONITO	RING REPO	RT (DMR)					APPE	NDIX Q
NAME ADDRESS												
			PERMIT NU	JMBER	OU	TFALL NUMBE	R Re	porting Fr	equency:	Semiannua	<u> </u>	
FACILITY						*	7/2					
LOCATION			\(\frac{1}{2}\)		RING PERIO			Check he	ere if No Di	scharge		
WATERSHED		FROM	YEAR MO	DAY	то УЕА	R MO DA		OTE: Read	Instruction	ns before comple	eting thi	s form
DADAMETED		QUAN	ITITY OR LOAD	ING	QU	ALITY OR CON	ICENTRATI	ON	NO.	FREQUENCY	r sa	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNIT	S EX	OF ANALYSIS	٦	TYPE
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX		S.U				
pH	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	3.0	-	1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX						
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/l	L	1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX						
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/l	L	1/6 months	(Grab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	XXX	xxx	XXX		mg/l	L			
	PERMIT REQUIREMENT	XXX	XXX		XXX	XXX	Report Max			1/6 months	(Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL E	EXECUTIVE OFFICER	direction or supervision that qualified personne Based on my inquiry of or those persons direct information submitted i	of law that this document was in accordance with a system I gather and evaluate the info f the person or persons who in tity responsible for gathering to is, to the best of my knowled	designed to assure ormation submitted. manage the system the information, the dge and belief, true,				TEL	EPHONE		DATE	
TYPED OR P	RINTED	for submitting false in	e. I am aware that there are suformation, including the posing violations. See 18 Pa. C	ssibility of fine and		OF PRINCIPAL EX OR AUTHORIZED		AREA CODE	NUMBE	ER YEAR	МО	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form (3800-FM-BCW0440)")

3800-PM-BCW0083g DMR Appendix R pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX R

PERMITTEE NAME/ADDRESS			DISCHARGE MONITORING REPORT (DMR)											Α	PPEN	IDIX R
NAME]										
			PERM	/IIT NU	JMBER] [OU	TFALL NUMBE	R	Reportin	g Frequ	ency:	Semianr	nual		
FACILITY					MONITO			`				KNI- Di-	- la - u - u -			
LOCATION			YEAR MO DAY			RING PERIOD YEAR MO DAY				Cne	ck nere	if No Dis	cnarge			
WATERSHED		FROM				то		THE BITT		NOTE: F	Read Ins	structions	s before con	npletin	g this	form
PARAMETER		QUAN	NTITY OR I	LOADI	NG		QUA	ALITY OR CON	CENT	RATION		NO.	FREQUEI OF	NCY		MPLE
TANAMETER		VALUE	VALU	JE	UNITS	VAL	UE	VALUE	VAL	UE L	JNITS	EX	ANALYS	SIS	TY	/PE
	SAMPLE MEASUREMENT	XXX	XXX	X	VVV	XX	X	XXX			C 1.1					
рН	PERMIT REQUIREMENT	XXX	XXX	X	XXX	XX	X	XXX	Rep Ma	OIL	S.U.		1/6 mon	ths	G	rab
	SAMPLE MEASUREMENT	XXX	XXX	X	XXX	XX	X	XXX			mg/L					
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	X	***	XX	ΧX	XXX	Rep Ma	OIL	ilig/L		1/6 mon	ths	G	rab
	SAMPLE MEASUREMENT	XXX	XXX	X	XXX	XX	X	XXX			mg/L					
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	X	^^^	XX	ΧX	XXX	Rep Ma	OIL	ilig/L		1/6 mon	ths	G	rab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX	X	XXX	XX	X	XXX			mg/L					
	PERMIT REQUIREMENT	XXX	XXX	X		XX	X	XXX	Rep Ma				1/6 mon	ths	G	rab
	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT															
	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT															
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I direction or super		I certify under penalty direction or supervision that qualified personne	n in accordance with	h a system d	designed to assure						TELEP	HONE		DA	TE,	
		Based on my inquiry of or those persons direct	of the person or person or person of the per	sons who m gathering th	nanage the system ne information, the											
TYPED OR PRINTED accurate and corr for submitting fa imprisonment for		accurate and complete for submitting false in	d is, to the best of my knowledge and belief, true, ste. I am aware that there are significant penalties information, including the possibility of fine and owing violations. See 18 Pa. C.S. § 4904 (relating nn).			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				ARE		NUMBER		R N	ЛО	DAY
COMMENTS (Report all viola	ations on the "Non-Con	npliance Report	ing Form (38	300-FM-	-BCW0440)"))										

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PERMITTEE NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX S

NAME ADDRESS		_	PERMIT NUMBER OUTFALL NUMBER					Reporting Frequency: Semiannual					
FACILITY						-							
LOCATION					MONITO	RING F	ERIOD			Check here it	f No Dis	charge	
			YEAR	MO	DAY		YEAR	MO	DAY				
WATERSHED		FROM				ТО				NOTE: Read Ins	tructions	s before completing	g this form
DADAMETE	-D	QUA			NTITY OR LOADING QUALITY OR CONCEN						NO.	FREQUENCY	SAMPLE

PARAMETER		QUANT	TTY OR LOADI	QU	ALITY OR CON	110		FREQU		SA	AMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	s ^{EX}	ANAL		Т	ΓΥΡΕ
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX		0.11					
pН	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	S.U.		1/6 m	onths	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX		/1					
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L	-	1/6 m	onths	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX							
Total Zinc	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L	-	1/6 m	onths	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX							
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L	-	1/6 m	onths		Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX							
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L	-	1/6 m	onths		Grab
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.						TEL	EPHONE			DATE	
		Based on my inquiry of the or those persons directly	ne person or persons who me responsible for gathering the	nanage the system ne information, the									
TYPED OR PRINTED		information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submittiing 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			AREA CODE	NUMBE	R Y	EAR	МО	DAY

3800-PM-BCW0083g DMR Appendix T pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX T

PERMITTEE NAME/ADDRESS			DISCHARG		APPENDIX T							
NAME		PERMIT NU	JMBER	OU	TFALL NUMBE	R R	eporting Fre	equency:	Semiannual			
FACILITY LOCATION		` [VEAD LING		RING PERIO		Check he					
WATERSHED		FROM	YEAR MO	DAY	TO YEA	OTE: Read	Instruction	s before completi	ing this	s form		
PARAMETER		QUAN VALUE	TITY OR LOADI VALUE	NG UNITS	QU VALUE	ALITY OR CON VALUE	CENTRAT VALUE	ION UNIT	NO.	FREQUENCY OF	_	MPLE TYPE
	SAMPLE	XXX	XXX	ONITS	XXX	XXX	VALUE	OIVIT	3	ANALYSIS		
рН	MEASUREMENT PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	S.U.		1/6 months	0	Grab
pri	SAMPLE MEASUREMENT	XXX	XXX		xxx	XXX	IVIAX					
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/l	_	1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	2001	xxx	XXX						
Total Kjeldahl Nitrogen	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/l	_	1/6 months	C	Grab
	SAMPLE MEASUREMENT	XXX	XXX	V004	xxx	XXX		,				
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/l	_	1/6 months	Grab	
-	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX						
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/l		1/6 months	(Grab
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER direction or supervitated qualified personal direction of supervitated qualified personal direction directi		direction or supervision that qualified personnel	f law that this document was p in accordance with a system of gather and evaluate the info	designed to assure rmation submitted.				TEL	EPHONE		ATE	
		or those persons direct information submitted is	the person or persons who may responsible for gathering the state of my knowledge. I am aware that there are state of the person or persons who may be a state of the person or persons who may be a state of the person or persons who may be a state of the person or persons who may be a state of the person or persons who may be a state of the person or persons who may be a state of the person or persons who may be a state of the person or persons who may be a state of the person or persons who may be a state of the person or persons who may be a state of the person of the	he information, the ge and belief, true,	CIONATUR	OF DDINOIDAL 5V	FOUTIVE					<u> </u>
for submitting false			formation, including the possing violations. See 18 Pa. C.: .	sibility of fine and S. § 4904 (relating	SIGNATURE OFFICER	AREA CODE NUMBER		R YEAR	МО	DAY		
COMMENTS (Report all viola	ations on the "Non-Con	npliance Reportii	ng Form (3800-FM	l-BCW0440)"))							

3800-PM-BCW0083g DMR Appendix U pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

PERMITTEE NAME/ADDRESS

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX U

NAME	 								
ADDRESS									
		PERMIT NUMBER OUTFALL NUMBER					Reporting Frequency: Semiannual		
FACILITY									
LOCATION				MONITOR	RING P	ERIOD			Check here if No Discharge
		YEAR	МО	DAY		YEAR	MO	DAY	
WATERSHED	 FROM				то				NOTE: Read Instructions before completing this form

PARAMETER		QUANT	TITY OR LOADI	NG	QU	ALITY OR CON	ICENTRATI	IVO.		FREQUENCY OF	SA	AMPLE
PARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	ANALYSIS	Gr. Gr. Gr. Gr. Gr. Address of the control of the c	ΓΥΡΕ
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX		0.11				
pН	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	S.U.		1/6 months	(Grab
•	SAMPLE MEASUREMENT	XXX	XXX	VVV	xxx	XXX						
Total Suspended Solids	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX						
Nitrate + Nitrite-Nitrogen	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	~~~	XXX	XXX		- m a /l				
Total Aluminum	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	(Grab
	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX						
Total Iron	PERMIT REQUIREMENT	XXX	XXX	^^^	XXX	XXX	Report Max	mg/L		1/6 months		Grab
	SAMPLE MEASUREMENT	XXX	XXX	VVV	XXX	XXX		/I				
Total Zinc	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/L		1/6 months	(Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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		designed to assure mation submitted. nanage the system				TELE	PHONE		DATE	
TYPED OR PRINTED		of 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).				OF PRINCIPAL EX	AREA CODE	NUMBER	R YEAR	МО	DAY	

COMMENTS (Report all violations on the "Non-Compliance Reporting Form (3800-FM-BCW0440)")

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PAG-03 DMR APPENDIX U

PERMITTEE NAME/ADD		DISCHARGE MONITORING REPORT (DMR)												
NAME														
ADDRESS														
			PERMIT N	PERMIT NUMBER		ITFALL NUMBE	R R	eporting Fr	equency:	Semiannual				
FACILITY				MONITO	RING PERIO	<u> </u>] charlet	- 14 N - D	:b				
LOCATION	OCATION				YEA			_ Check n	ere if No D	ischarge				
WATERSHED		FROM	YEAR MO	O DAY	то		_	OTE: Read	d Instructio	ns before compl	eting thi	s form		
DARAMETER	QUAN	ITITY OR LOA	DING	QU	IALITY OR CON	CENTRAT	ION	NO.	FREQUENC	Y SA	AMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNIT		OF ANALYSIS		TYPE		
	SAMPLE MEASUREMENT	XXX	XXX	2001	XXX	XXX								
Total Nitrogen	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/	L	1/6 months	; (Grab		
	SAMPLE MEASUREMENT	XXX	XXX	VVV	xxx	XXX			,					
Total Phosphorus	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Max	mg/	L	1/6 months	; (Grab		
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER direction or supervisithat qualified person		direction or supervision that qualified personnel	If law that this document we in accordance with a system I gather and evaluate the	em designed to assure information submitted.				TEI	EPHONE		DATE			
		or those persons direct information submitted is	the person or persons what it is the person or persons what is the person or person or persons what is the person or person or persons what is the person or	ng the information, the rledge and belief, true,										
TYPED OR PRINTED accurate and for submitting imprisonment		for submitting false inf	. I am aware that there are formation, including the ping violations. See 18 Pa.	possibility of fine and		E OF PRINCIPAL EX R OR AUTHORIZED		AREA CODE			МО	DAY		
COMMENTS (Report all viola	ations on the "Non-Con			-M-BCW0440)")					•	•			