

HALIFAX AREA WATER AND
SEWER AUTHORITY
DAUPHIN COUNTY, PENNSYLVANIA

2014 CHAPTER 94 REPORT
MUNICIPAL WASTELOAD
MANAGEMENT PLAN

PREPARED
March 2015
Revised August 2015

Glace Associates, Inc.
CONSULTING ENGINEERS
3705 TRINDLE ROAD
CAMP HILL, PENNSYLVANIA 17011



CHAPTER 94 MUNICIPAL WASTELOAD MANAGEMENT ANNUAL REPORT

For Calendar Year: 2014

- ☒ Permittee is owner and/or operator of a POTW or other sewage treatment facility
- ☐ Permittee is owner and/or operator of a collection system tributary to a POTW not owned/operated by permittee

GENERAL INFORMATION			
Permittee Name:	Halifax Area Water And Sewer Authority	Permit No.:	PA0024457
Mailing Address:	PO Box 443	Effective Date:	6/1/2011
City, State, Zip:	Halifax, PA 17032	Expiration Date:	5/31/2016
Contact Person:	Jeffrey Grosser	Renewal Due Date:	12/3/2015
Title:	Operator	Municipality:	Halifax Boro, Halifax Twp
Phone:	717 896-3886	County:	Dauphin
Email:	jgrosser@hawasaonline.com	Consultant Name:	Glace Associates, Inc.
CHAPTER 94 REPORT COMPONENTS			
<p>1. Attach to this report a line graph depicting the monthly average flows (expressed in MGD) for each month for the past 5 years and projecting the flows for the next 5 years. The graph must also include a line depicting the hydraulic design capacity per the WQM permit. (<u>25 Pa. Code § 94.12(a)(1)</u>)</p> <p>Check the appropriate boxes:</p> <p><input type="checkbox"/> Line graph for flows attached (Attachment)</p> <p><input checked="" type="checkbox"/> DEP Chapter 94 Spreadsheet used (Attachment A)</p> <p><input type="checkbox"/> Section 1 is not applicable (report is for a collection system).</p>			
<p>2. Attach to this report a line graph depicting the monthly average organic loads (express as lbs BOD5/day) for each month for the past 5 years and projecting the organic loads for the next 5 years. The graph must also include a line depicting the organic design capacity of the treatment plant per the WQM permit. (<u>25 Pa. Code § 94.12(a)(2)</u>)</p> <p>Check the appropriate boxes:</p> <p><input type="checkbox"/> Line graph for organic loads attached (Attachment)</p> <p><input checked="" type="checkbox"/> DEP Chapter 94 Spreadsheet used (Attachment A)</p> <p><input type="checkbox"/> Section 2 is not applicable (report is for a collection system).</p>			

3. If the DEP Chapter 94 Spreadsheet was not used to determine projections, discuss the basis for the hydraulic and organic projections. In all cases, include a description of the time needed to expand the plant to meet the load projections, if necessary, and data used to support the projections should be included in an appendix to this report. (25 Pa. Code § 94.12(a)(3))

There is no need identified to expand the plant to meet the load projections, based on the use of the DEP Chapter 94 Spreadsheet included as Attachment A.

4. Attach a map showing all sewer extensions constructed within the past calendar year, sewer extensions approved or exempted in the past year in accordance with Act 537 and Chapter 71, but not yet constructed, and all known proposed projects which require public sewers but are in the preliminary planning stages. The map must be accompanied by a list summarizing each extension or project and the population to be served by the extension or project. If a sewer extension approval or proposed project includes schedules describing how the project will be completed over time, the listing should include that information and the effect this build-out-rate will have on populations served. (25 Pa. Code § 94.12(a)(4))

Check the appropriate boxes:

- ☒ Map showing sewer extensions constructed, approved/exempted but not yet constructed, and proposed projects attached (**Attachment B**)
- ☐ List summarizing each extension or project attached (**Attachment**)
- ☐ Schedules describing how each project will be completed over time and effects attached (**Attachment**)

Comments:

No sewer extensions were constructed in 2014. No sewer extensions were approved or exempted in 2014. A sewer extension to a new Sheetz convenience store was exempted in 2012 (2,000 gpd) but has not yet been constructed. The planned extension is now shown on Attachment B.

5. Discuss the permittee's program for sewer system monitoring, maintenance, repair and rehabilitation, including routine and special activities, personnel and equipment used, sampling frequency, quality assurance, data analyses, infiltration/inflow monitoring, and, where applicable, maintenance and control of combined sewer regulators during the past year. Attach a separate sheet if necessary. (25 Pa. Code § 94.12(a)(5))

Analysis of WWTP influent, effluent and sludge was conducted at minimum at permit frequencies through certified lab(s). The plant operator completes the daily samples such as pH, dissolved oxygen and chlorine residual. All other testing is contracted to Microbac Laboratories. Repairs to the system are conducted on an as-needed basis. There are 2 full-time operators of the sewer system, shared with the water system. Special activities included: Replacement of Boyer Street pump station. Construction of new WWTP access road outside of floodplain. Ordered new trailer mounted generator. Began work with PRWA to GPS locate collection system. The collection system maintenance program consists of checks on manholes throughout the collection system. Manhole inserts have been placed in manholes that appear to be affected by inflow. No serious problems observed in collection system. Not a combined system, no regulators present.

6. Discuss the condition of the sewer system including portions of the system where conveyance capacity is being exceeded or will be exceeded in the next 5 years and portions where rehabilitation or cleaning is needed or is underway to maintain the integrity of the system and prevent or eliminate bypassing, CSOs, SSOs, excessive infiltration and other system problems. Attach a separate sheet if necessary. (25 Pa. Code § 94.12(a)(6))

Check the appropriate boxes:

- ☐ System experienced capacity-related bypassing, SSOs or surcharging during the report year. On a separate sheet, list the date, location, and reason for each bypass, SSO or surcharge event.
- ☒ System did not experience capacity-related bypassing, SSOs or surcharging during the report year.

Comments:

The impending failure of the Boyer Street ejector station was avoided by the completion of submersible pump replacement in 2014. No serious conditions observed in the collection system.

7. Attach a discussion on the condition of sewage pumping (pump) stations. Include a comparison of the maximum pumping rate with present maximum flows and the projected 2-year maximum flows for each station. (25 Pa. Code § 94.12(a)(7))

Check the appropriate boxes:

- ☐ The collection system does not contain pump stations
- ☒ The collection system does contain pump stations (Number – 2)
- ☒ Discussion of condition of each pump station attached (**Attachment C**)

8. If the sewage collection system receives industrial wastes (i.e., non-sanitary wastes), attach a report with the information listed below. (25 Pa. Code § 94.12(a)(8))

- a. A copy of any ordinance or regulation governing industrial waste discharges to the sewer system or a copy of amendments adopted since the initial submission of the ordinance or regulation under Chapter 94, if it has not previously been submitted.
- b. A discussion of the permittee's or municipality's program for surveillance and monitoring of industrial waste discharges into the sewer system during the past year.
- c. A discussion of specific problems in the sewer system or at the plant, known or suspected to be caused by industrial waste discharges and a summary of the steps being taken to alleviate or eliminate the problems. The discussion shall include a list of industries known to be discharging wastes which create problems in the plant or in the sewer system and action taken to eliminate the problem or prevent its recurrence. The report may describe pollution prevention techniques in the summary of steps taken to alleviate current problems caused by industrial waste dischargers and in actions taken to eliminate or prevent potential or recurring problems caused by industrial waste dischargers.

Check the appropriate boxes:

- ☐ Industrial waste report as described in 8 a., b. and c. attached (**Attachment**)
- ☐ Industrial pretreatment report as required in an NPDES permit attached (**Attachment**)

9. Existing or Projected Overload.

Check the appropriate boxes:

- ☐ This report demonstrates an existing hydraulic overload condition.
☐ This report demonstrates a projected hydraulic overload condition.
☐ This report demonstrates an existing organic overload condition.
☐ This report demonstrates a projected organic overload condition.

If one or more boxes above have been checked, attach a Corrective Action Plan (CAP) to reduce or eliminate present or projected overloaded conditions under §§ 94.21 and/or 94.22 (relating to existing overload and projected overload). (25 Pa. Code § 94.12(a)(9))

- ☐ Corrective Action Plan attached (**Attachment**)

10. Where required by the NPDES permit, attach a Sewage Sludge Management inventory that demonstrates a mass balance of solids coming in and leaving the facility over the previous calendar year.

- ☒ Sewage Sludge Management Inventory attached (**Attachment D**)

11. For facilities with CSOs and where required by the NPDES permit, attach an Annual CSO Report (including satellite combined sewer systems).

- ☐ Annual CSO Report attached (**Attachment**)

12. For POTWs, attach a calibration report documenting that flow measuring, indicating and recording equipment has been calibrated annually. (25 Pa. Code § 94.13(b))

- ☒ Flow calibration report attached (**Attachment E**)

RESPONSIBLE OFFICIAL CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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 knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Fred L. Ford, Jr., Chairman

Name of Responsible Official

Signature

717 896-3886

Telephone No.

Date

PREPARER CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared by me or otherwise under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. 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 knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

N Peter Fleszar, P.E., Glace Associates, Inc.

Name of Preparer

Signature

717 731-1579

Telephone No.

Date

8-28-15

ATTACHMENTS

- A. HYDRAULIC AND ORGANIC LOADING DATA & PROJECTIONS
GRAPH (DEP SPREADSHEET)
- B. GENERAL PLAN
- C. DISCUSSION ON THE CONDITION OF PUMP STATIONS
- D. SOLIDS MANAGEMENT INVENTORY
- E. FLOW METER CALIBRATION REPORT
- F. MONTHLY DISCHARGE MONITORING REPORTS

ATTACHMENT A

HYDRAULIC AND ORGANIC LOADING DATA
PROJECTIONS GRAPH
(DEP Spreadsheet)

Facility Name: Halifax Wastewater Treatment Plant

Permit No.: PA0024457

Persons/EDU: 3.5

Existing Hydraulic Design Capacity: 0.21 MGD
 Upgrade Planned in Next 5 Years? NO Year:
 Future Hydraulic Design Capacity: MGD

Existing Organic Design Capacity: 527 lbs BOD5/day
 Upgrade Planned in Next 5 Years? NO Year:
 Future Organic Design Capacity: lbs BOD5/day

Monthly Average Flows for Past Five Years (MGD)

Month	2010	2011	2012	2013	2014
January	0.131	0.106	0.098	0.098	0.0866
February	0.122	0.124	0.102	0.101	0.0822
March	0.148	0.19	0.102	0.103	0.102
April	0.135	0.213	0.095	0.102	0.1446
May	0.129	0.225	0.122	0.105	0.1525
June	0.131	0.177	0.113	0.115	0.1541
July	0.135	0.157	0.117	0.116	0.1284
August	0.135	0.15	0.111	0.108	0.1155
September	0.123	0.267	0.106	0.104	0.1117
October	0.118	0.215	0.098	0.109	0.1009
November	0.105	0.171	0.093	0.096	0.0832
December	0.108	0.163	0.102	0.0997	0.095
Annual Avg	0.127	0.18	0.105	0.1047	0.1131
Max 3-Mo Avg	0.137	0.218	0.144	0.113	0.1504
Max : Avg Ratio	1.08	1.21	1.37	1.08	1.33
Existing EDUs	737.0	737.0	737.0	737.0	739.0
Flow/EDU (GPD)	172.3	244.2	142.5	142.1	153.0
Flow/Capita (GPD)	49.2	69.8	40.7	40.6	43.7
Exist. Overload?	NO	NO	NO	NO	NO

Projected Flows for Next Five Years (MGD)

	2015	2016	2017	2018	2019
New EDUs	2.0	2.0	2.0	2.0	2.0
New EDU Flow	0.0003	0.0003	0.0003	0.0003	0.0003
Proj. Annual Avg	0.1263	0.1266	0.1269	0.1272	0.1275
Proj. Max 3-Mo Avg	0.1533	0.1537	0.1541	0.1544	0.1548
Proj. Overload?	NO	NO	NO	NO	NO

Show Precipitation Data on Hydraulic Graph?

Total Monthly Precipitation for Past Five Years (Inches)

Month	2010	2011	2012	2013	2014
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

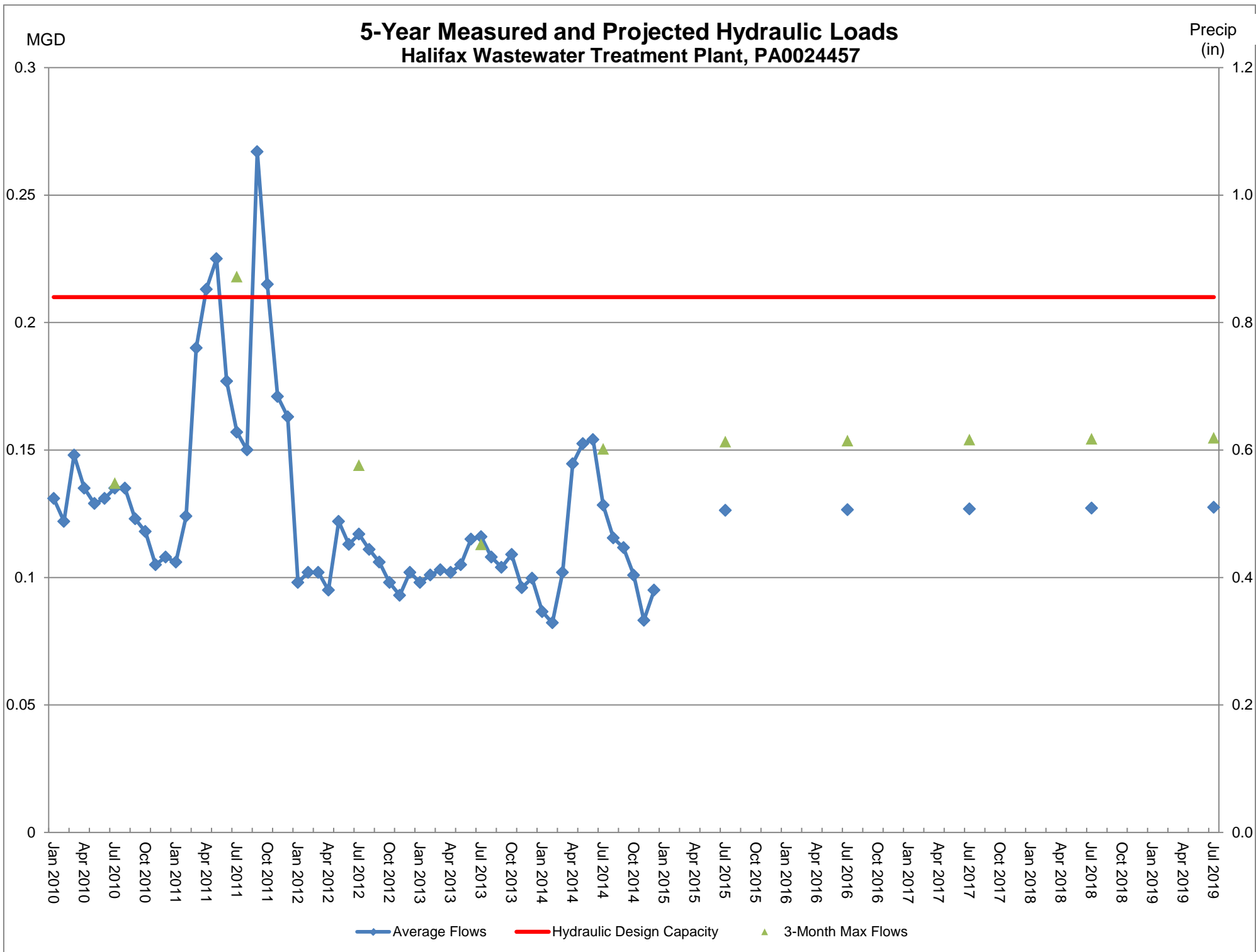
Monthly Average BOD5 Loads for Past Five Years (lbs/day)

Month	2010	2011	2012	2013	2014
January	195	297	90	90	96
February	213	154	155	163	140
March	413	279	144	105	155
April	465	176	249	166	153
May	202	147	197	133	241
June	332	210	77	15	317
July	433	185	156	179	362
August	266	205	130	181	200
September	348	299	210	157	168
October	237	179	112	158	190
November	208	278	90	185	156
December	287	158	135	157	153
Annual Avg	300	214	145	141	194
Max Mo Avg	465	299	249	185	362
Max : Avg Ratio	1.55	1.40	1.71	1.31	1.86
Existing EDUs	737	737	737	737	739
Load/EDU	0.407	0.290	0.197	0.191	0.263
Load/Capita	0.116	0.083	0.056	0.055	0.075
Exist. Overload?	NO	NO	NO	NO	NO

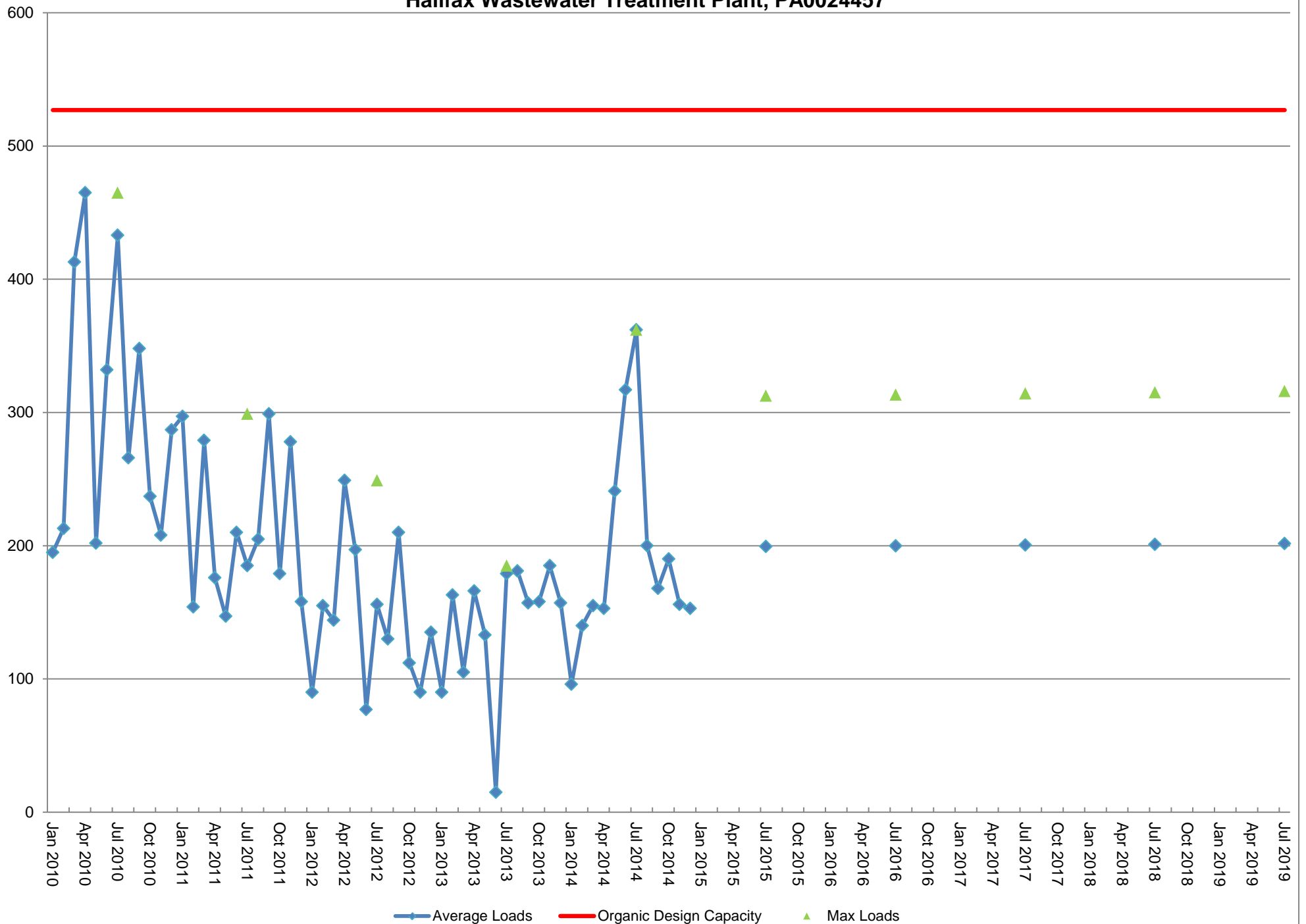
Projected BOD5 Loads for Next Five Years (lbs/day)

	2015	2016	2017	2018	2019
New EDUs	2	2	2	2	2
New EDU Load	0.539	0.539	0.539	0.539	0.539
Proj. Annual Avg	199	200	200	201	202
Proj. Max Avg	313	313	314	315	316
Proj. Overload?	NO	NO	NO	NO	NO

5-Year Measured and Projected Hydraulic Loads Halifax Wastewater Treatment Plant, PA0024457

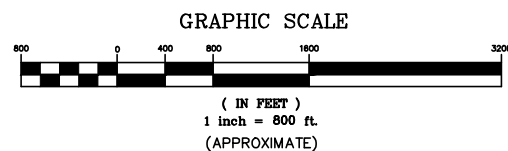


5-Year Measured and Projected Organic Loads Halifax Wastewater Treatment Plant, PA0024457

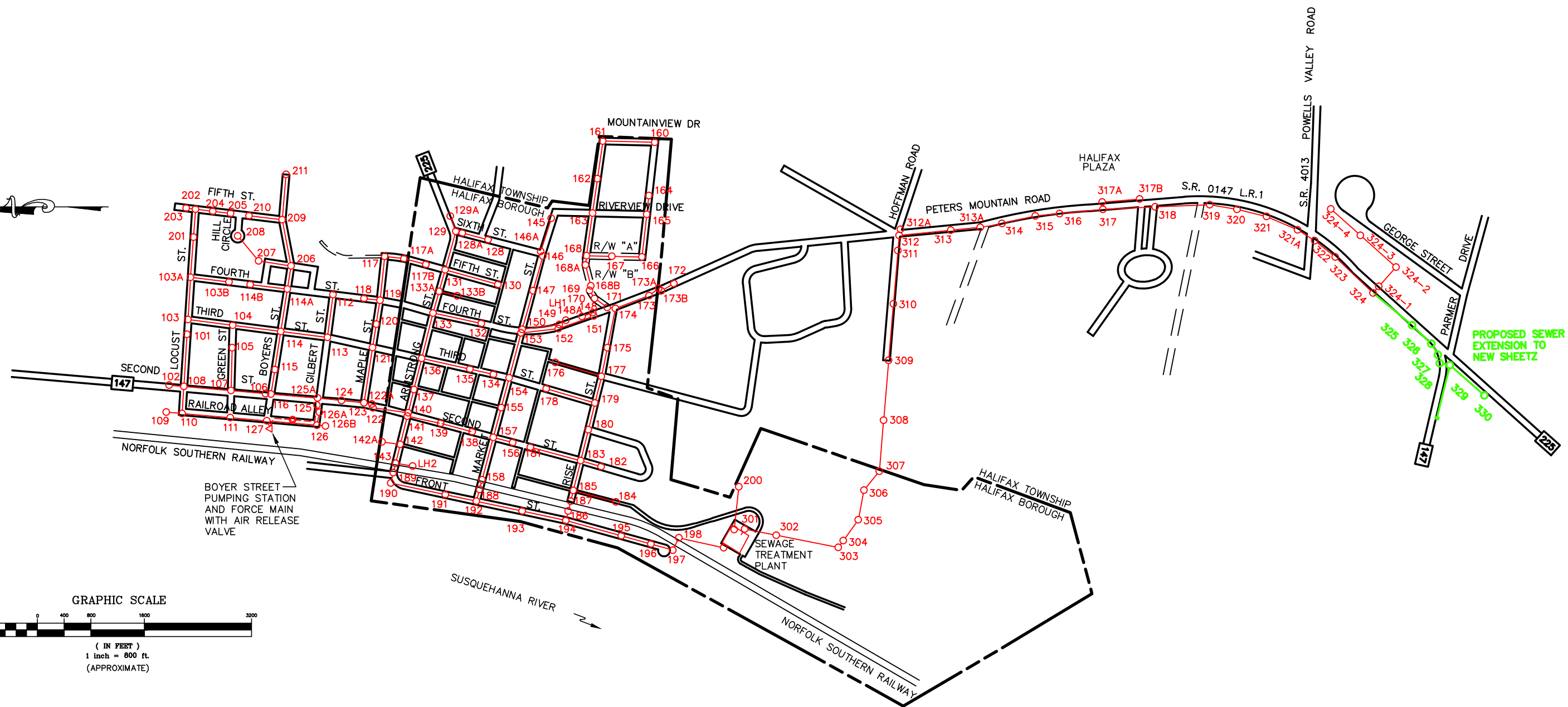


ATTACHMENT B

GENERAL PLAN



COMPUTER DRAWING FILE NAME:
S-GENPLAN AUG 2015.DWG



HALIFAX AREA WATER AND SEWER AUTHORITY
DAUPHIN COUNTY, PENNSYLVANIA

GENERAL PLAN OF
SANITARY SEWERAGE FACILITIES

SCALE	DATE	FILE CODE	PLAN NO.
1"=800'	AUG., 2015	607	Att. B

GLACE ASSOCIATES, INC., CAMP HILL, PA.

ATTACHMENT C

DISCUSSION ON THE CONDITIONS OF PUMP STATIONS

ATTACHMENT C. CONDITION OF PUMP STATIONS

The sewerage system contains two pumping stations.

Boyer Street Pumping Station - Location: Boyer Street, Halifax Township

Design Capacity:	50 gpm (1 pump basis) or 477 EDUs
Present Flows:	Average: 5 gpm Maximum (Peak Hourly Flow estimated): 17 gpm Projected two-year maximum peak hourly flow estimated: 50 gpm (design basis of new Boyer Street Pump Station for maintaining velocity in 4-inch force main)

The Boyer Street Pump Station is being upgraded to submersible pumps in 2014 to begin operations in 2015. The single phase pumps run full speed. A timer was installed on high 2nd pump run float as part of the upgrade, but this data was not available in 2014.

Main Pumping Station - Location: At the Treatment Plant, conveying all flow from the Borough and the northern Halifax Township service area (including flows from Boyer Street Pumping Station). There are two (2) suction lift pumps with separate 4-inch suction lines, running into a single 4-inch force main. The pumps are variable speed based on use of variable frequency drives, so only maximum flows can be estimated based on runtime. Due to the small size of the force main 2 pumps on represents a much lower flow rate than twice one-pump flow. Based on 2014 runtime records the lead pump (which is alternated) runs 24 hours per day nearly every day, while the lag pump typically runs from 4 to 20 hours per day. This pumping station also receives return flows from the treatment plant.

Design Capacity:	175 gpm (1 pump basis) or 1,669 EDUs
Present Flows:	Average: 70 gpm (estimated based on plant flow) Maximum (Peak Hourly Flow estimated): 240 gpm Projected two-year maximum peak hourly flow estimated: 240 gpm (based on effective capacity of 2 pumps together into small 4-inch force main) <i>As noted plant return flows are included.</i>

Wastewater from the Halifax School and southern Halifax Township service area flows directly to the headworks. The Peak Hourly Flow at the WWTP is determined to be 360 gpm based on analysis of effluent WWTP flow meter charts for this flow-through treatment plant.

JANUARY 2014

RUN TIME

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
JAN. 1	4651.3	22.2	1058.9	13.8
2	4677.1	25.8	1076.3	17.4
3	4701.1	24	1089.8	13.5
4	4725.1	24	1102.8	13
5	4749	23.9	1119.9	17.1
6	4773	24	1137.9	18
7	4797.1	24.1	1157.2	19.3
8	4821.1	24	1176.3	19.1
9	4845	23.9	1194.9	18.6
10	4869.1	24	1211.8	16.9
11	4893	23.9	1230.2	18.4
12	4917	24	1248.6	18.4
13	4941	24	1266.6	18
14	4965.1	24.1	1283.2	16.6
15	4989	23.9	1301.3	18.1
16	5013	24	1318.4	17.1
17	5037	24	1335.1	16.7
18	5061	24	1351.1	16
19	5085	24	1367.2	16.1
20	5109	24	1385.2	18
21	5133	24	1405.3	20.1
22	5157.1	24.1	1424.7	19.4
23	5181	23.9	1443.5	18.8
24	5204.9	23.9	1462.1	18.6
25	5228.9	24	1481	18.7
26	5253	24.1	1499.3	18.3
27	5277	24	1518.3	19

JANUARY 2014

RUN TIME

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
JAN. 28	5302.1	24.1	1537.5	19.2
29	5325.1	24	1554.4	16.9
30	5349	23.9	1567.8	13.4
31	5373	24	1581.7	13.9

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
FEB. 1	5397	24	1596	14.3
2	5421	24	1615.5	19.5
3	5444.9	23.9	1633.7	18.2
4	5468.9	24	1652	18.3
5	5493	24.1	1666.5	14.5
6	5517	24	1684.7	19.2
7	5541.2	24.2	1704	19.3
8	5565.4	24.2	1724.3	20.3
9	5590.4	25	1742.6	18.3
10	5614.1	23.7	1762	19.4
11	5637.1	23	1784.5	22.5
12	5661	23.9	1807.5	23
13	5685	24	1830.5	23
14	5709	24	1852.7	22.2
15	5733.1	24.1	1878.2	25.6
16	5757.1	24	1902.2	24
17	5791.1	24	1926.2	24
18	5805.5	24.4	1949.4	23.2
19	5828.8	23.3	1953.4	4

FEBRUARY 2014

PUMP RUN TIME

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
FEB. 20	5852.8	24	1957.9	4.5
21	5876.8	24	1964.4	6.5
22	5900.8	24	1970.8	6.4
23	5924.9	24.1	1980.7	9.9
24	5948.9	24	1989.7	9
25	5973	24.1	1998	8.3
26	5997	24	2006.3	8.3
27	6020.8	23.8	2014	7.7
28	6044.9	24.1	2022.1	7.1

DATE:	#1 PUMP.	TIME	#2 PUMP	TIME
MARCH 1	6068.9	24	2032.4	7.3
2	6092.9	24	2035.8	7.4
3	6116.9	24	2042.8	7
4	6140.9	24	2049.9	7.1
5	6164.9	24	2057.3	7.4
6	6189	24.1	2064.8	7.5
7	6212.9	23.9	2072.7	7.9
8	6237.6	24.7	2079.2	6.5
9	6261.9	24.3	2087.0	7.8
10	6283.9	22	2094.6	7.6
11	6307.9	24	2101.7	7.1
12	6331.9	24	2110.7	9
13	6355.9	24	2119	8.3

MARCH 2014

PUMP RUN TIME

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
3-14-14	6370	14.1	2143	24
15	6380.2	10.2	2166.9	23.9
16	6393.4	13.2	2191.1	24.2
17	6408.4	15	2197.4	6.3
18	6416.2	7.8	2221.6	24.2
19	6423.9	7.7	2245.4	24
20	6431.5	7.6	2269.4	23.8
21	6440.3	8.8	2293.5	24.1
22	6447.9	7.6	2317.6	24.1
23	6455.6	7.7	2341.7	24.1
24	6463.3	7.7	2365.6	23.9
25	6470.6	7.3	2389.6	24
26	6476.8	6.2	2413.4	23.8
27	6483.7	6.9	2437.5	24.1
28	6490.7	7	2461.4	23.9
29	6497.4	6.7	2485.6	24.2
30	6509.5	12.1	2509.2	23.6
31	6527	17.5	2533.5	24.3

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
4-1-14	6539	12	2557.4	23.9
2	6550.7	11.7	2581.5	24.1
3	6562	11.3	2605.6	24
4	6574.7	12.7	2629.3	23.7

APRIL 2014

PUMP RUN TIME

DATE:	#1 Pump	TIME	#2 Pump	TIME
APRIL 5	6587.7	13	2653.3	24
6	6600.6	12.9	2670.9	23.6
7	6612.6	12	2701.1	24.2
8	6626.3	13.1	2725.5	24.4
9	6637.6	11.3	2749.5	24
10	6648.5	10.9	2773.4	23.9
11	6658.8	10.5	2797.5	24.1
12	6669.5	10.7	2821.5	24
13	6681.5	13	2845.5	24
14	6692.6	11	2869.5	24
15	6703.1	10.6	2893.5	24
16	6716.2	13.1	2917.5	24
17	6728.1	11.9	2939.9	22.4
18	6739.3	10.6	2963.6	23.7
19	6750.3	11	2987.5	23.9
20	6761.4	11.1	3011.6	24.1
21	6771.7	10.3	3035.6	24
22	6782.2	10.5	3059.6	24
23	6791.8	9.6	3083.6	24
24	6801.2	9.4	3107.7	24.1
25	6810.6	9.4	3131.9	24.2
26	6820	9.4	3156	24.1
27	6830	10	3179.8	23.8
28	6839.3	9.3	3203.6	23.8
29	6847.5	8.2	3227.6	24
30	6856.6	9.1	3251.7	24.1

MAY 2014
PUMP RUN TIME

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
1	6869.6	13	3275.6	23.9
2	6882.1	12.5	3299.6	24
3	6894.2	12.1	3323.6	24
4	6905.3	11.1	3347.6	24
5	6916.3	11	3371.6	24
6	6926.2	9.9	3395.6	24
7	6936.9	10.7	3419.7	24.1
8	6948	11.1	3443.6	23.9
9	6957.3	9.3	3468.7	25.1
10	6964.8	7.5	3491.5	22.8
11	6973.8	9.0	3516.0	25.5
12	6982.7	8.9	3539.3	23.3
13	6991.2	8.5	3563.5	24.2
14	6999.2	8	3587.6	24.1
15	7007.1	7.9	3612.1	24.5
16	7017.3	10.2	3635.6	23.5
17	7033.4	16.1	3660.2	24.6
18	7046.5	13.1	3683.8	23.6
19	7059.3	12.8	3707.6	23.8
20	7070.7	11.4	3731.6	24
21	7082	11.3	3755.7	24.1
22	7095.9	13.9	3779.6	23.9
23	7110.7	14.8	3803.6	24
24	7122.8	12.1	3827.9	24.3
25	7135.3	12.5	3853.4	25.5
26	7145.5	10.2	3875.2	21.8
27	7158.2	12.7	3899.6	24.4

MAY 2014

PUMP RUN TIME

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
MAY 28	7171.8	13.6	3923.6	24
29	7124.4	12.6	3947.6	24
30	7195.6	11.2	3971.5	23.9
31	7206.6	11	3995.5	24

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
JUNE 1	7218.6	12	4019.5	24
2	7230.6	12	4043.5	24
3	7241.2	10.6	4067.5	24
4	7251.5	10.3	4091.8	24.3
5	7262.9	11.4	4115.5	23.7
6	7274.8	11.9	4139.5	24
7	7285.9	11.1	4163.5	24
8	7295.9	10	4187.5	24
9	7303.9	8	4211.4	23.9
10	7318.1	14.2	4235.5	24.1
11	7329.5	11.4	4259.6	24.1
12	7340.5	11	4283.5	23.9
13	7352.2	11.7	4307.6	24.1
14	7363.4	11.2	4331.5	23.9
15	7374.6	11.2	4355.5	24
16	7385.6	11	4379.5	24
17	7396.8	11.2	4403.5	24
18	7407.8	11	4427.6	24.1

JUNE 2014

PUMP RUN TIME

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
JUNE 19	7417.9	10.1	4451.4	23.8
20	7427.8	9.9	4475.4	24
21	7436.9	9.1	4499.4	24
22	7447.3	10.4	4523.5	24.1
23	7457.5	10.2	4547.6	24.1
24	7467.1	9.6	4571.6	24
25	7475.5	8.4	4595.5	23.9
26	7484.1	8.6	4619.5	24
27	7495.5	11.4	4643.4	23.9
28	7505.4	9.9	4667.5	24.1
29	7514.4	9	4691.5	24
30	7522.4	8	4715.5	24

JULY

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
JULY 1	7531.1	8.7	4739.5	24
2	7540.2	9.1	4763.5	24
3	7549.3	9.1	4787.5	24
4	7560.0	10.7	4811.9	24.4
5	7568.9	8.9	4835.4	23.5
6	7577.3	8.4	4860.2	24.8
7	7585.9	8.6	4883.4	23.2
8	7594.2	8.3	4907.5	24.1
9	7602.8	8.6	4931.5	24
10	7612.6	9.8	4955.5	24

AUGUST 2014

PUMP RUN TIME

DATE:	# 1 PUMP	TIME	# 2 PUMP	TIME
AUGUST 1	7788.9	7	5483.5	24
2	7795.8	6.9	5506.9	23.4
3	7802.5	6.7	5531.7	24.8
4	7809.3	6.8	5555.5	23.8
5	7814.8	5.5	5579.5	24
6	7820.2	5.4	5603.5	24
7	7825.2	5	5627.5	24
8	7830.7	5.5	5651.5	24
9	7836.7	6	5675.5	24
10	7842.6	5.9	5699.4	23.9
11	7847.6	5	5723.4	24
12	7854	6.4	5747.4	24
13	7862.4	8.4	5771.5	24.1
14	7869.6	7.2	5795.4	23.9
15	7878.2	8.4	5819.7	24.3
16	7885.6	7.4	5843.5	23.8
17	7892.8	7.2	5867.3	23.8
18	7898.8	6	5891.3	24
19	7906.3	7.5	5915.5	24.2
20	7914.6	8.3	5939.4	23.9
21	7923.3	8.7	5963.4	24
22	7929.5	6.2	5987.4	24
23	7936	6.5	6011.4	24
24	7942.6	6.6	6035.3	23.9
25	7949.2	6.6	6059.3	24
26	7957	7.8	6083.3	24
27	7964.1	7.1	6107.4	24.1

AUGUST 2014

PUMP RUN TIME

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
AUGUST 28	7970.8	6.7	6131.4	24
29	7977.3	6.5	6155.5	24.1
30	7983.9	6.6	6178.8	23.3
31	7991.3	7.4	6204.6	25.8

SEPTEMBER

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
9-1-14	7998.2	6.9	6227.5	22.9
2	8006.2	8	6251.3	23.8
3	8015.5	8.3	6275.3	24
4	8022.8	7.3	6299.3	24
5	8029.2	6.4	6323.4	24.1
6	8035.5	6.3	6346.9	23.5
7	8044.8	9.3	6373.6	26.7
8	8053	8.2	6395.3	24.7
9	8060.3	7.3	6419.3	24
10	8067.3	7	6443.3	24
11	8073.7	6.4	6467.4	24.1
12	8080.8	7.1	6491.4	24
13	8088.8	8.0	6515.4	24
14	8095.9	7.1	6539.4	24
15	8102.9	7.0	6563.4	24
16	8111.4	8.5	6587.6	24.2
17	8119.2	7.8	6611.3	23.7
18	8126.1	6.9	6635.4	24.1

SEPTEMBER 2014

PUMP RUN TIME

	#1		#2	
DATE:	PUMP	TIME	PUMP	TIME
SEPT. 19	8132.8	6.7	6659.2	23.8
20	8139.7	6.9	6683.8	24.6
21	8146.9	7.2	6707.7	23.9
22	8154.8	7.9	6731.4	23.7
23	8162.1	7.3	6755.4	24
24	8168.9	6.8	6779.4	24
25	8175.3	6.4	6803.4	24
26	8181.9	6.6	6827.4	24
27	8188.0	6.1	6851.7	24.3
28	8193.7	5.7	6873.7	22.0
29	8201.7	8	6899.4	25.7
30	8208.5	6.8	6923.4	24

OCTOBER 2014

	#1		#2	
DATE:	PUMP	TIME	PUMP	TIME
OCT. 1	8215.5	7	6947.4	24
2	8222	6.5	6971.4	24
3	8230.4	8.4	6995.4	24
4	8236.1	5.7	7018.1	22.7
5	8243.4	7.3	7042.2	24.1
6	8251.6	8.2	7067.	24.8
7	8259.2	7.6	7091.3	24.3
8	8268.1	8.9	7115.4	24.1
9	8275.3	7.2	7139.3	23.9
10	8281.7	6.4	7163.3	24.0

OCTOBER 2014

216 GAUONS/INCH

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
10-11-14	8287.9	6.2	7187.3	24
12	8294.3	6.4	7211.3	24
13	8303.1	8.8	7235.5	24.2
14	8311.0	7.9	7259.4	23.9
15	8317.9	6.9	7283.3	23.9
16	8327.6	9.7	7307.2	23.9
17	8337.1	9.5	7331.7	24.5
18	8343.9	6.8	7356.8	25.1
19	8351.3	7.4	7382.2	26.4
20	8359	7.7	7403.4	21.2
21	8367.1	8.1	7427.5	24.1
22	8374.3	7.2	7451.5	24
23	8381.6	7.3	7475.4	23.9
24	8388.7	7.1	7499.4	24 24
25	8394.5	6.9	7522.3	23.9
26	8401.5	7.0	7546.3	24.0
27	8410.5	9.0	7571.3	25.0
28	8418.5	8.0	7595.3	24
29	8425.1	6.6	7619.3	24
30	8431.9	6.8	7643.7	24.4
31	8438.1	6.2	7667.7	24

NOVEMBER 2014

PUMP RUN TIME

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
11-1-14	8445.9	7.8	7691.9	24.2
2	8453.7	7.8	7716.1	24.2
3	8461.5	7.8	7740.5	24.9
4	8468.2	6.7	7764.4	23.9
5	8474.2	6.0	7788.3	23.9
6	8479.8	5.6	7812.3	24
7	8486.4	6.6	7836.3	24
8	8493	6.6	7860.3	24
9	8499.8	6.8	7884.3	24
10	8503.4	5.6	7908.3	24
11	8511.9	6.5	7932.3	24
12	8518.5	6.6	7956.3	24
13	8524.2	5.7	7980.3	24
14	8530	5.8	8004.3	24
15	8536	6.0	8028.3	24
16	8542.2	6.2	8052.3	24
17	8548.6	7.4	8076.4	24.1
18	8558	8.4	8100.4	24
19	8567.8	9.8	8124.4	24
20	8574	6.8	8148	23.6
21	8599.1	5.1	8153.7	7.7
22	8622.8	23.7	8159.9	6.2
23	8646.5	23.7	8166.2	6.3
24	8670.2	23.7	8172.4	6.2
25	8693.9	23.7	8178.7	6.3
26	8718.2	24.3	8185.3	6.6
27	8741.7	23.5	8192.6	7.3

NOVEMBER 2014

PUMP RUN TIME

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
11-28-14	8765.4	23.7	8199.8	7.2
29	8789.5	24.1	8211.1	11.3
30	8813.6	24.1	8222.4	11.3

↓ DECEMBER ↓

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
12-1-14	8837.7	24.1	8233.7	11.3
2	8861.7	24	8246.1	12.4
3	8885.7	24	8258.7	12.6
4	8909.7	24	8270.3	11.6
5	8934.0	24.3	8283.9	13.6
6	8958.0	24	8297.3	13.4
7	8981.8	23.8	8312.9	15.6
8	9005.8	24	8327.6	14.7
9	9029.8	24	8340.7	13.1
10	9053.9	23.1	8355.1	14.4
11	9077.9	24	8370.1	15
12	9101.8	23.9	8384.6	14.5
13	9125.8	24.8	8398.9	14.3
14	9151.5	25.6	8414.9	16
15	9173.8	22.3	8429.5	14.6
16	9197.8	24	8442.7	13.2
17	9221.8	24	8454.9	12.2
18	9245.8	24	8468.	13.1
19	9269.8	24	8479.3	11.3

DECEMBER

DATE:	#1 PUMP	TIME	#2 PUMP	TIME
DEC. 20	9293.8	24	8490.1	10.9
21	9317.8	24	8503	12.9
22	9341.8	24	8516	13
23	9365.8	24	8528.1	12.1
24	9389.8	24	8541.1	13
25	9413.8	24	8557.5	16.4
26	9437.8	24	8573.8	16.3
27	9461.8	24	8590	16.2
28	9485.8	24	8603.4	13.4
29	9509.8	24	8615.2	11.8
30	9533.8	24	8627.6	12.4
31	9557.8	24	8641.2	13.6

ATTACHMENT D

SEWAGE SLUDGE MANAGEMENT INVENTORY

ATTACHMENT D.

SEWAGE SLUDGE MANAGEMENT INVENTORY

The Authority employs several methods of disposal. The Authority has agreements to dispose biosolids at the Harrisburg Advanced Wastewater Treatment Facility, and Kline's Services Inc. During 2014, approximately 7.981 dry tons of biosolids were disposed of which 1.0 dry tons went to Kline's Services Inc. and 6.981 dry tons went to Harrisburg Advanced Wastewater Treatment Facility.

SLUDGE GENERATION CALCULATION

Facility Name: **Halifax Wastewater Treatment Plant**

Permit Number: **PA0024457**

Date of Calculation: **8/25/2015**

Required Information For Calculation

Average Daily Flow (mgd): **0.1131**

Digester Capacity (gal): **42000**

Influent BOD (mg/l): **202**

%Solids of Outgoing Sludge: **1.7**

Effluent BOD (mg/l): **6.7**

Monitoring Period (days): **365**

Wastewater Treatment Processes

Place an "X" in the box beside the corresponding treatment process. Select a maximum of Primary Clarification and one other treatment process

Primary Clarification ☐

Contact Stabilization ☐

RBC ☐

Conventional Activated Sludge ☐

SBR ☐

ABF ☐

Extended Aeration ☒

Trickling Filter ☐

Small Plant with low SOR ☐

(<500 gpd/sq ft)

Operational Information

BOD Removed (lbs/day): **184**

TSS Removed (lbs/day): **120**

Digester Information

Type of Digester

Place an "X" in the box beside the corresponding treatment process.

Aerobic Digestion ☒

Anaerobic Digestion ☐

None ☐

Sludge Feed Rate to Digesters (gpd): **1914.3306**

Digester Hydraulic Detention Time (days): **22**

Estimated Total Solids Reduction (%): **0.35**

Sludge Generation

dry lbs/day **78**

wet lbs/day **4578**

dry tons/monitoring period **14**

wet tons/monitoring period **836**

gal/day **549**

gal/monitoring period **200371**

Amount of Sludge Reported as Being Generated by the Facility

wet tons/monitoring period **0**

OR

dry tons/monitoring period **7.981**

Enter only one of the above values. The remaining value should be "0"

Is the amount reported by the generator within 15% of the calculated value? **NO**

NO explanation: **LESS THAN 15% RANGE**

What type of information was used to calculate the above information: **Information from DMR's**

Dates used: **1/1/2014** TO **12/31/2014**

Name of person performing the calculation: **N Peter Fleszar**

ATTACHMENT E

FLOW METER CALIBRATION REPORT

W.G. MALDEN

P.O. BOX 196, EAST EARL, PA 17519

PHONE: (717) 768-0800 FAX: (717) 768-0802

SERVICE REPORT

JEFFREY GROSSER
HALIFAX MUNICIPAL AUTHORITY
P.O. BOX 443
HALIFAX, PA 17032

SERVICE DATE: 11/20/2014
METER#: C8201 AA
LOCATION: WASTEWATER - EFFLUENT
SERIAL #: 12286/9404-31238-B02
MANUFACTURER: BADGER/CHESSELL
RECORDER: 392
TRANSMITTER: 2210
PRIMARY: 90° V-NOTCH WEIR
MAXIMUM CAPACITY: 347.2 GPM
SERVICE CONTRACT: ANNUAL

WORK PERFORMED

CLEANED EQUIPMENT: X PRIMARY: X

RECORDER CALIBRATION CHECKED AT: 0, 50, & 100%
ERROR: 0% CORRECTED ACCURACY: $\pm 1\%$

TOTALIZER CALIBRATION CHECKED AT: 0, 50 & 100%
ERROR: 0% CORRECTED ACCURACY: $\pm 1\%$

TRANSMITTER CALIBRATION
SIMULATED HEAD RISES AND FLOW MEASUREMENTS
ERROR: 0% CORRECTED ACCURACY: $\pm 1\%$

COMMENTS: PERFORMED ANNUAL CALIBRATION. CLEANED PRIMARY. LEFT EQUIPMENT OPERATING PROPERLY.

SERVICE REPRESENTATIVE: JACOB
copies:

PERSON SEEN: JEFFREY

ATTACHMENT F

MONTHLY DISCHARGE MONITORING REPORTS

Month JAN.
Year 2014

Day	Flow	Influent BOD5	Influent TSS	Aeration Wasted	Aeration MLSS (centrifuge)		Aeration DO (mg/l)		Effluent CBOD5	Effluent TSS	Effluent pH	Effluent D.O.	Effluent Fecals	Effluent TRC	Weather Precipitation	Outside Temp. (F)
					No. 1	No. 2	No. 1	No. 2								
1	0.0830			600	0.9	1.4	3.2	2.9			7.4	6.3		0.58	0.20	26
2	0.1000	170	76	1200	0.9	1.3	3.0	3.1	8.4	22	7.5	6.2	2	0.62		30
3	0.0830			1200	0.9	1.5	2.8	3.0			7.3	6.4		0.60		12
4	0.0650			800	0.9	1.5	2.9	3.2			7.2	6.1		0.50		18
5	0.0830			800	1.0	1.5	2.8	3.0			7.3	6.2		0.48		30
6	0.1080			1200	1.0	1.5	2.7	2.6			7.5	6.0		0.38	0.80	34
7	0.0870			800	0.8	1.3	3.1	2.9			7.6	6.3		0.48		1
8	0.0710	190	210	800	0.8	1.4	3.0	3.1	8.4	11	8.2	6.7	4600	0.54		10
9	0.0920			0	0.8	1.2	2.8	3.0			8.3	6.9		0.42		20
10	0.0940			1000	0.8	1.3	3.0	3.2			8.0	6.8		0.68		33
11	0.0970			800	0.8	1.3	2.7	3.1			8.1	6.7		0.51	0.25	45
12	0.1470			0	0.9	1.5	3.0	3.0			8.2	6.4		0.56	0.35	41
13	0.0980			1600	0.8	1.2	2.8	2.8			8.3	6.6		0.48		34
14	0.1080			1600	0.8	1.3	3.1	3.2			8.4	6.9		0.45	0.10	40
15	0.1110	110	100	1600	0.9	1.5	3.3	3.1	9.8	18	8.3	7.1	40	0.52	0.25	30
16	0.1030			1600	0.9	1.4	3.1	3.2			8.3	7.2		0.56		26
17	0.0900			1200	0.8	1.3	3.2	3.0			8.0	7.1		0.48		32
18	0.1000			800	0.9	1.3	3.1	3.1			8.2	7.1		0.46	0.15	28
19	0.0820			800	0.9	1.3	3.2	3.3			8.3	7.2		0.49		24
20	0.0850			800	0.8	1.4	3.1	3.2			8.1	7.0		0.55	0.10	30
21	0.0930			1000	0.7	1.3	3.2	3.3			8.0	7.2		0.52		24
22	0.0870	45	62	800	0.9	1.4	3.0	3.1	4.2	6.8	8.2	7.4	70	0.44	0.45	2
23	0.0470			1200	1.0	1.4	3.2	3.3			8.3	7.2		0.50		5
24	0.0660			2400	1.0	1.4	3.0	3.1			8.1	7.4		0.48		11
25	0.0610			800	1.0	1.5	3.1	3.2			8.0	7.3		0.49		19
26	0.0880			800	1.1	1.5	3.0	3.4			8.4	7.5		0.52		18
27	0.0810			1200	0.7	1.2	3.1	3.0			8.3	7.6		0.50		20
28	0.0770			1600	0.9	1.3	2.8	3.1			8.4	7.7		0.47		7
29	0.0610	180	110	1200	0.8	1.3	3.0	3.2	10	5	8.5	7.5	50	0.44		2
30	0.0670			1200	1.0	1.2	3.1	3.3			8.2	7.3		0.50		8
31	0.0690			1200	1.0	1.2	2.9	3.1			8.1	7.0		0.41		26

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443
Halifax, PA 17032-0043

PA0024457
PERMIT NUMBER

001
OUTFALL NUMBER

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
2014	0	1		2014	0	31	

Reporting Frequency: Monthly
DMR Effective From: June 1, 2011
DMR Effective To: May 31, 2016
Permit Expires: May 31, 2016
Permit Application Due: December 3, 2015

☐ Check Here If No Discharge

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	0.0866	0.1470	MGD	XXX	XXX	XXX	XXX	X	Continuous	Measured
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	XXX	XXX		X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.2	XXX	8.5	S.U.	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX		6.0 Min	XXX	9.0 Max		X	1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.0	XXX	XXX	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX		5.0 Min	XXX	XXX		X	1/day	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.50	0.68	mg/l	1	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	0.5 Avg Mo	1.6 IMAX		X	1/day	Grab
CBOD ₅	SAMPLE MEASUREMENT	5.8	9.0	lbs/day	XXX	8.2	10.0	mg/l	0	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	1/Week	24-Hr Composite
BOD ₅ - Raw Sewage Influent	SAMPLE MEASUREMENT	96	142	lbs/day	XXX	139	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
Total Suspended Solids - Raw Sewage Influent	SAMPLE MEASUREMENT	76	124	lbs/day	XXX	112	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).					TELEPHONE		DATE		
						717	896-8149			
						AREA CODE	NUMBER	YEAR	MO	DAY
JEFFREY L. GROSSER, PLANT MANAGER						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				
TYPED OR PRINTED										

PERMITTEE NAME / ADDRESS

_____ Check Here If No Discharge

WATERSHED:	6-C	YEAR	MO	DAY	TO	YEAR	MO	DAY
		2014	0	1		2014	0	31

NOTE: Read instructions before completing this form\

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).		TELEPHONE		DATE		
			717	896-8149			
			AREA CODE	NUMBER	YEAR	MO	DAY
JEFFREY L. GROSSER, PLANT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					
TYPED OR PRINTED							

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C
Laboratories: _____

Month JAN. 2014
NPDES Permit No. PA 0024457 Outfall No. 001
Renewal application due 180 days prior to expiration
This permit will expire on May 31, 2016

	EFFLUENT PARAMETERS									
DAY	FLOW	pH	D.O.	TRC	CBOD 5	TSS	FECAL		Weather/Comments (Inches Precipitation)	Outside Temperature (F Deg.)
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q	CFU/100 ml		
1	0.0830	7.4	6.3	0.58					0.20	26
2	0.1000	7.5	6.2	0.62	8.4	22.0		2		30
3	0.0830	7.3	6.4	0.60						12
4	0.0650	7.2	6.1	0.50						18
5	0.0830	7.3	6.2	0.48						30
6	0.1080	7.5	6.0	0.38					0.80	34
7	0.0870	7.6	6.3	0.48						1
8	0.0710	8.2	6.7	0.54	8.4	11.0		4,600		10
9	0.0920	8.3	6.9	0.42						20
10	0.0940	8.0	6.8	0.68						33
11	0.0970	8.1	6.7	0.51					0.25	45
12	0.1470	8.2	6.4	0.56					0.35	41
13	0.0980	8.3	6.6	0.48						34
14	0.1080	8.4	6.9	0.45					0.10	40
15	0.1110	8.3	7.1	0.52	9.8	18.0		40	0.25	30
16	0.1030	8.3	7.2	0.56						26
17	0.0900	8.0	7.1	0.48						32
18	0.1000	8.2	7.1	0.46					0.15	28
19	0.0820	8.3	7.2	0.49						24
20	0.0850	8.1	7.0	0.55					0.10	30
21	0.0930	8.0	7.2	0.52						24
22	0.0870	8.2	7.4	0.44	4.2	6.8		70	0.45	2
23	0.0470	8.3	7.2	0.50						5
24	0.0660	8.1	7.4	0.48						11
25	0.0610	8.0	7.3	0.49						19
26	0.0880	8.4	7.5	0.52						18
27	0.0810	8.3	7.6	0.50						20
28	0.0770	8.4	7.7	0.47						7
29	0.0610	8.5	7.5	0.44	10.0	5.0		50		2
30	0.0670	8.2	7.3	0.50						8
31	0.0690	8.1	7.0	0.41						26
AVE.	0.0866	8.0	6.9	0.50	8.2	12.6		66	2.65 (Total)	22

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month JAN. 2014

Municipality: Halifax Borough

NPDES Permit No. PA 0024457

Outfall No. 001

Watershed: 6-C

This permit will expire on May 31, 2016

DAY	Influent					Process Control						
	FLOW	BOD ₅	BOD ₆	TSS	TSS	Aeration MLSS (centrifuge)		Aeration DO mg/l		Sludge Wasted		
	mgd	mg/l	lb/day	mg/l	lb/day	No. 1	No. 2	No. 1	No. 2	gallons		
1	0.0830					0.9	1.4	3.2	2.9	600		
2	0.1000	170	142	76	63	0.9	1.3	3.0	3.1	1,200		
3	0.0830					0.9	1.5	2.8	3.0	1,200		
4	0.0650					0.9	1.5	2.9	3.2	800		
5	0.0830					1.0	1.5	2.8	3.0	800		
6	0.1080					1.0	1.5	2.7	2.6	1,200		
7	0.0870					0.8	1.3	3.1	2.9	800		
8	0.0710	190	113	210	124	0.8	1.4	3.0	3.1	800		
9	0.0920					0.8	1.2	2.8	3.0			
10	0.0940					0.8	1.3	3.0	3.2	1,000		
11	0.0970					0.8	1.3	2.7	3.1	800		
12	0.1470					0.9	1.5	3.0	3.0			
13	0.0980					0.8	1.2	2.8	2.8	1,600		
14	0.1080					0.8	1.3	3.1	3.2	1,600		
15	0.1110	110	102	100	93	0.9	1.5	3.3	3.1	1,600		
16	0.1030					0.9	1.4	3.1	3.2	1,600		
17	0.0900					0.8	1.3	3.2	3.0	1,200		
18	0.1000					0.9	1.3	3.1	3.1	800		
19	0.0820					0.9	1.3	3.2	3.3	800		
20	0.0850					0.8	1.4	3.1	3.2	800		
21	0.0930					0.7	1.3	3.2	3.3	1,000		
22	0.0870	45	33	62	45	0.9	1.4	3.0	3.1	800		
23	0.0470					1.0	1.4	3.2	3.3	1,200		
24	0.0660					1.0	1.4	3.0	3.1	2,400		
25	0.0610					1.0	1.5	3.1	3.2	800		
26	0.0880					1.1	1.5	3.0	3.4	800		
27	0.0810					0.7	1.2	3.1	3.0	1,200		
28	0.0770					0.9	1.3	2.8	3.1	1,600		
29	0.0610	180	92	110	56	0.8	1.3	3.0	3.2	1,200		
30	0.0670					1.0	1.2	3.1	3.3	1,200		
31	0.0690					1.0	1.2	2.9	3.1	1,200		
AVE.	0.0866	139	96	112	76	0.9	1.4	3.0	3.1	1,052		

Check if there were no ☐ biosolids removed from the plant, ☐ hauled-in municipal wastes received, ☐ hauled-in residual wastes received, or ☐ non-compliance incidents during the month (otherwise attach the appropriate forms).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser

Signature: _____

Title: Manager

Date: _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL REPORT
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C

JAN. 2014
NPDES Permit No. PA 0024457
This permit will expire on May 31, 2016

☐ Check here if there were no off-site removal events during the month

	Liquid Sewage Sludge / Biosolids Hauled Off-site				Dewatered Sewage Sludge / Biosolids Hauled Off-site				Sewage Sludge / Biosolids Dewatered and Incinerated On-site			
Date	Gallons	% Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01	= Dry Tons	Tons dewatered	X % Solids	= Dry Tons	
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
1/10/14	6,000	1.6	X 0.0000417	0.400			X 0.01					
1/22/14	6,000	3.4	X 0.0000417	0.851			X 0.01					
1/22/14	6,000	1.6	X 0.0000417	0.400			X 0.01					
1/23/14	6,000	1.3	X 0.0000417	0.325			X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
	24,000	2.0	X 0.0000417				X 0.01					
TOTAL:				1.977	TOTAL:				0.00	TOTAL:		0.00

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION
(Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

	SITE 1	SITE 2	SITE 3
Site Name:	Kline's Septic	Harrisburg Sewer Plant	
Municipality	Salunga	Harrisburg	
County:	Lancaster	Dauphin	
DEP Permit Number:	101607	27198	
Type of Material*	Liquid Biosolids	Liquid Biosolids	
Dry Tons Disposal:	0	1.97658	
Gallons Disposed:	0	24,000	
Type of Disposal/Use:*	Sewer Plant	Sewer Plant	
Hauler Name:	Kline's Septic	Kline's Septic	

* See Instructions for explanation

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

Month FEB
Year 2014

[illegible]

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443

Halifax, PA 17032-0043

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

PA0024457		001	
PERMIT NUMBER		OUTFALL NUMBER	

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
2014	0	1		2014	0	28	

Reporting Frequency	Monthly
DMR Effective From:	June 1, 2011
DMR Effective To:	May 31, 2016
Permit Expires:	May 31, 2016
Permit Application Due:	December 3, 2015

☐ Check Here If No Discharge

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	0.0822	0.1190	MGD	XXX	XXX	XXX	XXX	X	Continuous	Measured
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	XXX	XXX		X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.2	XXX	8.6	S.U.	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max		X	1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	XXX	5.9	XXX	XXX	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX		X	1/day	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.49	0.6	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX		X	1/day	Grab
CBOD₅	SAMPLE MEASUREMENT	8.2	9.0	lbs/day	XXX	12.5	14.0	mg/l	0	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	1/Week	24-Hr Composite
BOD5 - Raw Sewage Influent	SAMPLE MEASUREMENT	140	181	lbs/day	XXX	215	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
Total Suspended Solids - Raw Sewage Influent	SAMPLE MEASUREMENT	94	142	lbs/day	XXX	142	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).				TELEPHONE		DATE			
								717	896-8149		
JEFFREY L. GROSSER, PLANT MANAGER						TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER

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

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED:

P.O. Box 443	PA0024457
--------------	-----------

Halifax, PA 17032-0043

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency

Monthly

DMR Effective From:

June 1, 2011

DMR Effective To:

May 31, 2016

Permit Expires:

May 31, 2016

Permit Application Due:

December 3, 2015

_____ Check Here If No Discharge

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS					
Total Suspended Solids	SAMPLE MEASUREMENT	7	12	lbs/day	xxx	11	20	mg/l	0	1/week	24-Hr Composite		
	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg		xxx	30 Avg Mo	45 Wkly Avg		X	1/week	24-Hr Composite		
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	-	xxx	CFU/ 100 ml	-	1/week	Grab		
	PERMIT REQUIREMENT	xxx	xxx		xxx	200 Geo Mean	xxx		X	1/week	Grab		
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	-	xxx	CFU/ 100 ml	-	1/week	Grab		
	PERMIT REQUIREMENT	xxx	xxx		xxx	2000 Geo Mean	xxx		X	1/week	Grab		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
									717	896-8149			
									AREA CODE	NUMBER	YEAR	MO	DAY
JEFFREY L. GROSSER, PLANT MANAGER													
TYPED OR PRINTED													

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C
Laboratories: _____

Month FEB 2014
NPDES Permit No. PA 0024457 Outfall No. 001
Renewal application due 180 days prior to expiration
This permit will expire on May 31, 2016

	EFFLUENT PARAMETERS									
DAY	FLOW	pH	D.O.	TRC	CBOD 5	TSS	FECAL		Weather/Comments (Inches Precipitation)	Outside Temperature (F Deg.)
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q	CFU/100 ml		
1	0.0840	8.2	7.4	0.46						36
2	0.0970	8.3	7.1	0.47						40
3	0.0990	8.4	7.2	0.43					0.10	34
4	0.0900	8.2	7.4	0.48					0.20	12
5	0.0480	8.3	7.1	0.54					0.10	32
6	0.0810	8.5	7.4	0.51	11.0	10.0		170		24
7	0.0690	8.4	7.2	0.49						8
8	0.0620	8.3	7.4	0.46						17
9	0.0750	8.4	7.2	0.47						16
10	0.0650	8.6	7.3	0.52						15
11	0.0700	8.1	7.0	0.55						12
12	0.0720	8.3	7.1	0.54	14.0	20.0		400		4
13	0.0560	8.2	7.3	0.60					0.10	24
14	0.0800	8.0	7.0	0.54					1.00	28
15	0.0810	8.0	7.1	0.42					0.10	32
16	0.0700	8.1	7.3	0.46						30
17	0.0680	7.2	5.9	0.48						9
18	0.0670	7.4	6.1	0.59					0.10	32
19	0.0700	7.5	6.2	0.50	13.0	5.0		18		25
20	0.0930	7.4	6.3	0.47						26
21	0.1050	7.2	6.2	0.49						41
22	0.1040	7.4	6.1	0.53						28
23	0.1180	7.5	6.4	0.40						32
24	0.1190	7.3	6.2	0.48						30
25	0.1040	7.4	6.3	0.40						28
26	0.0940	7.2	6.1	0.44	12.0	8.8		280		26
27	0.0830	7.4	6.4	0.49						16
28	0.0770	7.5	6.2	0.53						2
29										
30										
31										
AVE.	0.0822	7.9	6.8	0.49	12.5	11.0		136	1.70 (Total)	24

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Municipality: Halifax Borough

Watershed: 6-C

Month FEB 2014

NPDES Permit No. PA 0024457

Outfall No. 001

This permit will expire on May 31, 2016

DAY	Influent					Process Control						
	FLOW	BOD ₅	BOD ₆	TSS	TSS	Aeration MLSS (centrifuge)		Aeration DO mg/l		Sludge Wasted		
	mgd	mg/l	lb/day	mg/l	lb/day	No. 1	No. 2	No. 1	No. 2	gallons		
1	0.0840					1.0	1.2	3.1	3.2	800		
2	0.0970					1.0	1.3	2.6	3.1	800		
3	0.0990					0.9	1.1	2.9	3.2	1,200		
4	0.0900					0.9	1.2	3.0	3.3	1,200		
5	0.0480					1.0	1.2	3.2	3.3	1,200		
6	0.0810	260	176	210	142	1.0	1.1	3.1	3.1	1,200		
7	0.0690					1.0	1.0	3.0	3.0	1,200		
8	0.0620					1.0	1.1	3.2	3.2	800		
9	0.0750					1.1	1.0	2.9	3.1	800		
10	0.0650					1.0	1.2	3.1	3.3	1,200		
11	0.0700					1.1	1.1	2.3	3.2	1,200		
12	0.0720	140	84	96	58	1.0	1.1	2.7	3.1	1,200		
13	0.0560					1.0	1.2	2.9	3.2	1,200		
14	0.0800					1.0	1.1	2.8	3.1	900		
15	0.0810					1.0	1.1	2.7	3.1	800		
16	0.0700					1.1	1.2	2.7	3.0	800		
17	0.0680					0.8	1.2	3.4	5.1	1,000		
18	0.0670					1.0	1.2	3.0	3.4	1,200		
19	0.0700	310	181	130	76	0.9	1.0	3.1	3.7	1,200		
20	0.0930					0.9	1.0	3.0	3.3	800		
21	0.1050					0.8	1.0	3.2	3.3	800		
22	0.1040					0.9	1.0	3.1	3.5	800		
23	0.1180					1.0	1.0	3.0	3.4	800		
24	0.1190					0.8	0.8	1.7	2.2	800		
25	0.1040					0.7	0.8	1.7	2.0	800		
26	0.0940	150	118	130	102	0.6	0.9	2.6	3.3	800		
27	0.0830					0.6	0.8	2.8	3.1	800		
28	0.0770					0.6	0.9	3.0	3.3	800		
29												
30												
31												
AVE.	0.0822	215	140	142	94	0.9	1.1	2.9	3.2	968		

Check if there were no ☐ biosolids removed from the plant, ☐ hauled-in municipal wastes received, ☐ hauled-in residual wastes received, or ☐ non-compliance incidents during the month (otherwise attach the appropriate forms).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser

Title: Manager

Signature: _____

Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

**SUPPLEMENTAL REPORT
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL**

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C

FEB 2014
NPDES Permit No. PA 0024457
This permit will expire on May 31, 2016

☐ Check here if there were no off-site removal events during the month

	Liquid Sewage Sludge / Biosolids Hauled Off-site				Dewatered Sewage Sludge / Biosolids Hauled Off-site				Sewage Sludge / Biosolids Dewatered and Incinerated On-site			
Date	Gallons	% Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01	= Dry Tons	Tons dewatered	X % Solids	= Dry Tons	
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
	0	#DIV/0!	X 0.0000417				X 0.01					
TOTAL:				0.000	TOTAL:				0.00	TOTAL:		0.00

**SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION
(Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)**

	SITE 1	SITE 2	SITE 3
Site Name:	Kline's Septic	Harrisburg Sewer Plant	
Municipality	Salunga	Harrisburg	
County:	Lancaster	Dauphin	
DEP Permit Number:	101607	27198	
Type of Material*	Liquid Biosolids	Liquid Biosolids	
Dry Tons Disposal:	0	0	
Gallons Disposed:	0	0	
Type of Disposal/Use:*	Sewer Plant	Sewer Plant	
Hauler Name:	Kline's Septic	Kline's Septic	

* See Instructions for explanation

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

Month MARCH
Year 2014

Day	Flow	Influent BOD5	Influent TSS	Aeration Wasted	Aeration MLSS (centrifuge)		Aeration DO (mg/l)		Effluent CBOD5	Effluent TSS	Effluent pH	Effluent D.O.	Effluent Fecals	Effluent TRC	Weather Precipitation	Outside Temp. (F)
					No. 1	No. 2	No. 1	No. 2								
1	0.0720			800	0.6	1.0	2.6	2.5			7.4	6.3		0.48		10
2	0.0830			800	0.7	0.9	2.4	3.0			7.3	6.2		0.50		34
3	0.0880			800	0.7	0.9	2.3	3.2			7.5	6.4		0.45		12
4	0.0730			800	0.8	1.0	2.7	3.1			7.3	6.1		0.47		16
5	0.0760	150	150	800	0.7	1.0	2.5	3.0	2.9	5	7.4	6.3	2	0.52		15
6	0.0830			800	0.8	1.0	2.8	3.2			7.3	6.5		0.56		18
7	0.0920			800	1.0	1.0	2.7	3.4			7.5	6.3		0.50		23
8	0.0840			800	0.8	1.0	2.8	3.3			7.4	6.4		0.42		25
9	0.1120			800	0.9	0.9	2.7	3.3			7.3	6.5		0.54		35
10	0.1110			1600	0.8	1.0	2.9	3.4			7.5	6.4		0.50		33
11	0.1060			1600	0.8	1.1	3.0	3.2			7.3	6.3		0.42		36
12	0.1430	150	160	1600	0.8	1.0	2.8	3.0	7.6	8.8	7.5	6.2	44	0.49		42
13	0.1170			1600	0.8	1.0	3.1	3.2			7.4	6.4		0.47	0.15	21
14	0.1050			1200	0.9	1.0	3.0	3.3			7.5	6.1		0.43		32
15	0.1060			800	1.0	1.0	3.0	3.0			7.4	6.2		0.52		42
16	0.1200			800	1.0	1.0	3.3	3.2			7.5	6.3		0.51		34
17	0.1070			1600	0.8	1.0	3.1	3.3			7.6	6.5		0.49		21
18	0.0970			1200	0.7	1.0	2.9	3.5			7.4	6.1		0.50		34
19	0.0990	270	170	800	0.6	1.0	3.3	3.3	5.6	8	7.3	6.3	140	0.54		43
20	0.1020			1000	0.7	1.1	3.4	3.5			7.2	6.8		0.48	0.10	38
21	0.1160			1200	0.8	1.0	3.6	3.3			7.5	7.1		0.47		39
22	0.0870			800	0.8	1.0	3.5	3.2			7.4	6.5		0.49		42
23	0.1190			800	0.8	1.0	3.4	3.5			7.3	7.0		0.47		22
24	0.0940			1200	0.8	1.0	3.2	3.3			7.5	7.2		0.46		18
25	0.0860			400	0.7	1.0	3.5	3.4			7.1	7.4		0.48		20
26	0.0830	180	130	400	0.6	1.0	3.3	3.1	10	16	7.3	7.2	6	0.50	0.05	22
27	0.0840			1200	0.7	1.0	3.5	3.4			7.5	7.6		0.51		40
28	0.0920			1000	0.7	1.0	3.3	3.2			7.4	7.1		0.45	0.10	46
29	0.0970			600	0.6	0.8	3.0	3.1			7.3	6.9		0.41	0.10	46
30	0.1450			800	0.6	0.8	2.9	3.2			7.3	7.0		0.40	0.75	42
31	0.1840			1000	0.6	0.8	2.8	3.3			7.5	7.2		0.50	0.35	40

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443
Halifax, PA 17032-0043

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

PA0024457		001	
PERMIT NUMBER		OUTFALL NUMBER	

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
2014	3	1		2014	3	31	

Reporting Frequency: Monthly
DMR Effective From: June 1, 2011
DMR Effective To: May 31, 2016
Permit Expires: May 31, 2016
Permit Application Due: December 3, 2015

☐ Check Here If No Discharge

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	0.1020	0.1840	MGD	XXX	XXX	XXX	XXX	X	Continuous	Measured
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	XXX	XXX		X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.1	XXX	7.6	S.U.	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max		X	1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.1	XXX	XXX	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX		X	1/day	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.48	0.56	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX		X	1/day	Grab
CBOD₅	SAMPLE MEASUREMENT	5.6	9.0	lbs/day	XXX	6.5	10.0	mg/l	0	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	1/Week	24-Hr Composite
BOD5 - Raw Sewage Influent	SAMPLE MEASUREMENT	155	223	lbs/day	XXX	188	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
Total Suspended Solids - Raw Sewage Influent	SAMPLE MEASUREMENT	129	191	lbs/day	XXX	153	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).				TELEPHONE		DATE			
						717	896-8149				
JEFFREY L. GROSSER, PLANT MANAGER						AREA CODE	NUMBER	YEAR	MO	DAY	
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					
COMMENTS (Report all violations on the "Non-Compliance Reporting Form")											

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443 PA0024457
Halifax, PA 17032-0043 PERMIT NUMBER

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

001
OUTFALL NUMBER

Reporting Frequency Monthly
DMR Effective From: June 1, 2011
DMR Effective To: May 31, 2016
Permit Expires: May 31, 2016
Permit Application Due: December 3, 2015

___ Check Here If No Discharge

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
2014	3	1		2014	3	31

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total Suspended Solids	SAMPLE MEASUREMENT	8	11	lbs/day	xxx	9	16	mg/l	0	1/week	24-Hr Composite
	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg		xxx	30 Avg Mo	45 Wkly Avg		X	1/week	24-Hr Composite
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	-	xxx	CFU/ 100 ml	-	1/week	Grab
	PERMIT REQUIREMENT	xxx	xxx		xxx	200 Geo Mean	xxx		X	1/week	Grab
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	16	xxx	CFU/ 100 ml	0	1/week	Grab
	PERMIT REQUIREMENT	xxx	xxx		xxx	2000 Geo Mean	xxx		X	1/week	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).		TELEPHONE		DATE		
			717	896-8149			
			AREA CODE	NUMBER	YEAR	MO	DAY
JEFFREY L. GROSSER, PLANT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					
TYPED OR PRINTED							

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C
Laboratories: _____

Month MARCH 2014
NPDES Permit No. PA 0024457 Outfall No. 001
Renewal application due 180 days prior to expiration
This permit will expire on May 31, 2016

	EFFLUENT PARAMETERS									
DAY	FLOW	pH	D.O.	TRC	CBOD 5	TSS	FECAL		Weather/Comments (Inches Precipitation)	Outside Temperature (F Deg.)
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q	CFU/100 ml		
1	0.0720	7.4	6.3	0.48						10
2	0.0830	7.3	6.2	0.50						34
3	0.0880	7.5	6.4	0.45						12
4	0.0730	7.3	6.1	0.47						16
5	0.0760	7.4	6.3	0.52	2.9	5.0		2		15
6	0.0830	7.3	6.5	0.56						18
7	0.0920	7.5	6.3	0.50						23
8	0.0840	7.4	6.4	0.42						25
9	0.1120	7.3	6.5	0.54						35
10	0.1110	7.5	6.4	0.50						33
11	0.1060	7.3	6.3	0.42						36
12	0.1430	7.5	6.2	0.49	7.6	8.8		44		42
13	0.1170	7.4	6.4	0.47					0.15	21
14	0.1050	7.5	6.1	0.43						32
15	0.1060	7.4	6.2	0.52						42
16	0.1200	7.5	6.3	0.51						34
17	0.1070	7.6	6.5	0.49						21
18	0.0970	7.4	6.1	0.50						34
19	0.0990	7.3	6.3	0.54	5.6	8.0		140		43
20	0.1020	7.2	6.8	0.48					0.10	38
21	0.1160	7.5	7.1	0.47						39
22	0.0870	7.4	6.5	0.49						42
23	0.1190	7.3	7.0	0.47						22
24	0.0940	7.5	7.2	0.46						18
25	0.0860	7.1	7.4	0.48						20
26	0.0830	7.3	7.2	0.50	10.0	16.0		6	0.05	22
27	0.0840	7.5	7.6	0.51						40
28	0.0920	7.4	7.1	0.45					0.10	46
29	0.0970	7.3	6.9	0.41					0.10	46
30	0.1450	7.3	7.0	0.40					0.75	42
31	0.1840	7.5	7.2	0.50					0.35	40
AVE.	0.1020	7.4	6.6	0.48	6.5	9.5		16	1.60 (Total)	30

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month MARCH 2014

Municipality: Halifax Borough

NPDES Permit No. PA 0024457 Outfall No. 001

Watershed: 6-C

This permit will expire on May 31, 2016

DAY	Influent					Process Control						
	FLOW	BOD ₅	BOD ₆	TSS	TSS	Aeration MLSS (centrifuge)		Aeration DO mg/l		Sludge Wasted		
	mgd	mg/l	lb/day	mg/l	lb/day	No. 1	No. 2	No. 1	No. 2	gallons		
1	0.0720					0.6	1.0	2.6	2.5	800		
2	0.0830					0.7	0.9	2.4	3.0	800		
3	0.0880					0.7	0.9	2.3	3.2	800		
4	0.0730					0.8	1.0	2.7	3.1	800		
5	0.0760	150	95	150	95	0.7	1.0	2.5	3.0	800		
6	0.0830					0.8	1.0	2.8	3.2	800		
7	0.0920					1.0	1.0	2.7	3.4	800		
8	0.0840					0.8	1.0	2.8	3.3	800		
9	0.1120					0.9	0.9	2.7	3.3	800		
10	0.1110					0.8	1.0	2.9	3.4	1,600		
11	0.1060					0.8	1.1	3.0	3.2	1,600		
12	0.1430	150	179	160	191	0.8	1.0	2.8	3.0	1,600		
13	0.1170					0.8	1.0	3.1	3.2	1,600		
14	0.1050					0.9	1.0	3.0	3.3	1,200		
15	0.1060					1.0	1.0	3.0	3.0	800		
16	0.1200					1.0	1.0	3.3	3.2	800		
17	0.1070					0.8	1.0	3.1	3.3	1,600		
18	0.0970					0.7	1.0	2.9	3.5	1,200		
19	0.0990	270	223	170	140	0.6	1.0	3.3	3.3	800		
20	0.1020					0.7	1.1	3.4	3.5	1,000		
21	0.1160					0.8	1.0	3.6	3.3	1,200		
22	0.0870					0.8	1.0	3.5	3.2	800		
23	0.1190					0.8	1.0	3.4	3.5	800		
24	0.0940					0.8	1.0	3.2	3.3	1,200		
25	0.0860					0.7	1.0	3.5	3.4	400		
26	0.0830	180	125	130	90	0.6	1.0	3.3	3.1	400		
27	0.0840					0.7	1.0	3.5	3.4	1,200		
28	0.0920					0.7	1.0	3.3	3.2	1,000		
29	0.0970					0.6	0.8	3.0	3.1	600		
30	0.1450					0.6	0.8	2.9	3.2	800		
31	0.1840					0.6	0.8	2.8	3.3	1,000		
AVE.	0.1020	188	155	153	129	0.8	1.0	3.0	3.2	981		

Check if there were no ☐ biosolids removed from the plant, ☐ hauled-in municipal wastes received, ☐ hauled-in residual wastes received, or ☐ non-compliance incidents during the month (otherwise attach the appropriate forms).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser

Signature: _____

Title: Manager

Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

**SUPPLEMENTAL REPORT
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL**

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C

MARCH 2014
NPDES Permit No. PA 0024457
This permit will expire on May 31, 2016

☐ Check here if there were no off-site removal events during the month

	Liquid Sewage Sludge / Biosolids Hauled Off-site				Dewatered Sewage Sludge / Biosolids Hauled Off-site				Sewage Sludge / Biosolids Dewatered and Incinerated On-site			
Date	Gallons	% Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01	= Dry Tons	Tons dewatered	X % Solids	= Dry Tons	
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
	0	#DIV/0!	X 0.0000417				X 0.01					
TOTAL:				0.000	TOTAL:				0.00	TOTAL:		0.00

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION
(Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

	SITE 1	SITE 2	SITE 3
Site Name:	Kline's Septic	Harrisburg Sewer Plant	
Municipality	Salunga	Harrisburg	
County:	Lancaster	Dauphin	
DEP Permit Number:	101607	27198	
Type of Material*	Liquid Biosolids	Liquid Biosolids	
Dry Tons Disposal:	0	0	
Gallons Disposed:	0	0	
Type of Disposal/Use:*	Sewer Plant	Sewer Plant	
Hauler Name:	Kline's Septic	Kline's Septic	

* See Instructions for explanation

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

Month APRIL
Year 2014

[illegible]

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443

Halifax, PA 17032-0043

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

PA0024457		001	
PERMIT NUMBER		OUTFALL NUMBER	

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
2014	4	1		2014	4	30	

Reporting Frequency	Monthly
DMR Effective From:	June 1, 2011
DMR Effective To:	May 31, 2016
Permit Expires:	May 31, 2016
Permit Application Due:	December 3, 2015

☐ Check Here If No Discharge

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	0.1446	0.1860	MGD	XXX	XXX	XXX	XXX	X	Continuous	Measured
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	XXX	XXX		X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.0	XXX	7.6	S.U.	#REF!	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max		X	1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.3	XXX	XXX	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX		X	1/day	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.46	0.57	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX		X	1/day	Grab
CBOD₅	SAMPLE MEASUREMENT	9.9	15.0	lbs/day	XXX	8.1	12.0	mg/l	0	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	1/Week	24-Hr Composite
BOD5 - Raw Sewage Influent	SAMPLE MEASUREMENT	153	184	lbs/day	XXX	127	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
Total Suspended Solids - Raw Sewage Influent	SAMPLE MEASUREMENT	139	198	lbs/day	XXX	114	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).				TELEPHONE		DATE			
								717	896-8149		
JEFFREY L. GROSSER, PLANT MANAGER						TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	

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

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED:

P.O. Box 443	PA0024457
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Halifax, PA 17032-0043

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency

Monthly

DMR Effective From:

June 1, 2011

DMR Effective To:

May 31, 2016

Permit Expires:

May 31, 2016

Permit Application Due:

December 3, 2015

____ Check Here If No Discharge

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE					
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS								
Total Suspended Solids	SAMPLE MEASUREMENT	27	83	lbs/day	xxx	22	69	mg/l	4	1/week	24-Hr Composite					
	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg		xxx	30 Avg Mo	45 Wkly Avg		X	1/week	24-Hr Composite					
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	-	xxx	CFU/ 100 ml	-	1/week	Grab					
	PERMIT REQUIREMENT	xxx	xxx		xxx	200 Geo Mean	xxx		X	1/week	Grab					
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	338	xxx	CFU/ 100 ml	0	1/week	Grab					
	PERMIT REQUIREMENT	xxx	xxx		xxx	2000 Geo Mean	xxx		X	1/week	Grab					
	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT															
	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT															
	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT															
	SAMPLE MEASUREMENT															
	PERMIT REQUIREMENT															
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE				
										717		896-8149				
										AREA CODE	NUMBER	YEAR	MO	DAY		
JEFFREY L. GROSSER, PLANT MANAGER																
TYPED OR PRINTED																

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C
Laboratories: _____

Month APRIL 2014
NPDES Permit No. PA 0024457 Outfall No. 001
Renewal application due 180 days prior to expiration
This permit will expire on May 31, 2016

EFFLUENT PARAMETERS										
DAY	FLOW	pH	D.O.	TRC	CBOD 5	TSS	FECAL		Weather/Comments (Inches Precipitation)	Outside Temperature (F Deg.)
	<i>mgd</i>	<i>SU</i>	<i>mg/l</i>	<i>mg/l</i>	<i>mg/l</i>	<i>mg/l</i>	Q	CFU/100 ml		
1	0.1370	7.5	7.6	0.49						45
2	0.1450	7.3	7.2	0.47	12.0	69.0		300		51
3	0.1520	7.4	7.4	0.41					0.15	50
4	0.1460	7.5	7.4	0.43					0.45	48
5	0.1650	7.6	7.3	0.44					0.20	41
6	0.1350	#REF!	7.4	0.41						33
7	0.1380	#REF!	7.9	0.43						42
8	0.1860	7.0	8.3	0.44					0.35	50
9	0.1430	7.2	8.4	0.47	8.4	16.0		900		36
10	0.1390	7.4	8.6	0.49						48
11	0.1470	7.5	6.3	0.34					0.10	55
12	0.1440	7.3	6.8	0.31					0.35	41
13	0.1610	7.5	6.9	0.43						59
14	0.1660	7.6	7.4	0.49						61
15	0.1680	7.5	7.1	0.42					0.30	48
16	0.1700	7.5	8.2	0.57	8.7	10.0		100	0.60	30
17	0.1420	7.3	8.2	0.49						36
18	0.1380	7.3	7.8	0.36					0.10	41
19	0.1320	7.2	8.1	0.40						51
20	0.1640	7.4	7.9	0.48						49
21	0.1360	7.5	8.3	0.48						41
22	0.1440	7.3	8.1	0.51						54
23	0.1420	7.4	8.3	0.53	6.0	5.0		510	0.15	46
24	0.1320	7.5	8.1	0.50						40
25	0.1280	7.3	8.2	0.48						36
26	0.1190	7.2	8.1	0.48					0.25	56
27	0.1500	7.4	8.3	0.44						57
28	0.1240	7.5	8.1	0.46						#REF!
29	0.1200	7.6	8.4	0.52						#REF!
30	0.1250	7.1	8.0	0.50	5.5	10.0		320	0.50	48
31										
AVE.	0.1446	7.4	7.8	0.46	8.1	22.0		338	3.50 (Total)	46

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month APRIL 2014

Municipality: Halifax Borough

NPDES Permit No. PA 0024457 Outfall No. 001

Watershed: 6-C

This permit will expire on May 31, 2016

DAY	Influent					Process Control						
	FLOW	BOD ₅	BOD ₆	TSS	TSS	Aeration MLSS (centrifuge)		Aeration DO mg/l		Sludge Wasted		
	mgd	mg/l	lb/day	mg/l	lb/day	No. 1	No. 2	No. 1	No. 2	gallons		
1	0.1370					0.6	1.0	3.0	3.3	200		
2	0.1450	95	115	100	121	0.6	0.9	3.3	3.1	200		
3	0.1520					0.6	0.9	3.1	3.3	1,000		
4	0.1460					0.6	0.8	3.0	3.2	600		
5	0.1650					0.6	0.9	3.2	3.1	800		
6	0.1350					0.6	0.9	3.1	3.3	800		
7	0.1380					0.6	1.0	3.2	3.5	800		
8	0.1860					0.6	1.0	3.1	3.3	600		
9	0.1430	130	155	130	155	0.6	1.0	3.4	3.1	600		
10	0.1390					0.8	1.0	3.5	3.0	600		
11	0.1470					0.6	0.9	2.9	2.9	500		
12	0.1440					0.6	1.0	3.1	3.0	800		
13	0.1610					0.6	1.0	3.2	3.2	800		
14	0.1660					0.6	0.8	3.1	3.2	600		
15	0.1680					0.6	0.9	3.2	3.3	600		
16	0.1700	130	184	140	198	0.7	0.9	3.3	3.2	600		
17	0.1420					0.7	0.9	3.4	3.4	800		
18	0.1380					0.7	0.8	3.5	4.0	600		
19	0.1320					0.7	1.0	3.3	3.4	800		
20	0.1640					0.7	1.0	3.4	3.6	800		
21	0.1360					0.7	0.9	3.5	3.3	1,200		
22	0.1440					0.8	0.9	3.2	3.0	1,200		
23	0.1420	120	142	71	84	0.8	1.0	3.1	3.1	1,200		
24	0.1320					0.8	0.9	3.0	3.2	1,200		
25	0.1280					0.8	1.0	3.2	3.4	1,200		
26	0.1190					0.8	1.0	3.1	2.8	800		
27	0.1500					0.8	1.0	3.0	3.1	800		
28	0.1240					0.7	1.0	2.8	3.3	1,200		
29	0.1200					0.7	1.1	3.2	3.4	1,600		
30	0.1250	160	167	130	136	0.7	1.0	3.0	3.1	1,300		
31												
AVE.	0.1446	127	153	114	139	0.7	0.9	3.2	3.2	827		

Check if there were no ☐ biosolids removed from the plant, ☐ hauled-in municipal wastes received, ☐ hauled-in residual wastes received, or ☐ non-compliance incidents during the month (otherwise attach the appropriate forms).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser

Signature: _____

Title: Manager

Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

**SUPPLEMENTAL REPORT
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL**

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C

APRIL 2014
NPDES Permit No. PA 0024457
This permit will expire on May 31, 2016

☐ Check here if there were no off-site removal events during the month

	Liquid Sewage Sludge / Biosolids Hauled Off-site				Dewatered Sewage Sludge / Biosolids Hauled Off-site				Sewage Sludge / Biosolids Dewatered and Incinerated On-site			
Date	Gallons	% Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01	= Dry Tons	Tons dewatered	X % Solids	= Dry Tons	
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
4/24/14	6,000	2.3	X 0.0000417	0.575			X 0.01					
4/24/14	6,000	2.1	X 0.0000417	0.525			X 0.01					
4/25/14	6,000	1.9	X 0.0000417	0.475			X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
	18,000	2.1	X 0.0000417				X 0.01					
TOTAL:				1.576	TOTAL:				0.00	TOTAL:		0.00

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION
(Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

	SITE 1	SITE 2	SITE 3
Site Name:	Kline's Septic	Harrisburg Sewer Plant	
Municipality	Salunga	Harrisburg	
County:	Lancaster	Dauphin	
DEP Permit Number:	101607	27198	
Type of Material*	Liquid Biosolids	Liquid Biosolids	
Dry Tons Disposal:	#REF!	1.57626	
Gallons Disposed:	0	18,000	
Type of Disposal/Use:*	Sewer Plant	Sewer Plant	
Hauler Name:	Kline's Septic	Kline's Septic	

* See Instructions for explanation

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

Month MAY
Year 2014

Day	Flow	Influent BOD5	Influent TSS	Aeration Wasted	Aeration MLSS (centrifuge)		Aeration DO (mg/l)		Effluent CBOD5	Effluent TSS	Effluent pH	Effluent D.O.	Effluent Fecals	Effluent TRC	Weather Precipitation	Outside Temp. (F)
					No. 1	No. 2	No. 1	No. 2								
1	0.1730			1600	0.7	1.0	3.1	2.9			7.1	8.4		0.48	0.75	54
2	0.1640			800	0.7	1.0	3.3	3.1			7.2	8.1		0.46		52
3	0.1240			800	0.7	1.1	3.0	3.2			7.4	8.2		0.49		55
4	0.1560			800	0.7	1.1	3.4	2.9			7.0	8.3		0.47		50
5	0.1460			1200	0.6	1.0	3.1	3.1			7.1	8.1		0.45		54
6	0.1340			1200	0.7	1.0	3.3	3.0			7.3	8.4		0.51		51
7	0.1440	79	40	800	0.7	0.9	3.2	3.2	7.1	15	7.1	8.0	120	0.53		54
8	0.1220			1200	0.6	0.8	3.0	3.1			7.4	7.8		0.5		56
9	0.1510			1200	0.6	0.9	3.3	2.8			7.3	8.1		0.44		58
10	0.1340			800	0.7	0.9	3.5	3.0			7.4	7.8		0.50		61
11	0.1420			800	0.6	0.9	3.4	3.2			7.5	7.8		0.55	0.25	63
12	0.1340			1200	0.7	0.9	3.3	3.4			7.2	7.7		0.51		65
13	0.1400			1200	0.7	1.0	3.2	3.0			6.7	6.7		0.52		63
14	0.1350	440	420	1600	0.7	1.0	2.9	2.8	5.3	15	6.1	6.1	20000	0.51		60
15	0.1230			400	0.7	1.0	3.1	2.9			6.2	6.2		0.48		56
16	0.1760			1600	0.6	0.8	3.0	3.1			6.4	6.4		0.41	2.25	52
17	0.2080			600	0.6	0.8	3.1	3.2			6.5	6.5		0.45	0.4	50
18	0.1730			600	0.6	0.8	3.5	3.3			6.8	7.0		0.37		55
19	0.1620			800	0.6	0.8	3.2	3.3			7.2	6.9		0.30		48
20	0.1520			1600	0.6	0.8	3.0	3.0			7.4	7.7		0.51		50
21	0.1570	100	100	1600	0.7	0.9	3.1	3.1	12	11	7.2	7.5	2600	0.56	0.25	48
22	0.1760			1600	0.7	1.0	3.0	3.2			7.4	7.8		0.54	0.60	61
23	0.1860			1600	0.7	1.0	3.2	3.1			6.0	7.4		0.42		60
24	0.1560			800	0.6	0.9	3.1	3.0			6.5	7.5		0.58		60
25	0.1390			800	0.7	0.9	3.0	2.9			6.4	7.4		0.47		58
26	0.1440			800	0.7	1.0	3.1	3.3			6.5	7.2		0.49		66
27	0.1640			1600	0.8	1.0	3.2	3.2			6.6	7.2		0.44		64
28	0.1390	210	170	1600	0.8	1.0	3.3	3.6	7.2	12	7.1	6.8	2	0.51	0.95	66
29	0.1800			1600	0.9	1.0	3.1	3.4			7.0	7.0	2	0.68	0.15	62
30	0.1230			1600	0.9	1.0	3.3	3.1			7.1	7.3		0.58		63
31	0.1710			800	0.9	1.0	3.0	3.5			7.2	7.4		0.52		61

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443
Halifax, PA 17032-0043

PA0024457
PERMIT NUMBER

001
OUTFALL NUMBER

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
2014	5	1		2014	5	31	

Reporting Frequency: Monthly
DMR Effective From: June 1, 2011
DMR Effective To: May 31, 2016
Permit Expires: May 31, 2016
Permit Application Due: December 3, 2015

☐ Check Here If No Discharge

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	0.1525	0.2080	MGD	XXX	XXX	XXX	XXX	X	Continuous	Measured
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	XXX	XXX		X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.0	XXX	7.5	S.U.	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max		X	1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.1	XXX	XXX	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX		X	1/day	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.49	0.68	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX		X	1/day	Grab
CBOD₅	SAMPLE MEASUREMENT	9.6	16.0	lbs/day	XXX	7.9	12.0	mg/l	0	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	1/Week	24-Hr Composite
BOD5 - Raw Sewage Influent	SAMPLE MEASUREMENT	241	495	lbs/day	XXX	207	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
Total Suspended Solids - Raw Sewage Influent	SAMPLE MEASUREMENT	212	473	lbs/day	XXX	183	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).				TELEPHONE		DATE			
JEFFREY L. GROSSER, PLANT MANAGER								717	896-8149		
TYPED OR PRINTED						AREA CODE		NUMBER		YEAR	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
COMMENTS (Report all violations on the "Non-Compliance Reporting Form")											

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443 PA0024457
 Halifax, PA 17032-0043 PERMIT NUMBER

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

001
 OUTFALL NUMBER

Reporting Frequency Monthly
 DMR Effective From: June 1, 2011
 DMR Effective To: May 31, 2016
 Permit Expires: May 31, 2016
 Permit Application Due: December 3, 2015

___ Check Here If No Discharge

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
2014	5	1		2014	5	31

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total Suspended Solids	SAMPLE MEASUREMENT	16	18	lbs/day	xxx	13	15	mg/l	0	1/week	24-Hr Composite
	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg		xxx	30 Avg Mo	45 Wkly Avg		X	1/week	24-Hr Composite
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	120	xxx	CFU/ 100 ml	0	1/week	Grab
	PERMIT REQUIREMENT	xxx	xxx		xxx	200 Geo Mean	xxx		X	1/week	Grab
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	-	xxx	CFU/ 100 ml	-	1/week	Grab
	PERMIT REQUIREMENT	xxx	xxx		xxx	2000 Geo Mean	xxx		X	1/week	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).	TELEPHONE		DATE		
		717	896-8149			
		AREA CODE	NUMBER	YEAR	MO	DAY
JEFFREY L. GROSSER, PLANT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				
TYPED OR PRINTED						

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C
Laboratories: _____

Month MAY 2014
NPDES Permit No. PA 0024457 Outfall No. 001
Renewal application due 180 days prior to expiration
This permit will expire on May 31, 2016

5

EFFLUENT PARAMETERS										Weather/Comments (Inches Precipitation)	Outside Temperature (F Deg.)
DAY	FLOW <i>mgd</i>	pH <i>SU</i>	D.O. <i>mg/l</i>	TRC <i>mg/l</i>	CBOD 5 <i>mg/l</i>	TSS <i>mg/l</i>	FECAL				
							Q	CFU/100 ml			
1	0.1730	7.1	8.4	0.48					0.75		54
2	0.1640	7.2	8.1	0.46							52
3	0.1240	7.4	8.2	0.49							55
4	0.1560	7.0	8.3	0.47							50
5	0.1460	7.1	8.1	0.45							54
6	0.1340	7.3	8.4	0.51							51
7	0.1440	7.1	8.0	0.53	7.1	15.0		120			54
8	0.1220	7.4	7.8	0.50							56
9	0.1510	7.3	8.1	0.44							58
10	0.1340	7.4	7.8	0.50							61
11	0.1420	7.5	7.8	0.55					0.25		63
12	0.1340	7.2	7.7	0.51							65
13	0.1400	6.7	6.7	0.52							63
14	0.1350	6.1	6.1	0.51	5.3	15.0		20,000			60
15	0.1230	6.2	6.2	0.48							56
16	0.1760	6.4	6.4	0.41					2.25		52
17	0.2080	6.5	6.5	0.45					0.40		50
18	0.1730	6.8	7.0	0.37							55
19	0.1620	7.2	6.9	0.30							48
20	0.1520	7.4	7.7	0.51							50
21	0.1570	7.2	7.5	0.56	12.0	11.0		2,600	0.25		48
22	0.1760	7.4	7.8	0.54					0.60		61
23	0.1860	6.0	7.4	0.42							60
24	0.1560	6.5	7.5	0.58							60
25	0.1390	6.4	7.4	0.47							58
26	0.1440	6.5	7.2	0.49							66
27	0.1640	6.6	7.2	0.44							64
28	0.1390	7.1	6.8	0.51	7.2	12.0		2	0.95		66
29	0.1800	7.0	7.0	0.68				2	0.15		62
30	0.1230	7.1	7.3	0.58							63
31	0.1710	7.2	7.4	0.52							61
AVE.	0.1525	6.9	7.4	0.49	7.9	13.3		120	5.60 (Total)		57

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month MAY 2014

Municipality: Halifax Borough

NPDES Permit No. PA 0024457

Outfall No. 001

Watershed: 6-C

This permit will expire on May 31, 2016

DAY	Influent					Process Control						
	FLOW	BOD ₅	BOD ₆	TSS	TSS	Aeration MLSS (centrifuge)		Aeration DO mg/l		Sludge Wasted		
	mgd	mg/l	lb/day	mg/l	lb/day	No. 1	No. 2	No. 1	No. 2	gallons		
1	0.1730					0.7	1.0	3.1	2.9	1,600		
2	0.1640					0.7	1.0	3.3	3.1	800		
3	0.1240					0.7	1.1	3.0	3.2	800		
4	0.1560					0.7	1.1	3.4	2.9	800		
5	0.1460					0.6	1.0	3.1	3.1	1,200		
6	0.1340					0.7	1.0	3.3	3.0	1,200		
7	0.1440	79	95	40	48	0.7	0.9	3.2	3.2	800		
8	0.1220					0.6	0.8	3.0	3.1	1,200		
9	0.1510					0.6	0.9	3.3	2.8	1,200		
10	0.1340					0.7	0.9	3.5	3.0	800		
11	0.1420					0.6	0.9	3.4	3.2	800		
12	0.1340					0.7	0.9	3.3	3.4	1,200		
13	0.1400					0.7	1.0	3.2	3.0	1,200		
14	0.1350	440	495	420	473	0.7	1.0	2.9	2.8	1,600		
15	0.1230					0.7	1.0	3.1	2.9	400		
16	0.1760					0.6	0.8	3.0	3.1	1,600		
17	0.2080					0.6	0.8	3.1	3.2	600		
18	0.1730					0.6	0.8	3.5	3.3	600		
19	0.1620					0.6	0.8	3.2	3.3	800		
20	0.1520					0.6	0.8	3.0	3.0	1,600		
21	0.1570	100	131	100	131	0.7	0.9	3.1	3.1	1,600		
22	0.1760					0.7	1.0	3.0	3.2	1,600		
23	0.1860					0.7	1.0	3.2	3.1	1,600		
24	0.1560					0.6	0.9	3.1	3.0	800		
25	0.1390					0.7	0.9	3.0	2.9	800		
26	0.1440					0.7	1.0	3.1	3.3	800		
27	0.1640					0.8	1.0	3.2	3.2	1,600		
28	0.1390	210	243	170	197	0.8	1.0	3.3	3.6	1,600		
29	0.1800					0.9	1.0	3.1	3.4	1,600		
30	0.1230					0.9	1.0	3.3	3.1	1,600		
31	0.1710					0.9	1.0	3.0	3.5	800		
AVE.	0.1525	207	241	183	212	0.7	0.9	3.2	3.1	1,135		

Check if there were no ☐ biosolids removed from the plant, ☐ hauled-in municipal wastes received, ☐ hauled-in residual wastes received, or ☐ non-compliance incidents during the month (otherwise attach the appropriate forms).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser

Signature: _____

Title: Manager

Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

**SUPPLEMENTAL REPORT
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL**

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C

MAY 2014
NPDES Permit No. PA 0024457
This permit will expire on May 31, 2016

☐ Check here if there were no off-site removal events during the month

	Liquid Sewage Sludge / Biosolids Hauled Off-site				Dewatered Sewage Sludge / Biosolids Hauled Off-site				Sewage Sludge / Biosolids Dewatered and Incinerated On-site			
Date	Gallons	% Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01	= Dry Tons	Tons dewatered	X % Solids	= Dry Tons	
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
5/15/14	6,000	1.5	X 0.0000417	0.375			X 0.01					
5/15/14	6,000	1.5	X 0.0000417	0.375			X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
	12,000	1.5	X 0.0000417				X 0.01					
TOTAL:				0.751	TOTAL:				0.00	TOTAL:		0.00

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION
(Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

	SITE 1	SITE 2	SITE 3
Site Name:	Kline's Septic	Harrisburg Sewer Plant	
Municipality	Salunga	Harrisburg	
County:	Lancaster	Dauphin	
DEP Permit Number:	101607	27198	
Type of Material*	Liquid Biosolids	Liquid Biosolids	
Dry Tons Disposal:	0	0.7506	
Gallons Disposed:	0	12,000	
Type of Disposal/Use:*	Sewer Plant	Sewer Plant	
Hauler Name:	Kline's Septic	Kline's Septic	

* See Instructions for explanation

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

Month JUNE
Year 2014

[illegible]

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443

Halifax, PA 17032-0043

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

PA0024457		001	
PERMIT NUMBER		OUTFALL NUMBER	

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
2014	6	1		2014	6	30	

Reporting Frequency	Monthly
DMR Effective From:	June 1, 2011
DMR Effective To:	May 31, 2016
Permit Expires:	May 31, 2016
Permit Application Due:	December 3, 2015

☐ Check Here If No Discharge

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Flow	SAMPLE MEASUREMENT	0.1541	0.1780	MGD	XXX	XXX	XXX	XXX	X	Continuous	Measured	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	XXX	XXX		X	Continuous	Measured	
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.1	XXX	7.6	S.U.	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max		X	1/day	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	XXX	5.1	XXX	XXX	mg/l	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX		X	1/day	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.49	0.64	mg/l	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX		X	1/day	Grab	
CBOD₅	SAMPLE MEASUREMENT	9.0	17.0	lbs/day	XXX	6.9	13.0	mg/l	0	1/Week	24-Hr Composite	
	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	1/Week	24-Hr Composite	
BOD5 - Raw Sewage Influent	SAMPLE MEASUREMENT	317	400	lbs/day	XXX	240	XXX	mg/l	X	1/Week	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite	
Total Suspended Solids - Raw Sewage Influent	SAMPLE MEASUREMENT	199	280	lbs/day	XXX	149	XXX	mg/l	X	1/Week	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).						TELEPHONE		DATE		
								717	896-8149			
JEFFREY L. GROSSER, PLANT MANAGER						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED												
COMMENTS (Report all violations on the "Non-Compliance Reporting Form")												

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443 PA0024457
Halifax, PA 17032-0043 PERMIT NUMBER

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

001
OUTFALL NUMBER

Reporting Frequency Monthly
DMR Effective From: June 1, 2011
DMR Effective To: May 31, 2016
Permit Expires: May 31, 2016
Permit Application Due: December 3, 2015

___ Check Here If No Discharge

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
2014	6	1		2014	6	30

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total Suspended Solids	SAMPLE MEASUREMENT	14	18	lbs/day	xxx	11	14	mg/l	0	1/week	24-Hr Composite
	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg		xxx	30 Avg Mo	45 Wkly Avg		X	1/week	24-Hr Composite
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	109	xxx	CFU/ 100 ml	0	1/week	Grab
	PERMIT REQUIREMENT	xxx	xxx		xxx	200 Geo Mean	xxx		X	1/week	Grab
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	-	xxx	CFU/ 100 ml	-	1/week	Grab
	PERMIT REQUIREMENT	xxx	xxx		xxx	2000 Geo Mean	xxx		X	1/week	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	JEFFREY L. GROSSER, PLANT MANAGER	TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
					717	896-8149			
					AREA CODE	NUMBER	YEAR	MO	DAY

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C
Laboratories: _____

Month JUNE 2014
NPDES Permit No. PA 0024457 Outfall No. 001
Renewal application due 180 days prior to expiration
This permit will expire on May 31, 2016

EFFLUENT PARAMETERS									6	
DAY	FLOW	pH	D.O.	TRC	CBOD 5	TSS	FECAL		Weather/Comments (Inches Precipitation)	Outside Temperature (F Deg.)
	<i>mgd</i>	<i>SU</i>	<i>mg/l</i>	<i>mg/l</i>	<i>mg/l</i>	<i>mg/l</i>	Q	CFU/100 ml		
1	0.1770	7.1	7.2	0.56						70
2	0.1570	7.2	7.4	0.43						75
3	0.1520	7.1	7.3	0.53						65
4	0.1600	7.2	7.6	0.48	4.6	10.0		100	0.35	66
5	0.1570	7.3	6.3	0.50					0.55	60
6	0.1480	7.4	6.5	0.46						65
7	0.1400	7.2	6.8	0.44						60
8	0.1480	7.3	7.0	0.48						54
9	0.1630	7.1	7.4	0.47					0.60	64
10	0.1660	7.4	5.8	0.45					0.20	68
11	0.1580	7.3	6.2	0.58	13.0	14.0		20,000	0.80	70
12	0.1560	7.4	6.5	0.43					0.30	68
13	0.1780	7.3	6.2	0.54					0.25	72
14	0.1670	7.4	6.6	0.49					0.50	61
15	0.1460	7.6	6.4	0.47						59
16	0.1690	7.3	6.7	0.44						62
17	0.1590	7.1	6.6	0.49						68
18	0.1700	7.4	5.8	0.51	3.6	8.4		66	0.10	68
19	0.1630	7.3	5.3	0.49					0.10	70
20	0.1460	7.5	5.4	0.47					0.20	58
21	0.1370	7.6	5.2	0.46						63
22	0.1300	7.5	5.1	0.45						64
23	0.1430	7.3	5.8	0.42						65
24	0.1500	7.4	5.9	0.64						70
25	0.1460	7.2	6.1	0.53	6.2	10.0		58		74
26	0.1510	7.4	5.6	0.50					0.60	70
27	0.1640	7.5	5.5	0.61				2		67
28	0.1360	7.6	5.4	0.52						70
29	0.1450	7.3	5.6	0.50						71
30	0.1400	7.4	5.8	0.50					0.10	70
31										
AVE.	0.1541	7.3	6.2	0.49	6.9	10.6		109	4.65 (Total)	66

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month JUNE 2014

Municipality: Halifax Borough

NPDES Permit No. PA 0024457

Outfall No. 001

Watershed: 6-C

This permit will expire on May 31, 2016

DAY	Influent					Process Control						
	FLOW	BOD ₅	BOD ₆	TSS	TSS	Aeration MLSS (centrifuge)		Aeration DO mg/l		Sludge Wasted		
	mgd	mg/l	lb/day	mg/l	lb/day	No. 1	No. 2	No. 1	No. 2	gallons		
1	0.1770					0.9	1.0	3.2	3.6	800		
2	0.1570					0.9	0.9	3.0	3.4	1,600		
3	0.1520					0.9	0.8	3.4	3.1	1,600		
4	0.1600	300	400	210	280	1.0	0.9	3.6	3.2	1,600		
5	0.1570					1.0	1.0	3.7	3.0	1,200		
6	0.1480					0.8	0.9	3.6	2.7	1,600		
7	0.1400					0.9	1.0	3.0	3.1	800		
8	0.1480					1.0	1.0	3.6	3.0	800		
9	0.1630					0.8	1.0	3.5	2.7	1,200		
10	0.1660					0.6	0.8	3.2	2.3	1,400		
11	0.1580	180	237	150	198	0.7	1.2	3.1	2.6	800		
12	0.1560					0.6	0.9	3.3	2.7	800		
13	0.1780					0.7	0.9	3.1	2.5	1,600		
14	0.1670					0.7	1.0	3.2	2.5	800		
15	0.1460					0.7	1.0	3.1	2.4	800		
16	0.1690					0.7	1.0	3.3	2.6	1,600		
17	0.1590					0.7	1.0	3.1	2.8	1,600		
18	0.1700	220	312	160	227	0.6	1.0	3.1	2.5	1,200		
19	0.1630					0.6	1.0	3.2	2.8	1,200		
20	0.1460					0.6	1.1	3.3	2.7	1,200		
21	0.1370					0.6	1.1	3.1	2.6	800		
22	0.1300					0.6	1.1	3.3	2.5	800		
23	0.1430					0.6	1.2	3.4	2.7	1,600		
24	0.1500					0.6	1.2	3.1	2.8	1,600		
25	0.1460	260	317	75	91	0.7	1.2	3.4	2.6	1,600		
26	0.1510					0.8	1.2	3.1	2.7	800		
27	0.1640					0.8	1.2	2.8	2.5	1,600		
28	0.1360					0.8	1.2	3.0	2.6	800		
29	0.1450					1.0	1.2	3.1	2.8	800		
30	0.1400					1.0	1.2	3.0	2.6	1,600		
31												
AVE.	0.1541	240	317	149	199	0.8	1.0	3.2	2.8	1,207		

Check if there were no ☐ biosolids removed from the plant, ☐ hauled-in municipal wastes received, ☐ hauled-in residual wastes received, or ☐ non-compliance incidents during the month (otherwise attach the appropriate forms).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser

Signature: _____

Title: Manager

Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

**SUPPLEMENTAL REPORT
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL**

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C

JUNE 2014
NPDES Permit No. PA 0024457
This permit will expire on May 31, 2016

☐ Check here if there were no off-site removal events during the month

	Liquid Sewage Sludge / Biosolids Hauled Off-site				Dewatered Sewage Sludge / Biosolids Hauled Off-site				Sewage Sludge / Biosolids Dewatered and Incinerated On-site			
Date	Gallons	% Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01	= Dry Tons	Tons dewatered	X % Solids	= Dry Tons	
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
	0	#DIV/0!	X 0.0000417				X 0.01					
TOTAL:				0.000	TOTAL:				0.00	TOTAL:		0.00

**SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION
(Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)**

	SITE 1	SITE 2	SITE 3
Site Name:	Kline's Septic	Harrisburg Sewer Plant	
Municipality	Salunga	Harrisburg	
County:	Lancaster	Dauphin	
DEP Permit Number:	101607	27198	
Type of Material*	Liquid Biosolids	Liquid Biosolids	
Dry Tons Disposal:	0	0	
Gallons Disposed:	0	0	
Type of Disposal/Use:*	Sewer Plant	Sewer Plant	
Hauler Name:	Kline's Septic	Kline's Septic	

* See Instructions for explanation

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

Month JULY
Year 2014

Day	Flow	Influent BOD5	Influent TSS	Aeration Wasted	Aeration MLSS (centrifuge)		Aeration DO (mg/l)		Effluent CBOD5	Effluent TSS	Effluent pH	Effluent D.O.	Effluent Fecals	Effluent TRC	Weather Precipitation	Outside Temp. (F)
					No. 1	No. 2	No. 1	No. 2								
1	0.1380			1600	1.0	1.2	2.7	2.4			7.1	5.5		0.49		71
2	0.1500	290	120	1600	1.0	1.2	2.5	2.2	4.6	13	7.4	5.0	150	0.51		72
3	0.1480			1600	1.0	1.2	2.2	2.0			7.2	5.4		0.44		73
4	0.1380			800	1.0	1.1	2.4	2.3			7.4	5.3		0.45	0.60	72
5	0.1740			800	0.9	1.1	2.2	2.4			7.3	5.4		0.55		62
6	0.1040			800	0.9	1.1	2.4	2.5			7.2	5.3		0.49		64
7	0.1490			1600	0.8	1.1	2.5	2.3			7.2	5.5		0.42		70
8	0.1410			1600	1.0	1.0	2.4	2.1			7.1	5.3		0.54	0.25	71
9	0.1380	270	50	1200	1.0	1.0	2.2	2.0	4.5	8	7.5	5.3	2	0.57	0.35	69
10	0.1480			1600	1.0	1.1	2.0	1.8			7.4	5.2		0.48		68
11	0.1280			1600	1.0	1.1	1.9	2.0			7.3	5.3		0.42	0.35	66
12	0.1170			800	1.1	1.1	2.1	1.9			7.4	5.5		0.46		71
13	0.1430			800	1.1	1.1	2.0	2.4			7.5	5.4		0.49		78
14	0.1380			1800	1.1	1.0	2.2	2.0			7.3	5.5		0.41	0.25	70
15	0.1370			1600	1.1	1.1	2.3	2.1			7.4	5.2		0.64	0.85	70
16	0.1210	350	410	2000	1.1	1.0	2.2	1.9	5.2	14	7.3	5.5	2	0.65		64
17	0.1110			2200	1.1	1.0	1.9	2.1			7.5	5.6		0.47		62
18	0.1080			2000	1.1	1.0	2.0	2.0			7.3	5.7		0.45		56
19	0.1190			800	1.1	1.0	1.8	2.1			7.3	5.4		0.53		65
20	0.1300			800	1.1	1.0	1.9	2.2			7.4	5.5		0.48		66
21	0.1210			2000	1.2	1.0	2.2	1.8			7.3	5.2		0.50		71
22	0.1240			2000	1.2	1.0	2.3	1.9			7.1	5.3		0.48		67
23	0.1270	210	100	1600	1.1	1.0	2.0	1.7	2.8	5	7.4	5.4	4	0.57		72
24	0.1230			1600	1.2	1.0	1.9	1.9			7.3	5.2		0.43		70
25	0.1040			1600	1.0	1.0	1.7	1.5			7.5	5.4		0.49		50
26	0.1070			800	1.1	1.0	1.3	1.3			7.5	5.4		0.51		65
27	0.1150			800	1.1	1.0	1.6	1.7			7.4	5.3		0.47		71
28	0.1330			1600	1.0	1.0	1.9	1.9			7.3	5.6		0.46	0.50	65
29	0.1200			1000	0.9	1.2	1.8	1.5			7.4	5.2		0.47	0.35	62
30	0.1200	560	120	1700	0.8	1.3	1.7	1.7	5.8	12	7.2	5.4	2700	0.51		52
31	0.1060			100	0.6	1.5	1.5	1.4			7.1	5.5		0.48	0.25	62

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443

Halifax, PA 17032-0043

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

PA0024457		001	
PERMIT NUMBER		OUTFALL NUMBER	

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
2014	7	1		2014	7	31	

Reporting Frequency	Monthly
DMR Effective From:	June 1, 2011
DMR Effective To:	May 31, 2016
Permit Expires:	May 31, 2016
Permit Application Due:	December 3, 2015

☐ Check Here If No Discharge

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	0.1284	0.1740	MGD	XXX	XXX	XXX	XXX	X	Continuous	Measured
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	XXX	XXX		X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.1	XXX	7.5	S.U.	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max		X	1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	XXX	5.0	XXX	XXX	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX		X	1/day	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.49	0.65	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX		X	1/day	Grab
CBOD₅	SAMPLE MEASUREMENT	5.0	6.0	lbs/day	XXX	4.6	5.8	mg/l	0	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	1/Week	24-Hr Composite
BOD5 - Raw Sewage Influent	SAMPLE MEASUREMENT	362	560	lbs/day	XXX	336	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
Total Suspended Solids - Raw Sewage Influent	SAMPLE MEASUREMENT	169	414	lbs/day	XXX	160	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).				TELEPHONE		DATE			
								717	896-8149		
JEFFREY L. GROSSER, PLANT MANAGER						TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
COMMENTS (Report all violations on the "Non-Compliance Reporting Form")											

PERMITTEE NAME / ADDRESS

_____ Check Here If No Discharge

WATERSHED:	6-C	YEAR	MO	DAY	TO	YEAR	MO	DAY
		2014	7	1		2014	7	31

NOTE: Read instructions before completing this form\

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).		TELEPHONE		DATE		
			717	896-8149			
			AREA CODE	NUMBER	YEAR	MO	DAY
JEFFREY L. GROSSER, PLANT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					
TYPED OR PRINTED							

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C
Laboratories: _____

Month JULY 2014
NPDES Permit No. PA 0024457 Outfall No. 001
Renewal application due 180 days prior to expiration
This permit will expire on May 31, 2016

	EFFLUENT PARAMETERS									
DAY	FLOW	pH	D.O.	TRC	CBOD 5	TSS	FECAL		Weather/Comments (Inches Precipitation)	Outside Temperature (F Deg.)
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q	CFU/100 ml		
1	0.1380	7.1	5.5	0.49						71
2	0.1500	7.4	5.0	0.51	4.6	13.0		150		72
3	0.1480	7.2	5.4	0.44						73
4	0.1380	7.4	5.3	0.45					0.60	72
5	0.1740	7.3	5.4	0.55						62
6	0.1040	7.2	5.3	0.49						64
7	0.1490	7.2	5.5	0.42						70
8	0.1410	7.1	5.3	0.54					0.25	71
9	0.1380	7.5	5.3	0.57	4.5	8.0		2	0.35	69
10	0.1480	7.4	5.2	0.48						68
11	0.1280	7.3	5.3	0.42					0.35	66
12	0.1170	7.4	5.5	0.46						71
13	0.1430	7.5	5.4	0.49						78
14	0.1380	7.3	5.5	0.41					0.25	70
15	0.1370	7.4	5.2	0.64					0.85	70
16	0.1210	7.3	5.5	0.65	5.2	14.0		2		64
17	0.1110	7.5	5.6	0.47						62
18	0.1080	7.3	5.7	0.45						56
19	0.1190	7.3	5.4	0.53						65
20	0.1300	7.4	5.5	0.48						66
21	0.1210	7.3	5.2	0.50						71
22	0.1240	7.1	5.3	0.48						67
23	0.1270	7.4	5.4	0.57	2.8	5.0		4		72
24	0.1230	7.3	5.2	0.43						70
25	0.1040	7.5	5.4	0.49						50
26	0.1070	7.5	5.4	0.51						65
27	0.1150	7.4	5.3	0.47						71
28	0.1330	7.3	5.6	0.46					0.50	65
29	0.1200	7.4	5.2	0.47					0.35	62
30	0.1200	7.2	5.4	0.51	5.8	12.0		2,700		52
31	0.1060	7.1	5.5	0.48					0.25	62
AVE.	0.1284	7.3	5.4	0.49	4.6	10.4		23	3.75 (Total)	67

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month JULY 2014

Municipality: Halifax Borough

NPDES Permit No. PA 0024457 Outfall No. 001

Watershed: 6-C

This permit will expire on May 31, 2016

DAY	Influent					Process Control						
	FLOW	BOD ₅	BOD ₆	TSS	TSS	Aeration MLSS (centrifuge)		Aeration DO mg/l		Sludge Wasted		
	mgd	mg/l	lb/day	mg/l	lb/day	No. 1	No. 2	No. 1	No. 2	gallons		
1	0.1380					1.0	1.2	2.7	2.4	1,600		
2	0.1500	290	363	120	150	1.0	1.2	2.5	2.2	1,600		
3	0.1480					1.0	1.2	2.2	2.0	1,600		
4	0.1380					1.0	1.1	2.4	2.3	800		
5	0.1740					0.9	1.1	2.2	2.4	800		
6	0.1040					0.9	1.1	2.4	2.5	800		
7	0.1490					0.8	1.1	2.5	2.3	1,600		
8	0.1410					1.0	1.0	2.4	2.1	1,600		
9	0.1380	270	311	50	58	1.0	1.0	2.2	2.0	1,200		
10	0.1480					1.0	1.1	2.0	1.8	1,600		
11	0.1280					1.0	1.1	1.9	2.0	1,600		
12	0.1170					1.1	1.1	2.1	1.9	800		
13	0.1430					1.1	1.1	2.0	2.4	800		
14	0.1380					1.1	1.0	2.2	2.0	1,800		
15	0.1370					1.1	1.1	2.3	2.1	1,600		
16	0.1210	350	353	410	414	1.1	1.0	2.2	1.9	2,000		
17	0.1110					1.1	1.0	1.9	2.1	2,200		
18	0.1080					1.1	1.0	2.0	2.0	2,000		
19	0.1190					1.1	1.0	1.8	2.1	800		
20	0.1300					1.1	1.0	1.9	2.2	800		
21	0.1210					1.2	1.0	2.2	1.8	2,000		
22	0.1240					1.2	1.0	2.3	1.9	2,000		
23	0.1270	210	222	100	106	1.1	1.0	2.0	1.7	1,600		
24	0.1230					1.2	1.0	1.9	1.9	1,600		
25	0.1040					1.0	1.0	1.7	1.5	1,600		
26	0.1070					1.1	1.0	1.3	1.3	800		
27	0.1150					1.1	1.0	1.6	1.7	800		
28	0.1330					1.0	1.0	1.9	1.9	1,600		
29	0.1200					0.9	1.2	1.8	1.5	1,000		
30	0.1200	560	560	120	120	0.8	1.3	1.7	1.7	1,700		
31	0.1060					0.6	1.5	1.5	1.4	100		
AVE.	0.1284	336	362	160	169	1.0	1.1	2.1	2.0	1,368		

Check if there were no ☐ biosolids removed from the plant, ☐ hauled-in municipal wastes received, ☐ hauled-in residual wastes received, or ☐ non-compliance incidents during the month (otherwise attach the appropriate forms).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser

Signature: _____

Title: Manager

Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

**SUPPLEMENTAL REPORT
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL**

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C

JULY 2014
NPDES Permit No. PA 0024457
This permit will expire on May 31, 2016

☐ Check here if there were no off-site removal events during the month

	Liquid Sewage Sludge / Biosolids Hauled Off-site				Dewatered Sewage Sludge / Biosolids Hauled Off-site				Sewage Sludge / Biosolids Dewatered and Incinerated On-site			
Date	Gallons	% Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01	= Dry Tons	Tons dewatered	X % Solids	= Dry Tons	
7/10/14	6,000	1.2	X 0.0000417	0.300			X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
7/10/14	6,000	0.7	X 0.0000417	0.175			X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
	12,000	1.0	X 0.0000417				X 0.01					
TOTAL:				0.475	TOTAL:				0.00	TOTAL:		0.00

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION
(Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

	SITE 1	SITE 2	SITE 3
Site Name:	Kline's Septic	Harrisburg Sewer Plant	
Municipality	Salunga	Harrisburg	
County:	Lancaster	Dauphin	
DEP Permit Number:	101607	27198	
Type of Material*	Liquid Biosolids	Liquid Biosolids	
Dry Tons Disposal:	0.30024	0.17514	
Gallons Disposed:	6,000	6,000	
Type of Disposal/Use:*	Sewer Plant	Sewer Plant	
Hauler Name:	Kline's Septic	Kline's Septic	

* See Instructions for explanation

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

Month AUGUST

Year 2014

Day	Flow	Influent BOD5	Influent TSS	Aeration Wasted	Aeration MLSS (centrifuge)		Aeration DO (mg/l)		Effluent CBOD5	Effluent TSS	Effluent pH	Effluent D.O.	Effluent Fecals	Effluent TRC	Weather Precipitation	Outside Temp. (F)
					No. 1	No. 2	No. 1	No. 2								
1	0.115			100	0.5	1.3	1.6	1.5			7.2	5.3		0.34	0.10	70
2	0.1100			800	0.5	1.3	1.7	1.6			7.3	5.4		0.58	0.10	70
3	0.1220			800	0.5	1.3	1.6	1.6			7.2	5.3		0.47	0.10	70
4	0.1190			400	0.6	1.2	1.7	1.6			7.5	5.5		0.52	0.30	65
5	0.1090			400	0.7	1.3	1.6	1.4			7.3	5.7		0.56		62
6	0.1130	220	170	2000	0.8	1.3	1.5	1.5	8.7	8.4	7.3	5.4	850	0.50	0.25	62
7	0.1100			2000	0.8	1.3	1.4	1.3			7.2	5.5		0.46		60
8	0.1030			2000	0.8	1.4	1.6	1.5			7.4	5.6		0.49		53
9	0.0970			800	0.9	1.3	1.4	1.6			7.3	5.3		0.47		57
10	0.1160			800	0.9	1.4	1.5	1.4			7.5	5.2		0.46		65
11	0.1080			2000	1.0	1.2	1.8	1.5			7.3	5.5		0.44		67
12	0.1250			2000	1.0	1.2	1.6	1.4			7.2	5.2		0.45	0.35	67
13	0.1530	140	120	2000	1.0	1.1	1.8	1.5	8.3	23	7.2	5.2	74	0.53	1.20	64
14	0.1230			1600	1.1	1.2	1.9	1.6			7.3	5.3		0.48		55
15	0.1200			2000	1.2	1.1	1.7	1.5			7.4	5.3		0.54		49
16	0.1110			800	1.2	1.2	1.8	1.4			7.2	5.2		0.51		54
17	0.1060			800	1.1	1.2	1.8	1.4			7.3	5.5		0.40		64
18	0.1280			1800	1.0	1.4	1.6	1.5			7.2	5.4		0.42		56
19	0.1110			1800	1.0	1.3	2.1	1.2			7.3	5.1		0.54		64
20	0.1270	260	190	600	1.0	1.3	1.3	1.0	7.6	5.2	7.3	5.9	2	0.52	0.10	64
21	0.1200			2000	0.9	1.5	1.1	1.3			7.2	5.4		0.50	0.85	64
22	0.1250			1000	1.0	1.3	1.4	1.2			7.2	5.2		0.47	0.10	68
23	0.1110			800	1.0	1.4	1.2	1.4			7.3	5.4		0.44		65
24	0.1070			800	1.0	1.4	1.3	1.3			7.2	5.5		0.46		60
25	0.1160			2000	1.0	1.5	1.6	1.3			7.3	5.2		0.45		56
26	0.1180			1800	1.0	1.5	1.4	1.2			7.4	5.4		0.46		61
27	0.1190	140	140	2400	1.1	1.5	1.4	1.3	3.3000	5	7.3	5.1	2	0.54		61
28	0.1300			1200	1.2	1.4	1.4	1.3			7.1	5.0		0.46		66
29	0.0910			1600	1.1	1.5	1.3	1.4			7.3	5.1		0.44		49
30	0.1180			800	1.1	1.3	1.4	1.6			7.2	5.2		0.47		64
31	0.1000			800	1.0	1.3	1.5	1.5			7.3	5.3		0.52		75

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443

Halifax, PA 17032-0043

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

PA0024457		001	
PERMIT NUMBER		OUTFALL NUMBER	

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
2014	8	1		2014	8	31	

Reporting Frequency	Monthly
DMR Effective From:	June 1, 2011
DMR Effective To:	May 31, 2016
Permit Expires:	May 31, 2016
Permit Application Due:	December 3, 2015

☐ Check Here If No Discharge

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	0.1155	0.1530	MGD	XXX	XXX	XXX	XXX	X	Continuous	Measured
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	XXX	XXX		X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.1	XXX	7.5	S.U.	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max		X	1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	XXX	5.0	XXX	XXX	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX		X	1/day	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.48	0.58	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX		X	1/day	Grab
CBOD₅	SAMPLE MEASUREMENT	#REF!	#REF!	lbs/day	XXX	7.0	8.7	mg/l	#REF!	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	1/Week	24-Hr Composite
BOD5 - Raw Sewage Influent	SAMPLE MEASUREMENT	200	275	lbs/day	XXX	190	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
Total Suspended Solids - Raw Sewage Influent	SAMPLE MEASUREMENT	163	201	lbs/day	XXX	155	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).				TELEPHONE		DATE			
								717	896-8149		
JEFFREY L. GROSSER, PLANT MANAGER						TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443 PA0024457
 Halifax, PA 17032-0043 PERMIT NUMBER

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

001
 OUTFALL NUMBER

Reporting Frequency Monthly
 DMR Effective From: June 1, 2011
 DMR Effective To: May 31, 2016
 Permit Expires: May 31, 2016
 Permit Application Due: December 3, 2015

___ Check Here If No Discharge

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
2014	8	1		2014	8	31

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total Suspended Solids	SAMPLE MEASUREMENT	12	29	lbs/day	xxx	10	23	mg/l	0	1/week	24-Hr Composite
	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg		xxx	30 Avg Mo	45 Wkly Avg		X	1/week	24-Hr Composite
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	22	xxx	CFU/ 100 ml	0	1/week	Grab
	PERMIT REQUIREMENT	xxx	xxx		xxx	200 Geo Mean	xxx		X	1/week	Grab
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	-	xxx	CFU/ 100 ml	-	1/week	Grab
	PERMIT REQUIREMENT	xxx	xxx		xxx	2000 Geo Mean	xxx		X	1/week	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).	TELEPHONE		DATE		
		717	896-8149			
		AREA CODE	NUMBER	YEAR	MO	DAY
JEFFREY L. GROSSER, PLANT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				
TYPED OR PRINTED						

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C
Laboratories: _____

Month AUGUST 2014
NPDES Permit No. PA 0024457 Outfall No. 001
Renewal application due 180 days prior to expiration
This permit will expire on May 31, 2016

	EFFLUENT PARAMETERS									
DAY	FLOW	pH	D.O.	TRC	CBOD 5	TSS	FECAL		Weather/Comments (Inches Precipitation)	Outside Temperature (F Deg.)
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q	CFU/100 ml		
1	3.3000	7.2	5.3	0.34					0.10	70
2	0.1100	7.3	5.4	0.58					0.10	70
3	0.1220	7.2	5.3	0.47					0.10	70
4	0.1190	7.5	5.5	0.52					0.30	65
5	0.1090	7.3	5.7	0.56						62
6	0.1130	7.3	5.4	0.50	8.7	8.4		850	0.25	62
7	0.1100	7.2	5.5	0.46						60
8	0.1030	7.4	5.6	0.49						53
9	0.0970	7.3	5.3	0.47						57
10	0.1160	7.5	5.2	0.46						65
11	0.1080	7.3	5.5	0.44						67
12	0.1250	7.2	5.2	0.45					0.35	67
13	0.1530	7.2	5.2	0.53	8.3	23.0		74	1.20	64
14	0.1230	7.3	5.3	0.48						55
15	0.1200	7.4	5.3	0.54						49
16	0.1110	7.2	5.2	0.51						54
17	0.1060	7.3	5.5	0.40						64
18	0.1280	7.2	5.4	0.42						56
19	0.1110	7.3	5.1	0.54						64
20	0.1270	7.3	5.9	0.52	7.6	5.2		2	0.10	64
21	0.1200	7.2	5.4	0.50					0.85	64
22	0.1250	7.2	5.2	0.47					0.10	68
23	0.1110	7.3	5.4	0.44						65
24	0.1070	7.2	5.5	0.46						60
25	0.1160	7.3	5.2	0.45						56
26	0.1180	7.4	5.4	0.46						61
27	0.1190	7.3	5.1	0.54	#REF!	5.0		2		61
28	0.1300	7.1	5.0	0.46						66
29	0.0910	7.3	5.1	0.44						49
30	0.1180	7.2	5.2	0.47						64
31	0.1000	7.3	5.3	0.52						75
AVE.	0.1155	7.3	5.3	0.48	7.0	10.4		22	3.45 (Total)	62

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month AUGUST 2014

Municipality: Halifax Borough

NPDES Permit No. PA 0024457

Outfall No. 001

Watershed: 6-C

This permit will expire on May 31, 2016

DAY	Influent					Process Control						
	FLOW	BOD ₅	BOD ₆	TSS	TSS	Aeration MLSS (centrifuge)		Aeration DO mg/l		Sludge Wasted		
	mgd	mg/l	lb/day	mg/l	lb/day	No. 1	No. 2	No. 1	No. 2	gallons		
1	3.3000					0.5	1.3	1.6	1.5	100		
2	0.1100					0.5	1.3	1.7	1.6	800		
3	0.1220					0.5	1.3	1.6	1.6	800		
4	0.1190					0.6	1.2	1.7	1.6	400		
5	0.1090					0.7	1.3	1.6	1.4	400		
6	0.1130	220	207	170	160	0.8	1.3	1.5	1.5	2,000		
7	0.1100					0.8	1.3	1.4	1.3	2,000		
8	0.1030					0.8	1.4	1.6	1.5	2,000		
9	0.0970					0.9	1.3	1.4	1.6	800		
10	0.1160					0.9	1.4	1.5	1.4	800		
11	0.1080					1.0	1.2	1.8	1.5	2,000		
12	0.1250					1.0	1.2	1.6	1.4	2,000		
13	0.1530	140	179	120	153	1.0	1.1	1.8	1.5	2,000		
14	0.1230					1.1	1.2	1.9	1.6	1,600		
15	0.1200					1.2	1.1	1.7	1.5	2,000		
16	0.1110					1.2	1.2	1.8	1.4	800		
17	0.1060					1.1	1.2	1.8	1.4	800		
18	0.1280					1.0	1.4	1.6	1.5	1,800		
19	0.1110					1.0	1.3	2.1	1.2	1,800		
20	0.1270	260	275	190	201	1.0	1.3	1.3	1.0	600		
21	0.1200					0.9	1.5	1.1	1.3	2,000		
22	0.1250					1.0	1.3	1.4	1.2	1,000		
23	0.1110					1.0	1.4	1.2	1.4	800		
24	0.1070					1.0	1.4	1.3	1.3	800		
25	0.1160					1.0	1.5	1.6	1.3	2,000		
26	0.1180					1.0	1.5	1.4	1.2	1,800		
27	0.1190	140	139	140	139	1.1	1.5	1.4	1.3	2,400		
28	0.1300					1.2	1.4	1.4	1.3	1,200		
29	0.0910					1.1	1.5	1.3	1.4	1,600		
30	0.1180					1.1	1.3	1.4	1.6	800		
31	0.1000					1.0	1.3	1.5	1.5	800		
AVE.	0.1155	190	200	155	163	0.9	1.3	1.5	1.4	1,313		

Check if there were no ☐ biosolids removed from the plant, ☐ hauled-in municipal wastes received, ☐ hauled-in residual wastes received, or ☐ non-compliance incidents during the month (otherwise attach the appropriate forms).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser

Signature: _____

Title: Manager

Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

**SUPPLEMENTAL REPORT
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL**

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C

AUGUST 2014
NPDES Permit No. PA 0024457
This permit will expire on May 31, 2016

☐ Check here if there were no off-site removal events during the month

	Liquid Sewage Sludge / Biosolids Hauled Off-site				Dewatered Sewage Sludge / Biosolids Hauled Off-site				Sewage Sludge / Biosolids Dewatered and Incinerated On-site			
Date	Gallons	% Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01	= Dry Tons	Tons dewatered	X % Solids	= Dry Tons	
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
	0	#DIV/0!	X 0.0000417				X 0.01					
TOTAL:				0.000	TOTAL:				0.00	TOTAL:		0.00

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION
(Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

	SITE 1	SITE 2	SITE 3
Site Name:	Kline's Septic	Harrisburg Sewer Plant	
Municipality	Salunga	Harrisburg	
County:	Lancaster	Dauphin	
DEP Permit Number:	101607	27198	
Type of Material*	Liquid Biosolids	Liquid Biosolids	
Dry Tons Disposal:	0	0	
Gallons Disposed:	0	0	
Type of Disposal/Use:*	Sewer Plant	Sewer Plant	
Hauler Name:	Kline's Septic	Kline's Septic	

* See Instructions for explanation

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

Year 2014

[illegible]

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443
Halifax, PA 17032-0043

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

PA0024457		001	
PERMIT NUMBER		OUTFALL NUMBER	

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2014	9	1		2014	9	30

Reporting Frequency: Monthly
DMR Effective From: June 1, 2011
DMR Effective To: May 31, 2016
Permit Expires: May 31, 2016
Permit Application Due: December 3, 2015
___ Check Here If No Discharge

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE					
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS								
Flow	SAMPLE MEASUREMENT	0.1117	0.1500	MGD	XXX	XXX	XXX	XXX	X	Continuous	Measured					
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	XXX	XXX		X	Continuous	Measured					
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.1	XXX	7.5	S.U.	0	1/day	Grab					
	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max		X	1/day	Grab					
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	XXX	5.0	XXX	XXX	mg/l	0	1/day	Grab					
	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX		X	1/day	Grab					
Total Residual Chlorine	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.49	0.58	mg/l	0	1/day	Grab					
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX		X	1/day	Grab					
CBOD ₅	SAMPLE MEASUREMENT	5.6	13.0	lbs/day	XXX	6.4	17.0	mg/l	0	1/Week	24-Hr Composite					
	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	1/Week	24-Hr Composite					
BOD ₅ - Raw Sewage Influent	SAMPLE MEASUREMENT	168	238	lbs/day	XXX	170	XXX	mg/l	X	1/Week	24-Hr Composite					
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite					
Total Suspended Solids - Raw Sewage Influent	SAMPLE MEASUREMENT	115	164	lbs/day	XXX	121	XXX	mg/l	X	1/Week	24-Hr Composite					
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).					TELEPHONE		DATE							
							717	896-8149								
JEFFREY L. GROSSER, PLANT MANAGER							AREA CODE	NUMBER	YEAR	MO	DAY					
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
COMMENTS (Report all violations on the "Non-Compliance Reporting Form")																

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443 PA0024457
 Halifax, PA 17032-0043 PERMIT NUMBER

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

001
 OUTFALL NUMBER

Reporting Frequency Monthly
 DMR Effective From: June 1, 2011
 DMR Effective To: May 31, 2016
 Permit Expires: May 31, 2016
 Permit Application Due: December 3, 2015

___ Check Here If No Discharge

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total Suspended Solids	SAMPLE MEASUREMENT	7	14	lbs / day	xxx	8	18	mg/l	0	1/week	24-Hr Composite
	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg		xxx	30 Avg Mo	45 Wkly Avg		X	1/week	24-Hr Composite
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	3	xxx	CFU/ 100 ml	0	1/week	Grab
	PERMIT REQUIREMENT	xxx	xxx		xxx	200 Geo Mean	xxx		X	1/week	Grab
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	-	xxx	CFU/ 100 ml	-	1/week	Grab
	PERMIT REQUIREMENT	xxx	xxx		xxx	2000 Geo Mean	xxx		X	1/week	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).		TELEPHONE		DATE		
			717	896-8149			
			AREA CODE	NUMBER	YEAR	MO	DAY
JEFFREY L. GROSSER, PLANT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					
TYPED OR PRINTED							

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C
Laboratories: _____

Month SEPTEMBER 2014
NPDES Permit No. PA 0024457 Outfall No. 001
Renewal application due 180 days prior to expiration
This permit will expire on May 31, 2016

	EFFLUENT PARAMETERS									
DAY	FLOW	pH	D.O.	TRC	CBOD 5	TSS	FECAL		Weather/Comments (Inches Precipitation)	Outside Temperature (F Deg.)
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q	CFU/100 ml		
1	0.1350	7.2	5.1	0.48					0.25	67
2	0.1380	7.3	5.4	0.43					0.15	71
3	0.1500	7.4	5.2	0.57	4.4	5.0		2		66
4	0.1220	7.2	5.0	0.47						62
5	0.1230	7.4	5.3	0.53						64
6	0.1200	7.3	5.2	0.49						68
7	0.1320	7.4	5.2	0.42					0.85	64
8	0.1140	7.3	5.3	0.47						56
9	0.1160	7.4	5.7	0.55					0.05	62
10	0.1160	7.4	5.3	0.56	2.0	5.0		2		64
11	0.1130	7.2	5.2	0.58						70
12	0.1190	7.4	5.1	0.46						60
13	0.0920	7.3	5.4	0.50					0.10	55
14	0.1140	7.1	5.1	0.47					0.25	57
15	0.0920	7.5	5.3	0.46						48
16	0.1120	7.2	5.3	0.48						56
17	0.1040	7.4	5.5	0.47	2.0	5.0		2	0.05	54
18	0.1010	7.3	5.0	0.48						50
19	0.0960	7.2	5.3	0.46						47
20	0.1020	7.2	5.2	0.52						62
21	0.1080	7.1	5.3	0.45						66
22	0.1190	7.2	5.5	0.42					0.05	58
23	0.0980	7.2	5.9	0.46						44
24	0.0940	7.3	5.7	0.53	17.0	18.0		6		48
25	0.1010	7.4	5.6	0.50					0.10	57
26	0.1110	7.3	5.4	0.49					0.10	58
27	0.0920	7.2	5.5	0.53						50
28	0.0940	7.3	5.3	0.48						53
29	0.1150	7.2	5.4	0.46						51
30	0.1090	7.3	5.2	0.44						56
31										
AVE.	0.1117	7.3	5.3	0.49	6.4	8.3		3	1.95 (Total)	58

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Municipality: Halifax Borough

Watershed: 6-C

Month SEPTEMBER 2014

NPDES Permit No. PA 0024457

Outfall No. 001

This permit will expire on May 31, 2016

DAY	Influent					Process Control						
	FLOW	BOD ₅	BOD ₆	TSS	TSS	Aeration MLSS (centrifuge)		Aeration DO mg/l		Sludge Wasted		
	mgd	mg/l	lb/day	mg/l	lb/day	No. 1	No. 2	No. 1	No. 2	gallons		
1	0.1350					1.1	1.5	1.6	1.3	800		
2	0.1380					1.3	1.5	1.5	1.2	1,200		
3	0.1500	190	238	77	96	1.5	1.5	1.6	1.5	1,200		
4	0.1220					1.5	1.5	1.3	1.3	2,400		
5	0.1230					1.6	1.5	1.2	1.2	1,600		
6	0.1200					1.6	1.4	1.3	1.3	800		
7	0.1320					1.4	1.4	1.2	1.2	800		
8	0.1140					1.6	1.5	1.4	1.3	2,400		
9	0.1160					1.8	1.4	1.5	1.3	3,000		
10	0.1160	190	184	170	164	1.4	1.5	1.5	1.4	2,400		
11	0.1130					1.6	1.5	1.6	1.5	2,400		
12	0.1190					1.7	1.5	1.6	1.3	2,400		
13	0.0920					1.6	1.5	1.5	1.4	800		
14	0.1140					1.6	1.5	1.4	1.3	800		
15	0.0920					1.8	1.5	1.7	1.4	1,800		
16	0.1120					1.9	1.5	1.3	1.3	3,000		
17	0.1040	170	147	150	130	1.8	1.5	1.5	1.4	2,800		
18	0.1010					1.8	1.5	1.4	1.3	2,800		
19	0.0960					1.9	1.5	1.6	1.4	2,400		
20	0.1020					1.9	1.5	1.5	1.4	800		
21	0.1080					1.9	1.4	1.6	1.4	800		
22	0.1190					1.9	1.5	1.4	1.3	2,800		
23	0.0980					1.9	1.5	1.5	1.3	2,800		
24	0.0940	130	102	86	67	1.9	1.5	1.5	1.4	3,200		
25	0.1010					1.8	1.5	1.3	1.5	1,600		
26	0.1110					1.8	1.5	1.6	1.4	1,800		
27	0.0920					1.8	1.5	1.5	1.5	800		
28	0.0940					1.8	1.4	1.3	1.6	800		
29	0.1150					1.8	1.5	1.5	1.8	3,000		
30	0.1090					1.9	1.6	1.5	1.3	2,800		
31												
AVE.	0.1117	170	168	121	115	1.7	1.5	1.5	1.4	1,900		

Check if there were no ☐ biosolids removed from the plant, ☐ hauled-in municipal wastes received, ☐ hauled-in residual wastes received, or ☐ non-compliance incidents during the month (otherwise attach the appropriate forms).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser

Title: Manager

Signature: _____

Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

**SUPPLEMENTAL REPORT
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL**

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C

SEPTEMBER 2014
NPDES Permit No. PA 0024457
This permit will expire on May 31, 2016

☐ Check here if there were no off-site removal events during the month

	Liquid Sewage Sludge / Biosolids Hauled Off-site				Dewatered Sewage Sludge / Biosolids Hauled Off-site				Sewage Sludge / Biosolids Dewatered and Incinerated On-site			
Date	Gallons	% Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01	= Dry Tons	Tons dewatered	X % Solids	= Dry Tons	
9/26/14	6,000	0.4	X 0.0000417	0.100			X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
9/26/14	6,000	1.6	X 0.0000417	0.400			X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
	12,000	1.0	X 0.0000417				X 0.01					
TOTAL:				0.500	TOTAL:				0.00	TOTAL:		0.00

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION
(Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

	<i>SITE 1</i>	<i>SITE 2</i>	<i>SITE 3</i>
Site Name:	Kline's Septic	Harrisburg Sewer Plant	
Municipality	Salunga	Harrisburg	
County:	Lancaster	Dauphin	
DEP Permit Number:	101607	27198	
Type of Material*	Liquid Biosolids	Liquid Biosolids	
Dry Tons Disposal:	0.10008	0.40032	
Gallons Disposed:	6,000	6,000	
Type of Disposal/Use:*	Sewer Plant	Sewer Plant	
Hauler Name:	Kline's Septic	Kline's Septic	

* See Instructions for explanation

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

Month OCTOBER

Year 2014

Day	Flow	Influent BOD5	Influent TSS	Aeration Wasted	Aeration MLSS (centrifuge)		Aeration DO (mg/l)		Effluent CBOD5	Effluent TSS	Effluent pH	Effluent D.O.	Effluent Fecals	Effluent TRC	Weather Precipitation	Outside Temp. (F)
					No. 1	No. 2	No. 1	No. 2								
1	0.1080	150	64	2000	1.7	1.5	1.4	1.5	2.6	5	7.4	5.2	2	0.56	0.60	57
2	0.1120			2800	1.6	1.4	1.5	1.4			7.2	5.4		0.48		58
3	0.1060			2800	1.8	1.6	1.4	1.6			7.2	5.6		0.59	0.05	57
4	0.0930			800	1.7	1.4	1.3	1.4			7.1	5.4		0.52	0.15	60
5	0.0910			800	1.6	1.4	1.7	1.7			7.3	5.0		0.68		38
6	0.0980			2000	1.7	1.4	2.0	1.5			7.1	5.2		0.57		36
7	0.1060			1600	1.7	1.5	1.8	1.5			7.3	5.1		0.42	0.10	57
8	0.1180	290	280	2000	1.7	1.5	1.8	1.4	3	8.4	7.1	5.2	34	0.56	0.20	54
9	0.1000			3200	1.7	1.5	1.6	1.5			7.2	5.8		0.49	0.10	44
10	0.0910			2800	1.6	1.5	1.7	1.6			7.3	5.7		0.46		40
11	0.0880			800	1.7	1.5	1.5	1.4			7.5	5.6		0.47	0.25	54
12	0.0910			800	1.7	1.5	1.7	1.5			7.1	5.4		0.48		39
13	0.0970			2000	1.7	1.3	1.6	1.5			7.0	5.6		0.42	0.05	54
14	0.1080			2000	1.6	1.6	1.8	1.5			7.3	5.5		0.43	0.10	70
15	0.1210	210	50	2000	1.6	1.4	1.9	1.7	5.7	14	7.2	5.6	36	0.48	0.25	67
16	0.1420			1400	1.5	1.5	1.7	1.5			7.4	5.7		0.45	1.25	60
17	0.1240			1400	1.5	1.5	1.6	1.4			7.3	5.6		0.44	0.25	57
18	0.1070			800	1.6	1.6	1.7	1.6			7.2	5.5		0.49		62
19	0.1050			800	1.6	1.5	1.8	1.8			7.3	5.8		0.43		52
20	0.0740			3000	1.5	1.5	1.6	1.5			7.2	5.6		0.47		34
21	0.1000			3200	1.6	1.6	1.9	1.5			7.2	6.2		0.54	0.10	48
22	0.0980	130	68	2800	1.5	1.6	1.9	1.7	2	5	7.3	6.1	2	0.56		54
23	0.0970			2400	1.7	1.7	2.0	1.7			7.0	6.4		0.50		53
24	0.1000			2400	1.8	1.6	1.7	1.9			7.2	6.3		0.46		55
25	0.0820			800	1.7	1.7	1.5	1.5			7.4	6.2		0.47		48
26	0.1020			800	1.7	1.7	1.8	1.4			7.4	6.4		0.48		56
27	0.0930			1600	1.9	1.7	1.6	1.5			7.2	6.5		0.43		42
28	0.1020			2000	1.9	1.8	1.7	1.6			7.4	6.3		0.49		40
29	0.1010	250	200	3200	2.0	1.9	1.6	1.7	8.5	42	7.3	6.4	2	0.51		61
30	0.0890			2400	1.9	1.7	1.7	1.8			7.2	6.5		0.45		52
31	0.0850			2400	1.8	1.7	1.9	1.6			7.1	6.3		0.42		48

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443
Halifax, PA 17032-0043

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

PA0024457			001			
PERMIT NUMBER			OUTFALL NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2014	10	1		2014	10	31

Reporting Frequency: Monthly
DMR Effective From: June 1, 2011
DMR Effective To: May 31, 2016
Permit Expires: May 31, 2016
Permit Application Due: December 3, 2015

___ Check Here If No Discharge

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	0.1009	0.1420	MGD	XXX	XXX	XXX	XXX	X	Continuous	Measured
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	XXX	XXX		X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.0	XXX	7.5	S.U.	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max		X	1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	XXX	5.0	XXX	XXX	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX		X	1/day	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.49	0.68	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX		X	1/day	Grab
CBOD ₅	SAMPLE MEASUREMENT	4.0	7.0	lbs/day	XXX	4.4	8.5	mg/l	0	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	1/Week	24-Hr Composite
BOD ₅ - Raw Sewage Influent	SAMPLE MEASUREMENT	190	285	lbs/day	XXX	206	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
Total Suspended Solids - Raw Sewage Influent	SAMPLE MEASUREMENT	122	276	lbs/day	XXX	132	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).					TELEPHONE		DATE		
JEFFREY L. GROSSER, PLANT MANAGER							717	896-8149			
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443 PA0024457
 Halifax, PA 17032-0043 PERMIT NUMBER

001
 OUTFALL NUMBER

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County MONITORING PERIOD

WATERSHED: 6-C

YEAR	MO	DAY	TO	YEAR	MO	DAY
2014	10	1		2014	10	31

Reporting Frequency: Monthly
 DMR Effective From: June 1, 2011
 DMR Effective To: May 31, 2016
 Permit Expires: May 31, 2016
 Permit Application Due: December 3, 2015

___ Check Here If No Discharge

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total Suspended Solids	SAMPLE MEASUREMENT	13	35	lbs / day	xxx	15	42	mg/l	1	1/week	24-Hr Composite
	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg		xxx	30 Avg Mo	45 Wkly Avg		X	1/week	24-Hr Composite
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	-	xxx	CFU/ 100 ml	-	1/week	Grab
	PERMIT REQUIREMENT	xxx	xxx		xxx	200 Geo Mean	xxx		X	1/week	Grab
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	6	xxx	CFU/ 100 ml	0	1/week	Grab
	PERMIT REQUIREMENT	xxx	xxx		xxx	2000 Geo Mean	xxx		X	1/week	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).	TELEPHONE		DATE		
		717	896-8149			
		AREA CODE	NUMBER	YEAR	MO	DAY
JEFFREY L. GROSSER, PLANT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				
TYPED OR PRINTED						

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C
Laboratories: _____

Month OCTOBER 2014
NPDES Permit No. PA 0024457 Outfall No. 001
Renewal application due 180 days prior to expiration
This permit will expire on May 31, 2016

	EFFLUENT PARAMETERS									
DAY	FLOW	pH	D.O.	TRC	CBOD 5	TSS	FECAL		Weather/Comments (Inches Precipitation)	Outside Temperature (F Deg.)
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q	CFU/100 ml		
1	0.1080	7.4	5.2	0.56	2.6	5.0		2	0.60	57
2	0.1120	7.2	5.4	0.48						58
3	0.1060	7.2	5.6	0.59					0.05	57
4	0.0930	7.1	5.4	0.52					0.15	60
5	0.0910	7.3	5.0	0.68						38
6	0.0980	7.1	5.2	0.57						36
7	0.1060	7.3	5.1	0.42					0.10	57
8	0.1180	7.1	5.2	0.56	3.0	8.4		34	0.20	54
9	0.1000	7.2	5.8	0.49					0.10	44
10	0.0910	7.3	5.7	0.46						40
11	0.0880	7.5	5.6	0.47					0.25	54
12	0.0910	7.1	5.4	0.48						39
13	0.0970	7.0	5.6	0.42					0.05	54
14	0.1080	7.3	5.5	0.43					0.10	70
15	0.1210	7.2	5.6	0.48	5.7	14.0		36	0.25	67
16	0.1420	7.4	5.7	0.45					1.25	60
17	0.1240	7.3	5.6	0.44					0.25	57
18	0.1070	7.2	5.5	0.49						62
19	0.1050	7.3	5.8	0.43						52
20	0.0740	7.2	5.6	0.47						34
21	0.1000	7.2	6.2	0.54					0.10	48
22	0.0980	7.3	6.1	0.56	2.0	5.0		2		54
23	0.0970	7.0	6.4	0.50						53
24	0.1000	7.2	6.3	0.46						55
25	0.0820	7.4	6.2	0.47						48
26	0.1020	7.4	6.4	0.48						56
27	0.0930	7.2	6.5	0.43						42
28	0.1020	7.4	6.3	0.49						40
29	0.1010	7.3	6.4	0.51	8.5	42.0		2		61
30	0.0890	7.2	6.5	0.45						52
31	0.0850	7.1	6.3	0.42						48
AVE.	0.1009	7.2	5.8	0.49	4.4	14.9		6	3.45 (Total)	52

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month OCTOBER 2014

Municipality: Halifax Borough

NPDES Permit No. PA 0024457

Outfall No. 001

Watershed: 6-C

This permit will expire on May 31, 2016

DAY	Influent					Process Control						
	FLOW	BOD ₅	BOD ₆	TSS	TSS	Aeration MLSS (centrifuge)		Aeration DO mg/l		Sludge Wasted		
	<i>mgd</i>	<i>mg/l</i>	<i>lb/day</i>	<i>mg/l</i>	<i>lb/day</i>	<i>No. 1</i>	<i>No. 2</i>	<i>No. 1</i>	<i>No. 2</i>	<i>gallons</i>		
1	0.1080	150	135	64	58	1.7	1.5	1.4	1.5	2,000		
2	0.1120					1.6	1.4	1.5	1.4	2,800		
3	0.1060					1.8	1.6	1.4	1.6	2,800		
4	0.0930					1.7	1.4	1.3	1.4	800		
5	0.0910					1.6	1.4	1.7	1.7	800		
6	0.0980					1.7	1.4	2.0	1.5	2,000		
7	0.1060					1.7	1.5	1.8	1.5	1,600		
8	0.1180	290	285	280	276	1.7	1.5	1.8	1.4	2,000		
9	0.1000					1.7	1.5	1.6	1.5	3,200		
10	0.0910					1.6	1.5	1.7	1.6	2,800		
11	0.0880					1.7	1.5	1.5	1.4	800		
12	0.0910					1.7	1.5	1.7	1.5	800		
13	0.0970					1.7	1.3	1.6	1.5	2,000		
14	0.1080					1.6	1.6	1.8	1.5	2,000		
15	0.1210	210	212	50	50	1.6	1.4	1.9	1.7	2,000		
16	0.1420					1.5	1.5	1.7	1.5	1,400		
17	0.1240					1.5	1.5	1.6	1.4	1,400		
18	0.1070					1.6	1.6	1.7	1.6	800		
19	0.1050					1.6	1.5	1.8	1.8	800		
20	0.0740					1.5	1.5	1.6	1.5	3,000		
21	0.1000					1.6	1.6	1.9	1.5	3,200		
22	0.0980	130	106	68	56	1.5	1.6	1.9	1.7	2,800		
23	0.0970					1.7	1.7	2.0	1.7	2,400		
24	0.1000					1.8	1.6	1.7	1.9	2,400		
25	0.0820					1.7	1.7	1.5	1.5	800		
26	0.1020					1.7	1.7	1.8	1.4	800		
27	0.0930					1.9	1.7	1.6	1.5	1,600		
28	0.1020					1.9	1.8	1.7	1.6	2,000		
29	0.1010	250	211	200	168	2.0	1.9	1.6	1.7	3,200		
30	0.0890					1.9	1.7	1.7	1.8	2,400		
31	0.0850					1.8	1.7	1.9	1.6	2,400		
AVE.	0.1009	206	190	132	122	1.7	1.6	1.7	1.6	1,929		

Check if there were no ☐ biosolids removed from the plant, ☐ hauled-in municipal wastes received, ☐ hauled-in residual wastes received, or ☐ non-compliance incidents during the month (otherwise attach the appropriate forms).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser

Signature: _____

Title: Manager

Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

**SUPPLEMENTAL REPORT
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL**

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C

OCTOBER 2014
NPDES Permit No. PA 0024457
This permit will expire on May 31, 2016

☐ Check here if there were no off-site removal events during the month

	Liquid Sewage Sludge / Biosolids Hauled Off-site				Dewatered Sewage Sludge / Biosolids Hauled Off-site				Sewage Sludge / Biosolids Dewatered and Incinerated On-site			
Date	Gallons	% Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01	= Dry Tons	Tons dewatered	X % Solids	= Dry Tons	
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
	0	#DIV/0!	X 0.0000417				X 0.01					
TOTAL:				0.000	TOTAL:				0.00	TOTAL:		0.00

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION
(Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

	SITE 1	SITE 2	SITE 3
Site Name:	Kline's Septic	Harrisburg Sewer Plant	
Municipality	Salunga	Harrisburg	
County:	Lancaster	Dauphin	
DEP Permit Number:	101607	27198	
Type of Material*	Liquid Biosolids	Liquid Biosolids	
Dry Tons Disposal:	0	0	
Gallons Disposed:	0	0	
Type of Disposal/Use:*	Sewer Plant	Sewer Plant	
Hauler Name:	Kline's Septic	Kline's Septic	

* See Instructions for explanation

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

Year 2014

[illegible]

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443
Halifax, PA 17032-0043

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

PA0024457		001	
PERMIT NUMBER		OUTFALL NUMBER	

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
2014	0	1		2014	0	30	

Reporting Frequency: Monthly
DMR Effective From: June 1, 2011
DMR Effective To: May 31, 2016
Permit Expires: May 31, 2016
Permit Application Due: December 3, 2015

☐ Check Here If No Discharge

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Flow	SAMPLE MEASUREMENT	0.0832	0.1090	MGD	XXX	XXX	XXX	XXX	X	Continuous	Measured	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	XXX	XXX		X	Continuous	Measured	
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.0	XXX	7.6	S.U.	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max		X	1/day	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	XXX	5.2	XXX	XXX	mg/l	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX		X	1/day	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.48	0.56	mg/l	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX		X	1/day	Grab	
CBOD₅	SAMPLE MEASUREMENT	3.3	9.0	lbs/day	XXX	4.3	11.0	mg/l	0	1/Week	24-Hr Composite	
	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	1/Week	24-Hr Composite	
BOD5 - Raw Sewage Influent	SAMPLE MEASUREMENT	156	286	lbs/day	XXX	208	XXX	mg/l	X	1/Week	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite	
Total Suspended Solids - Raw Sewage Influent	SAMPLE MEASUREMENT	137	253	lbs/day	XXX	180	XXX	mg/l	X	1/Week	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).						TELEPHONE		DATE		
								717	896-8149			
JEFFREY L. GROSSER, PLANT MANAGER										SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE
TYPED OR PRINTED												
COMMENTS (Report all violations on the "Non-Compliance Reporting Form")												

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443 PA0024457
Halifax, PA 17032-0043 PERMIT NUMBER

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

001
OUTFALL NUMBER

Reporting Frequency Monthly
DMR Effective From: June 1, 2011
DMR Effective To: May 31, 2016
Permit Expires: May 31, 2016
Permit Application Due: December 3, 2015

___ Check Here If No Discharge

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
2014	0	1		2014	0	30

NOTE: Read instructions before completing this form\

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Total Suspended Solids	SAMPLE MEASUREMENT	13	36	lbs/day	xxx	17	44	mg/l	1	1/week	24-Hr Composite
	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg		xxx	30 Avg Mo	45 Wkly Avg		X	1/week	24-Hr Composite
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	-	xxx	CFU/ 100 ml	-	1/week	Grab
	PERMIT REQUIREMENT	xxx	xxx		xxx	200 Geo Mean	xxx		X	1/week	Grab
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	xxx	xxx	xxx	xxx	-	xxx	CFU/ 100 ml	-	1/week	Grab
	PERMIT REQUIREMENT	xxx	xxx		xxx	2000 Geo Mean	xxx		X	1/week	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).		TELEPHONE		DATE		
			717	896-8149			
		AREA CODE	NUMBER	YEAR	MO	DAY	
JEFFREY L. GROSSER, PLANT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					
TYPED OR PRINTED							

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C
Laboratories: _____

Month NOVEMBER 2014
NPDES Permit No. PA 0024457 Outfall No. 001
Renewal application due 180 days prior to expiration
This permit will expire on May 31, 2016

	EFFLUENT PARAMETERS									
DAY	FLOW	pH	D.O.	TRC	CBOD 5	TSS	FECAL		Weather/Comments (Inches Precipitation)	Outside Temperature (F Deg.)
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q	CFU/100 ml		
1	0.0720	7.3	6.5	0.46						45
2	0.0980	7.5	6.7	0.44						44
3	0.0950	7.2	6.5	0.45						40
4	0.0930	7.1	5.8	0.56						44
5	0.0980	7.2	5.5	0.56	11.0	44.0		18		50
6	0.0940	7.3	5.3	0.52					0.25	47
7	0.0910	7.1	5.4	0.48					0.10	45
8	0.0670	7.0	5.2	0.46						28
9	0.0900	7.4	5.7	0.44						46
10	0.0800	7.5	5.9	0.45						33
11	0.0820	7.2	5.6	0.51						37
12	0.0900	7.4	5.9	0.53	2.0	5.6		160		52
13	0.0770	7.3	6.0	0.56						30
14	0.0740	7.4	6.4	0.48						32
15	0.0630	7.4	6.6	0.45						34
16	0.0840	7.4	6.5	0.48						36
17	0.0800	7.3	6.2	0.47					0.25	38
18	0.0950	7.2	6.1	0.46					0.20	23
19	0.0710	7.3	6.4	0.44	2.0	9.2		1,000		14
20	0.0720	7.1	6.4	0.52						26
21	0.0740	7.2	6.5	0.44						24
22	0.0580	7.0	6.1	0.42						26
23	0.0670	7.1	6.3	0.48						44
24	0.1090	7.2	6.0	0.45					0.35	65
25	0.1060	7.1	6.2	0.43						44
26	0.0920	7.2	6.5	0.50	2.0	9.6		6	0.10	38
27	0.0870	7.2	6.2	0.48					0.40	35
28	0.0790	7.3	6.4	0.47						30
29	0.0710	7.4	6.1	0.45						28
30	0.0880	7.6	6.6	0.48						41
31										
AVE.	0.0832	7.3	6.1	0.48	4.3	17.1		64	1.65 (Total)	37

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month NOVEMBER 2014

Municipality: Halifax Borough

NPDES Permit No. PA 0024457

Outfall No. 001

Watershed: 6-C

This permit will expire on May 31, 2016

DAY	Influent					Process Control						
	FLOW	BOD ₅	BOD ₆	TSS	TSS	Aeration MLSS (centrifuge)		Aeration DO mg/l		Sludge Wasted		
	mgd	mg/l	lb/day	mg/l	lb/day	No. 1	No. 2	No. 1	No. 2	gallons		
1	0.0720					1.8	1.8	1.6	1.7	800		
2	0.0980					1.8	1.8	1.4	1.5	800		
3	0.0950					1.8	1.9	1.6	1.7	1,600		
4	0.0930					2.0	2.0	1.7	1.4	1,600		
5	0.0980	350	286	310	253	2.0	2.0	1.3	1.4	2,800		
6	0.0940					2.1	2.0	1.5	1.4	3,600		
7	0.0910					2.0	2.0	1.6	1.2	3,600		
8	0.0670					2.0	2.0	1.4	1.3	800		
9	0.0900					2.0	2.0	1.3	1.4	800		
10	0.0800					2.0	2.0	1.6	1.5	3,600		
11	0.0820					1.9	1.8	1.9	2.0	3,600		
12	0.0900	260	195	200	150	1.7	1.7	2.1	2.2	3,600		
13	0.0770					1.8	1.8	2.1	2.3	3,600		
14	0.0740					1.9	1.7	3.1	2.9	3,600		
15	0.0630					1.8	1.7	2.3	2.4	800		
16	0.0840					1.8	1.7	2.1	2.7	800		
17	0.0800					2.0	1.5	2.0	1.9	800		
18	0.0950					1.8	1.9	2.2	2.1	2,800		
19	0.0710	160	95	100	59	1.7	1.7	2.1	2.0	2,400		
20	0.0720					1.6	1.7	2.5	2.7	2,600		
21	0.0740					1.6	1.6	2.6	2.8	800		
22	0.0580					1.5	1.7	2.4	2.7	800		
23	0.0670					1.5	1.7	2.4	2.2	800		
24	0.1090					1.6	1.7	2.3	2.5	1,200		
25	0.1060					1.8	1.7	2.2	2.6	1,600		
26	0.0920	61	47	110	84	1.8	1.7	2.5	2.5	2,400		
27	0.0870					1.6	2.0	2.3	2.4	1,400		
28	0.0790					1.6	1.8	2.5	2.6	1,600		
29	0.0710					1.6	1.8	2.4	2.3	800		
30	0.0880					1.6	1.8	2.2	2.5	800		
31												
AVE.	0.0832	208	156	180	137	1.8	1.8	2.0	2.1	1,893		

Check if there were no ☐ biosolids removed from the plant, ☐ hauled-in municipal wastes received, ☐ hauled-in residual wastes received, or ☐ non-compliance incidents during the month (otherwise attach the appropriate forms).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser

Signature: _____

Title: Manager

Date: _____

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

**SUPPLEMENTAL REPORT
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL**

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C

NOVEMBER 2014
NPDES Permit No. PA 0024457
This permit will expire on May 31, 2016

☐ Check here if there were no off-site removal events during the month

	Liquid Sewage Sludge / Biosolids Hauled Off-site				Dewatered Sewage Sludge / Biosolids Hauled Off-site				Sewage Sludge / Biosolids Dewatered and Incinerated On-site			
Date	Gallons	% Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01	= Dry Tons	Tons dewatered	X % Solids	= Dry Tons	
11/6/14	6,000	2.4	X 0.0000417	0.600			X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
11/11/14	6,000	1.8	X 0.0000417	0.450			X 0.01					
11/11/14	6,000	1.6	X 0.0000417	0.400			X 0.01					
11/11/14	6,000	1.6	X 0.0000417	0.400			X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
	24,000	1.9	X 0.0000417				X 0.01					
TOTAL:				1.851	TOTAL:				0.00	TOTAL:		0.00

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION
(Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

	SITE 1	SITE 2	SITE 3
Site Name:	Kline's Septic	Harrisburg Sewer Plant	
Municipality	Salunga	Harrisburg	
County:	Lancaster	Dauphin	
DEP Permit Number:	101607	27198	
Type of Material*	Liquid Biosolids	Liquid Biosolids	
Dry Tons Disposal:	0.60048	1.251	
Gallons Disposed:	6,000	18,000	
Type of Disposal/Use:*	Sewer Plant	Sewer Plant	
Hauler Name:	Kline's Septic	Kline's Septic	

* See Instructions for explanation

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Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

Month DEC
Year 2014

Day	Flow	Influent BOD5	Influent TSS	Aeration Wasted	Aeration MLSS (centrifuge)		Aeration DO (mg/l)		Effluent CBOD5	Effluent TSS	Effluent pH	Effluent D.O.	Effluent Fecals	Effluent TRC	Weather Precipitation	Outside Temp. (F)
					No. 1	No. 2	No. 1	No. 2								
1	0.0850			2400	1.5	1.8	2.5	2.3			7.4	6.3		0.43		44
2	0.0880			2200	1.4	1.8	2.4	2.4			7.2	6.4		0.54	0.25	31
3	0.0820	210	200	2400	1.3	1.7	2.6	2.3	2.3	5	7.1	6.2	2	0.56	0.25	34
4	0.0860			1600	1.2	1.7	2.7	2.5			7.3	6.4		0.48		38
5	0.0940			2000	1.2	1.7	2.5	2.3			7.4	6.2		0.49		41
6	0.0910			800	1.2	1.7	2.4	2.4			7.1	6.3		0.51	0.30	42
7	0.1100			800	1.3	1.8	2.2	2.5			7.2	6.1		0.41		34
8	0.0910			2400	1.2	1.8	2.3	2.6			7.3	6.2		0.48		24
9	0.0870			2200	1.1	1.9	2.3	2.5			7.2	6.4		0.45		33
10	0.0900	160	270	2200	1.1	1.9	2.5	2.6	3.2	5	7.1	6.3	110	0.54		38
11	0.1010			2400	1.1	1.9	2.4	2.4			7.2	6.4		0.50		33
12	0.0890			2200	1.1	1.8	2.6	2.3			7.0	6.3		0.47		24
13	0.0860			800	1.1	1.9	2.5	2.1			7.1	6.5		0.48		36
14	0.0980			800	1.1	1.8	2.4	2.2			7.1	6.3		0.45		42
15	0.1120			2400	1.1	1.9	2.5	2.3			7.2	5.7		0.46	0.20	44
16	0.1030			2400	1.1	2.0	2.3	2.4			7.1	5.9		0.55		42
17	0.1030	260	250	1200	1.1	1.9	2.2	2.4	4.1	8.8	7.2	5.6	26	0.60	0.15	44
18	0.1090			2800	1.2	2.0	2.4	2.5			7.3	5.9		0.49		40
19	0.1040			2200	1.4	1.9	2.6	2.4			7.3	6.1		0.47		34
20	0.0710			800	1.3	2.0	2.5	2.3			7.2	6.0		0.44		32
21	0.0970			800	1.3	2.0	2.3	2.5			7.1	6.1		0.42		34
22	0.0840			1600	1.1	1.8	2.2	2.4			7.2	5.9		0.44		20
23	0.0900			1600	1.1	1.9	1.7	2.0			7.1	5.9		0.48	0.20	34
24	0.0990	190	160	2000	1.1	1.7	2.0	2.1	3.7	10	7.2	6.1	3500	0.24	0.35	44
25	0.1000			1800	1.2	1.8	2.1	2.3			7.1	6.3		0.48	0.30	46
26	0.1050			1800	1.3	1.9	2.2	2.2			7.3	6.5		0.43		32
27	0.1020			800	1.3	1.9	2.1	2.5			7.5	6.4		0.40		27
28	0.1070			800	1.3	1.9	2.0	2.4			7.0	6.1		0.44	0.20	45
29	0.1110			2200	1.5	1.7	2.9	2.1			7.1	6.3		0.52		33
30	0.0850			2000	1.4	1.8	2.7	2.2			7.1	6.2		0.54		30
31	0.0860	170	170	1800	1.4	1.5	2.0	1.7	2.9	6.8	7.1	6.6	36	0.49		25

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME: Halifax Area Water and Sewer Authority

ADDRESS: P.O. Box 443
Halifax, PA 17032-0043

FACILITY: Halifax STP

LOCATION: Halifax Borough, Dauphin County

WATERSHED: 6-C

PA0024457		001	
PERMIT NUMBER		OUTFALL NUMBER	

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
2014	0	1		2014	0	31	

Reporting Frequency: Monthly
DMR Effective From: June 1, 2011
DMR Effective To: May 31, 2016
Permit Expires: May 31, 2016
Permit Application Due: December 3, 2015

☐ Check Here If No Discharge

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	0.0950	0.1120	MGD	XXX	XXX	XXX	XXX	X	Continuous	Measured
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	XXX	XXX		X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.0	XXX	7.5	S.U.	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max		X	1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	XXX	5.6	XXX	XXX	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX		X	1/day	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.47	0.6	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX		X	1/day	Grab
CBOD₅	SAMPLE MEASUREMENT	2.5	4.0	lbs/day	XXX	3.2	4.1	mg/l	0	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	1/Week	24-Hr Composite
BOD5 - Raw Sewage Influent	SAMPLE MEASUREMENT	153	223	lbs/day	XXX	198	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
Total Suspended Solids - Raw Sewage Influent	SAMPLE MEASUREMENT	162	215	lbs/day	XXX	210	XXX	mg/l	X	1/Week	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	1/Week	24-Hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).				TELEPHONE		DATE			
						717	896-8149				
JEFFREY L. GROSSER, PLANT MANAGER						AREA CODE	NUMBER	YEAR	MO	DAY	
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					
COMMENTS (Report all violations on the "Non-Compliance Reporting Form")											

PERMITTEE NAME / ADDRESS

_____ Check Here If No Discharge

WATERSHED:	6-C	YEAR	MO	DAY	TO	YEAR	MO	DAY
		2014	0	1		2014	0	31

NOTE: Read instructions before completing this form\

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).		TELEPHONE		DATE		
			717	896-8149			
			AREA CODE	NUMBER	YEAR	MO	DAY
JEFFREY L. GROSSER, PLANT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					
TYPED OR PRINTED							

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION**

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name: Halifax Area Water and Sewer Authority
Municipality: Halifax Borough County: Dauphin
Watershed: 6-C
Laboratories: _____

Month DEC 2014
NPDES Permit No. PA 0024457 Outfall No. 001
Renewal application due 180 days prior to expiration
This permit will expire on May 31, 2016

	EFFLUENT PARAMETERS									
DAY	FLOW	pH	D.O.	TRC	CBOD 5	TSS	FECAL		Weather/Comments (Inches Precipitation)	Outside Temperature (F Deg.)
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q	CFU/100 ml		
1	0.0850	7.4	6.3	0.43						44
2	0.0880	7.2	6.4	0.54					0.25	31
3	0.0820	7.1	6.2	0.56	2.3	5.0		2	0.25	34
4	0.0860	7.3	6.4	0.48						38
5	0.0940	7.4	6.2	0.49						41
6	0.0910	7.1	6.3	0.51					0.30	42
7	0.1100	7.2	6.1	0.41						34
8	0.0910	7.3	6.2	0.48						24
9	0.0870	7.2	6.4	0.45						33
10	0.0900	7.1	6.3	0.54	3.2	5.0		110		38
11	0.1010	7.2	6.4	0.50						33
12	0.0890	7.0	6.3	0.47						24
13	0.0860	7.1	6.5	0.48						36
14	0.0980	7.1	6.3	0.45						42
15	0.1120	7.2	5.7	0.46					0.20	44
16	0.1030	7.1	5.9	0.55						42
17	0.1030	7.2	5.6	0.60	4.1	8.8		26	0.15	44
18	0.1090	7.3	5.9	0.49						40
19	0.1040	7.3	6.1	0.47						34
20	0.0710	7.2	6.0	0.44						32
21	0.0970	7.1	6.1	0.42						34
22	0.0840	7.2	5.9	0.44						20
23	0.0900	7.1	5.9	0.48					0.20	34
24	0.0990	7.2	6.1	0.24	3.7	10.0		3,500	0.35	44
25	0.1000	7.1	6.3	0.48					0.30	46
26	0.1050	7.3	6.5	0.43						32
27	0.1020	7.5	6.4	0.40						27
28	0.1070	7.0	6.1	0.44					0.20	45
29	0.1110	7.1	6.3	0.52						33
30	0.0850	7.1	6.2	0.54						30
31	0.0860	7.1	6.6	0.49	2.9	6.8		36		25
AVE.	0.0950	7.2	6.2	0.47	3.2	7.1		59	2.20 (Total)	35

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser
Title: Manager

Signature: _____
Date: _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month DEC 2014

Municipality: Halifax Borough

NPDES Permit No. PA 0024457 Outfall No. 001

Watershed: 6-C

This permit will expire on May 31, 2016

DAY	Influent					Process Control						
	FLOW	BOD ₅	BOD ₆	TSS	TSS	Aeration MLSS (centrifuge)		Aeration DO mg/l		Sludge Wasted		
	mgd	mg/l	lb/day	mg/l	lb/day	No. 1	No. 2	No. 1	No. 2	gallons		
1	0.0850					1.5	1.8	2.5	2.3	2,400		
2	0.0880					1.4	1.8	2.4	2.4	2,200		
3	0.0820	210	144	200	137	1.3	1.7	2.6	2.3	2,400		
4	0.0860					1.2	1.7	2.7	2.5	1,600		
5	0.0940					1.2	1.7	2.5	2.3	2,000		
6	0.0910					1.2	1.7	2.4	2.4	800		
7	0.1100					1.3	1.8	2.2	2.5	800		
8	0.0910					1.2	1.8	2.3	2.6	2,400		
9	0.0870					1.1	1.9	2.3	2.5	2,200		
10	0.0900	160	120	270	203	1.1	1.9	2.5	2.6	2,200		
11	0.1010					1.1	1.9	2.4	2.4	2,400		
12	0.0890					1.1	1.8	2.6	2.3	2,200		
13	0.0860					1.1	1.9	2.5	2.1	800		
14	0.0980					1.1	1.8	2.4	2.2	800		
15	0.1120					1.1	1.9	2.5	2.3	2,400		
16	0.1030					1.1	2.0	2.3	2.4	2,400		
17	0.1030	260	223	250	215	1.1	1.9	2.2	2.4	1,200		
18	0.1090					1.2	2.0	2.4	2.5	2,800		
19	0.1040					1.4	1.9	2.6	2.4	2,200		
20	0.0710					1.3	2.0	2.5	2.3	800		
21	0.0970					1.3	2.0	2.3	2.5	800		
22	0.0840					1.1	1.8	2.2	2.4	1,600		
23	0.0900					1.1	1.9	1.7	2.0	1,600		
24	0.0990	190	157	160	132	1.1	1.7	2.0	2.1	2,000		
25	0.1000					1.2	1.8	2.1	2.3	1,800		
26	0.1050					1.3	1.9	2.2	2.2	1,800		
27	0.1020					1.3	1.9	2.1	2.5	800		
28	0.1070					1.3	1.9	2.0	2.4	800		
29	0.1110					1.5	1.7	2.9	2.1	2,200		
30	0.0850					1.4	1.8	2.7	2.2	2,000		
31	0.0860	170	122	170	122	1.4	1.5	2.0	1.7	1,800		
AVE.	0.0950	198	153	210	162	1.2	1.8	2.4	2.3	1,748		

Check if there were no ☐ biosolids removed from the plant, ☐ hauled-in municipal wastes received, ☐ hauled-in residual wastes received, or ☐ non-compliance incidents during the month (otherwise attach the appropriate forms).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Jeffrey L. Grosser

Signature: _____

Title: Manager

Date: _____

SUPPLEMENTAL REPORT
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

DEC 2014

NPDES Permit No. PA 0024457

This permit will expire on May 31, 2016

	Liquid Sewage Sludge / Biosolids Hauled Off-site				Dewatered Sewage Sludge / Biosolids Hauled Off-site				Sewage Sludge / Biosolids Dewatered and Incinerated On-site			
Date	Gallons	% Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01	= Dry Tons	Tons dewatered	X % Solids	= Dry Tons	
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
12/26/14	6,000	1.7	X 0.0000417	0.425			X 0.01					
12/26/14	6,000	1.7	X 0.0000417	0.425			X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
			X 0.0000417				X 0.01					
	12,000	1.7	X 0.0000417				X 0.01					
TOTAL:				0.851	TOTAL:			0.00	TOTAL:			0.00

	<i>SITE 1</i>	<i>SITE 2</i>	<i>SITE 3</i>
Site Name:	Kline's Septic	Harrisburg Sewer Plant	
Municipality	Salunga	Harrisburg	
County:	Lancaster	Dauphin	
DEP Permit Number:	101607	27198	
Type of Material*	Liquid Biosolids	Liquid Biosolids	
Dry Tons Disposal:	0	0.85068	
Gallons Disposed:	0	12,000	
Type of Disposal/Use:*	Sewer Plant	Sewer Plant	
Hauler Name:	Kline's Septic	Kline's Septic	

Signature: _____

Date: _____