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



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

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
Ма	iling Address:	PO Box 443	Effective Date:	6/1/2011
Cit	y, State, Zip:	Halifax, PA 17032	Expiration Date:	5/31/2016
Со	ntact Person:	Jeffrey Grosser	Renewal Due Date:	12/3/2015
Titl	e:	Operator	Municipality:	Halifax Boro, Halifax Twp
Ph	one:	717 896-3886	County:	Dauphin
Err	nail:	jgrosser@hawasaonline.com	Consultant Name:	Glace Associates, Inc.
		CHAPTER 94 REPORT	COMPONENTS	
1.	5 years and projec	a line graph depicting the monthly average ting the flows for the next 5 years. The the WQM permit. (<u>25 Pa. Code § 94.12</u> (graph must also inclu	
	Check the appropriate boxes: Line graph for flows attached (Attachment) DEP Chapter 94 Spreadsheet used (Attachment A) Section 1 is not applicable (report is for a collection system).			
2.	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. (25 Pa. Code § 94.12(a)(2))			
	Check the appropriate boxes: Line graph for organic loads attached (Attachment) DEP Chapter 94 Spreadsheet used (Attachment A)			

Section 2 is not applicable (report is for a collection system).

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. ($25 Pa. Code \S 94.12(a)(4)$)
	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.

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	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. (<u>25 Pa. Code § 94.12(a)(6)</u>)					
	 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))					
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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 OFFI	CIAL 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	fur the A				
Name of Responsible Official	Signature				
717 896-3886	8/26/15				
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

8-28-25

717 731-1579

Telephone No.

Date

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)

	ISYLVANIA					PAI	DEP Chapte Sewage 1	r 94 Sprea Freatment	
Facility Name:	Halifax Waste	water Treatme	ent Plant			Permit No.:	PA0024457]	
Existing Hydraulic Design Capacity:			0.21 M	GD		Existing Organic	Design Capacit	y:	527
Upgrade Planned	in Next 5 Years	s?	NO	Year:		Upgrade Planned	in Next 5 Years	s?	NO
Future Hydraulic	Design Capacit	y:	М	GD		Future Organic D	esign Capacity:	:	
	·		Flows for Pas					Average BOI	
Month	2010	2011	2012	2013	2014	Month	2010	2011	20
January	0.131	0.106	0.098	0.098	0.0866	January	195	297	9
February	0.122	0.124	0.102	0.101	0.0822	February	213	154	1:
March	0.148	0.19	0.102	0.103	0.102	March	413	279	1-
April	0.135	0.213	0.095	0.102	0.1446	April	465	176	24
May	0.129	0.225	0.122	0.105	0.1525	Мау	202	147	1
June	0.131	0.177	0.113	0.115	0.1541	June	332	210	7
July	0.135	0.157	0.117	0.116	0.1284	July	433	185	1
August	0.135	0.15	0.111	0.108	0.1155	August	266	205	1:
September	0.123	0.267	0.106	0.104	0.1117	September	348	299	2

0.098

0.093

0.1009

0.0832

0.109

0.096

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

0.215

0.171

0.118

0.105

October

November

	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					

Future Organic Des	lk	os BOD5/day	I		
Ū					
	Monthly	Average BOD	5 Loads for P	ast 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

Reporting Year:

Persons/EDU:

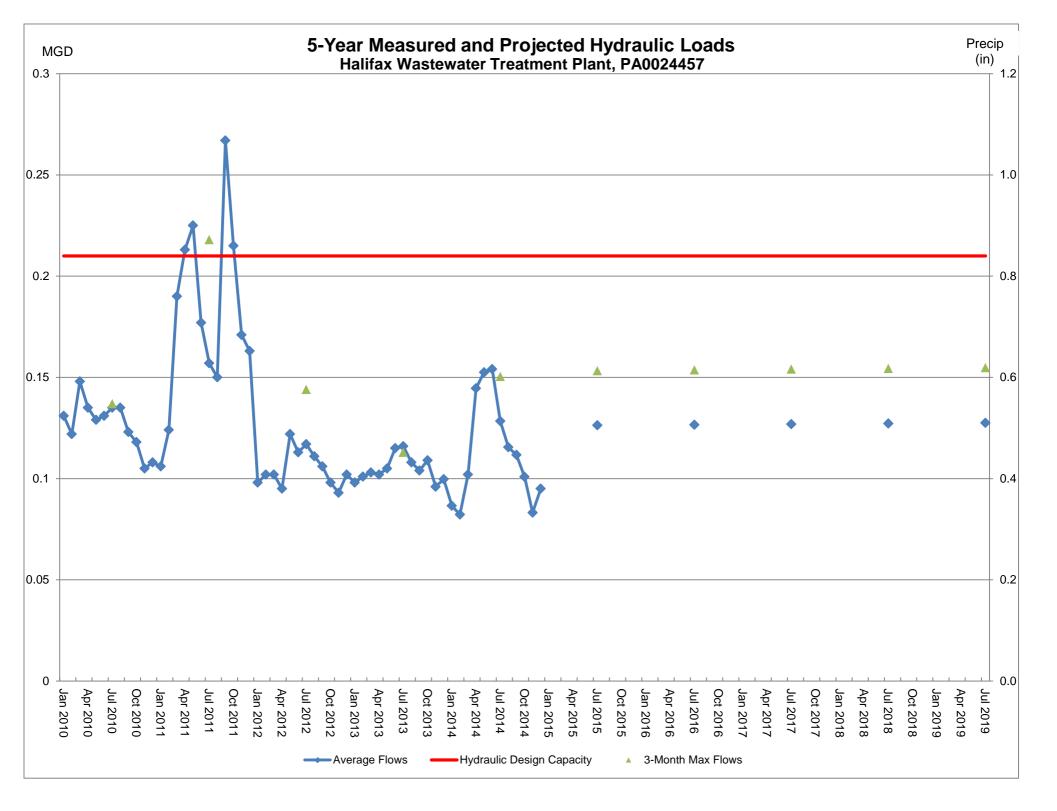
lbs BOD5/day

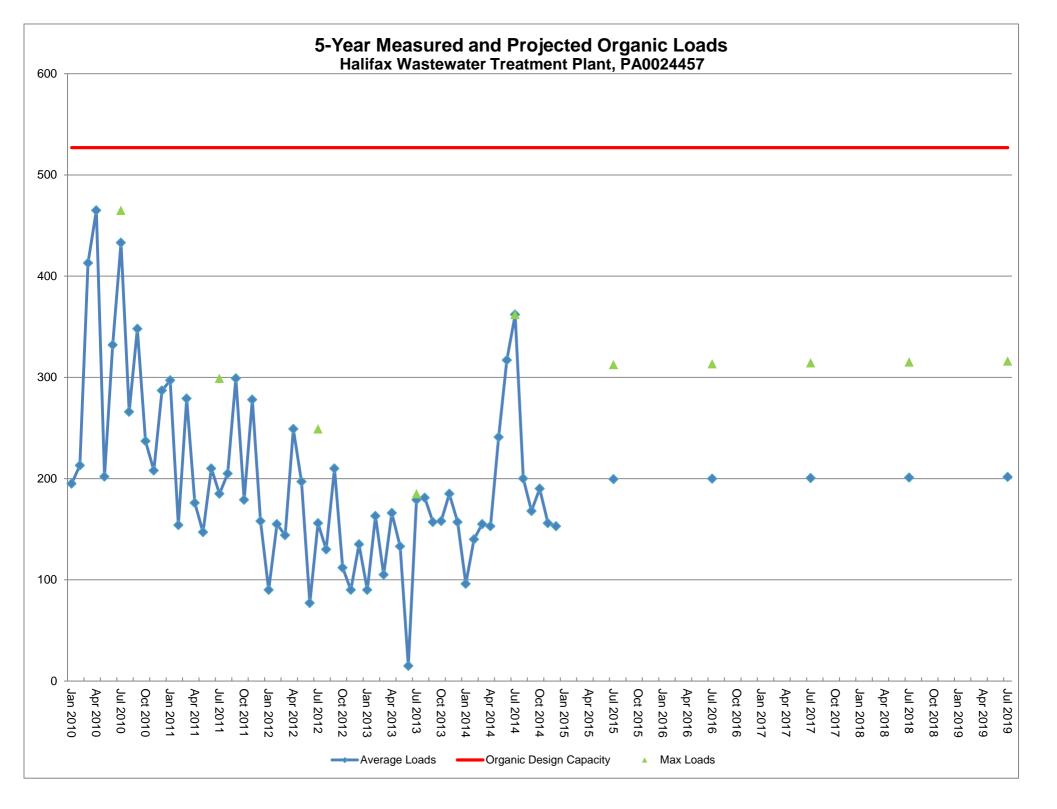
Year:

2014

3.5

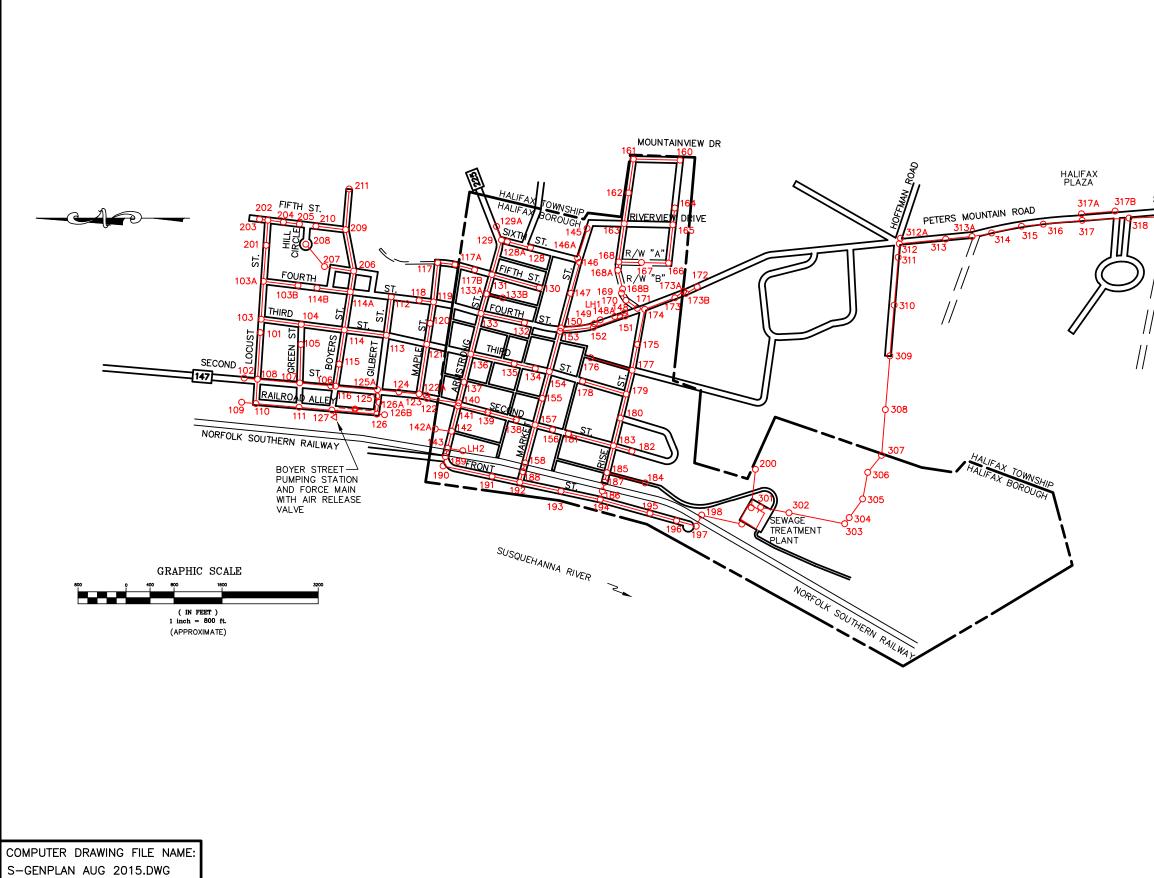
	Projected BOD5 Loads for Next Five Years (Ibs/day)				
	2015 2016 2017 2018 2019				
New EDUs	2	2	2	2	2
New EDU Load	0.539	0.539	0.539	0.539	0.539
Proj. Annual Avg	199	200	200	201	202
Proj. Max Avg	313	313	314	315	316
Proj. Overload?	NO	NO	NO	NO	NO





ATTACHMENT B

GENERAL PLAN



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			AND SEWER / Y, PENNSYLV/	
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	GLACE	ASSOCIATES,	INC., CAMP H	ILL, PA.
		-		

0: \CAD DRAWINGS \402 \S-GENPLAN AUG 2015.DWG, 8/25/2015 2:12 PM

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.

<u>Main Pumping Station</u> - 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)
	As noted plant return flows are included.

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.

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	17	12128.7	11.9	2979.9	12.4
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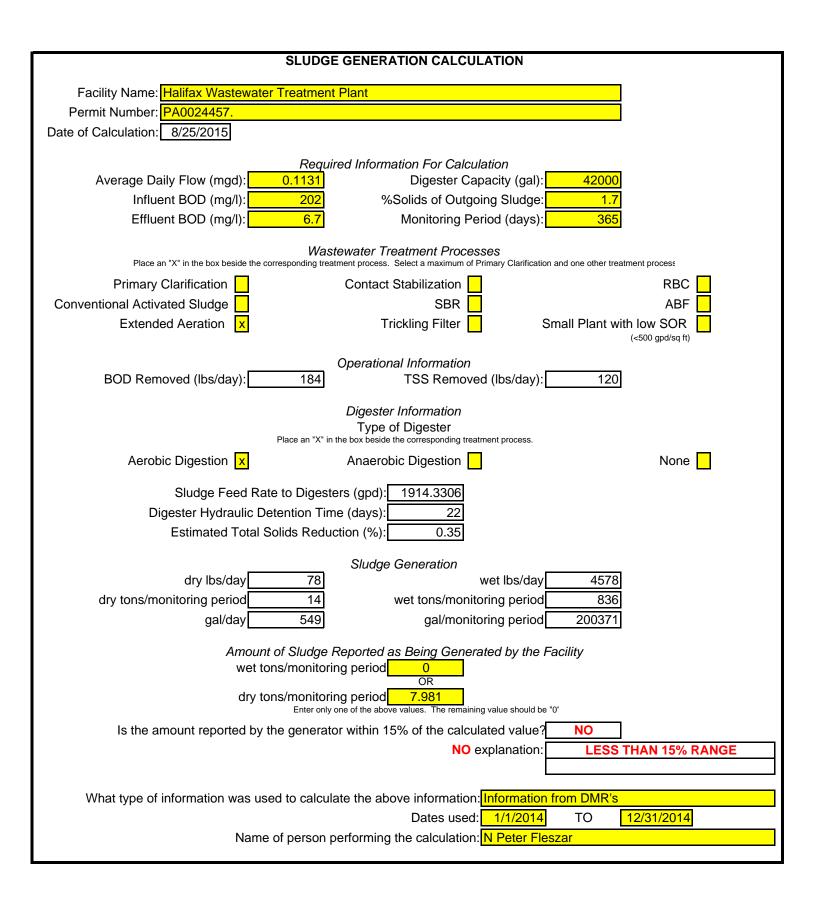
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ATTACHMENT D

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.



<u>ATTACHMENT E</u>

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: ± 1%

TOTALIZER CALIBRATION CHECKED AT: 0, 50 & 100% ERROR: 0% CORRECTED ACCURACY: ± 1%

TRANSMITTER CALIBRATION SIMULATED HEAD RISES AND FLOW MEASUREMENTS ERROR: 0% CORRECTED ACCURACY: ±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 1 0.0830 2 0.1000 3 0.0830 4 0.0650 5 0.0830 4 0.0650 5 0.0830 6 0.1080 7 0.0870 8 0.0710 9 0.0920 10 0.0940 11 0.0970 12 0.1470 13 0.0980 14 0.1080 15 0.1110 16 0.1030 17 0.0900 18 0.1000 19 0.0820 20 0.0850 21 0.0930 22 0.0870 23 0.0470	Influent BOD5 170 190	Influent TSS 76 210	Aeration Wasted 600 1200 1200 800 800 1200 800 800 800	(centr No. 1 0.9 0.9 0.9 0.9 1.0 1.0 1.0 0.8	No. 2 1.4 1.3 1.5 1.5 1.5 1.5 1.5	No. 1 3.2 3.0 2.8 2.9	g/l) No. 2 2.9 3.1 3.0	Effluent CBOD5 8.4	Effluent TSS 22	Effluent pH 7.4 7.5	Effluent D.O. 6.3	Effluent Fecals	0.58	Weather Precipitation 0.20	Outside Temp. (F) 26
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4 0.0650 5 0.0830 6 0.1080 7 0.0870 8 0.0710 9 0.0920 10 0.0940 11 0.0970 12 0.1470 13 0.0980 14 0.1080 15 0.1110 16 0.1030 17 0.0900 18 0.1000 19 0.0820 20 0.0850 21 0.0930 22 0.0870	190	210	800 800 1200 800	0.9 1.0 1.0	1.5 1.5	2.9	3.0			7.5 7.3	6.2 6.4	2	0.62 0.60		30
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	190	210	800 1200 800	1.0 1.0	1.5		3.2			7.3	6.4 6.1		0.60		12 18
60.108070.087080.071090.0920100.0940110.0970120.1470130.0980140.1080150.1110160.1030170.0900180.1000190.0820200.0850210.0930220.0870	190	210	1200 800	1.0		2.8	3.2 3.0			7.2	6.2		0.50		30
7 0.0870 8 0.0710 9 0.0920 10 0.0940 11 0.0970 12 0.1470 13 0.0980 14 0.1080 15 0.1110 16 0.1030 17 0.0900 18 0.1000 19 0.0820 20 0.0850 21 0.0930 22 0.0870	190	210	800	-		2.0	3.0 2.6			7.5	6.0		0.48	0.80	30 34
8 0.0710 9 0.0920 10 0.0940 11 0.0970 12 0.1470 13 0.0980 14 0.1080 15 0.1110 16 0.1030 17 0.0900 18 0.1000 19 0.0820 20 0.0850 21 0.0930 22 0.0870	190	210			1.3	3.1	2.0			7.6	6.3		0.38	0.80	34 1
9 0.0920 10 0.0940 11 0.0970 12 0.1470 13 0.0980 14 0.1080 15 0.1110 16 0.1030 17 0.0900 18 0.1000 19 0.0820 20 0.0850 21 0.0930 22 0.0870	190	210		0.8	1.3	3.1	2.9 3.1	8.4	11	8.2	6.7	4600	0.48		10
10 0.0940 11 0.0970 12 0.1470 13 0.0980 14 0.1080 15 0.1110 16 0.1030 17 0.0900 18 0.1000 19 0.0820 20 0.0850 21 0.0930 22 0.0870			0	0.8	1.4	2.8	3.1	0.4	11	8.3	6.9	4000	0.54		20
11 0.0970 12 0.1470 13 0.0980 14 0.1080 15 0.1110 16 0.1030 17 0.0900 18 0.1000 19 0.0820 20 0.0850 21 0.0930 22 0.0870			1000	0.8	1.2	3.0	3.0			8.0	6.8		0.42		33
12 0.1470 13 0.0980 14 0.1080 15 0.1110 16 0.1030 17 0.0900 18 0.1000 19 0.0820 20 0.0850 21 0.0930 22 0.0870			800	0.8	1.3	2.7	3.1			8.1	6.7		0.51	0.25	45
130.0980140.1080150.1110160.1030170.0900180.1000190.0820200.0850210.0930220.0870			0	0.9	1.5	3.0	3.0			8.2	6.4		0.56	0.25	41
140.1080150.1110160.1030170.0900180.1000190.0820200.0850210.0930220.0870			1600	0.8	1.2	2.8	2.8			8.3	6.6		0.48	0.00	34
150.1110160.1030170.0900180.1000190.0820200.0850210.0930220.0870			1600	0.8	1.3	3.1	3.2			8.4	6.9		0.45	0.10	40
160.1030170.0900180.1000190.0820200.0850210.0930220.0870	110	100	1600	0.9	1.5	3.3	3.1	9.8	18	8.3	7.1	40	0.52	0.25	30
170.0900180.1000190.0820200.0850210.0930220.0870			1600	0.9	1.4	3.1	3.2	010		8.3	7.2		0.56	0.20	26
180.1000190.0820200.0850210.0930220.0870			1200	0.8	1.3	3.2	3.0			8.0	7.1		0.48		32
190.0820200.0850210.0930220.0870			800	0.9	1.3	3.1	3.1			8.2	7.1		0.46	0.15	28
21 0.0930 22 0.0870			800	0.9	1.3	3.2	3.3			8.3	7.2		0.49		24
22 0.0870			800	0.8	1.4	3.1	3.2			8.1	7.0		0.55	0.10	30
			1000	0.7	1.3	3.2	3.3			8.0	7.2		0.52		24
23 0.0470	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
			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 Authori	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	Р	ERMIT NUMBE	R			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP				-				DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	0	1		2014	0	31	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

PARAMETER QUANTITY OR LOADING QUALITY OR CONCENTRATION												pieting thi		
	TTER VALUE VALUE UNITS VALUE VALUE VALUE VALUE								. FI	REQUENCY		SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO E	X OF	ANALYSI	5	TYPE	
71	SAMPLE MEASUREMENT	0.0866	0.1470	MGD	XXX	XXX	XXX	NVV.	Х		Continuous		Measured	
Flow	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	MGD	XXX	XXX	XXX	XXX	Х		Continuous		Measured	
эН	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.2	XXX	8.5	S.U.	0		1/day		Grab	
'n	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max	3.0.	Х		1/day		Grab	
Vigaalwad Owygan	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.0	XXX	XXX	mg/l	0		1/day		Grab	
Dissolved Oxygen	PERMIT REQUIREMENT	XXX	ххх	XXX	5.0 Min	XXX	XXX	mg/i	Х		1/day		Grab	
Fotal Residual	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.50	0.68	mg/l	1		1/day		Grab	
Chlorine	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX	nig/i	Х		1/day			
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	ibs/day	XXX	25 Avg Mo	40 Wkly Avg	nig/1	х		1/Week		24-Hr Composite	
BOD5 - Raw	SAMPLE MEASUREMENT	96	142	lbs/day	XXX	139	XXX		X			1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	ibs/day	XXX	Report Avg Mo	XXX	mg/l	Х		1/Week		24-Hr Composite	
Fotal Suspended Solids - Raw	SAMPLE MEASUREMENT	76	124	lbs/day	XXX	112	XXX	mg/l	Х		1/Week		24-Hr Composite	
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	ibs/day	XXX	Report Avg Mo	XXX	mg/i	Х		1/Week		24-Hr Composite	
NAME/TITLE PRI	NCIDAL EVECUTIV	VE OFFICED			s document and all a rvision in accordance				TEL	EPHONE		DAT	Έ	
NAME/IIILE PKI	NUITAL EAECUIIV	E OFFICER	designed to assure the information submitted	nat qualified pers	sonnel properly gathe inquiry of the person	r and evaluate the or persons who			717	896-8149				
JEFFREY L. GF	ROSSER, PLANT M	ANAGER	information. The inf belief, true, accurate	ormation submit	directly responsible f ted is to the best of n I am aware that there	ny knowledge and are significant	SIGNATURE	OF PRINCIPAT	AREA CODE	NUMBER	YEAR	МО	DA	
TYP	ED OR PRINTED		penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification).											

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 Author	ity								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	P	PERMIT NUMBE	R			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP								DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR MO DAY		то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015	
		2014	2014 0 1			2014	0	31	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

PARAMETER		QUA	NTITY OR LOADING	ł		QUALITY OR CO	NCENTRATION		NO EX	FR	EQUENCY	s	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO EX	OF	ANALYSIS		TYPE
Total Suspended	SAMPLE MEASUREMENT	10	18	lbs/day	XXX	13	22		0		1/week		24-Hr omposite
Solids	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg	1DS/Uay	XXX	30 Avg Mo	45 Wkly Avg	mg/l	Х		1/week		24-Hr omposite
Fecal Coliform	SAMPLE MEASUREMENT	XXX	ххх	XXX	XXX	-	XXX	CFU/	-		1/week		Grab
May 1 - Sep 30	PERMIT REQUIREMENT	XXX	XXX	AAA	XXX	200 Geo Mean	XXX	100 ml	х		1/week		Grab
Fecal Coliform	SAMPLE MEASUREMENT	XXX	ххх	XXX	XXX	-	XXX	CFU/	-		1/week		Grab
Oct 1 - Apr 30	PERMIT REQUIREMENT	XXX	XXX	~~~	XXX	2000 Geo Mean	XXX	100 ml	х		1/week		Grab
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
					is document and all rvision in accordanc				TELEP	HONE		DATE	
NAME/IIILE PRI	NCIPAL EXECUTI	VE OFFICER	information submitt	ed based on my	sonnel properly gath inquiry of the persor	n or persons who			717	896-8149			
JEFFREY L. G	ROSSER, PLANT M	ANAGER	information. The int	formation submi	directly responsible tted is to the best of	my knowledge and			AREA CODE	NUMBER	YEAR	мо	DAY
	TYPED OR PRINTED belief, true, accurate, and comple penalties for submitting false info and imprisonment for knowing vi unsworn falsification). unsworn falsification).					possibility of fine	EXECUTIVE	OF PRINCIPAL OFFICER OR ZED AGENT					

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name:	Halifax Area Water and Sewer Aut	hority	Month	JAN.	2014
Municipality:	Halifax Borough	County: Dauphin	NPDES Permit No.	PA 0024457	Outfall No. 001
Watershed:	6-C		Renewal application	due 180 days prior t	o expiration
Laboratories:			This permit will	expire on May 31, 20)16

		-	E	FFLUENT PARAM	METERS					
DAY	FLOW	рН	D.O.	TRC	CBOD 5	TSS		FECAL	Weather/Comments (Inches Precipitation)	Outside Temperature
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q	CFU/100 ml		(F Deg.)
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 (Tota	l) 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: _____

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month JAN. 2014

Municipality: Halifax Borough

Watershed: 6-C

NPDES Permit No. PA 0024457 Outfall No. 001

This permit will expire on May 31, 2016

			Influent						Proce	ss Control	
DAY	FLOW	BOD₅	BOD ₆	TSS	TSS	Aeration (centr			ion DO g/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	1
26	0.0880				l	1.1	1.5	3.0	3.4	800	Ì
27	0.0810				l	0.7	1.2	3.1	3.0	1,200	Ì
28	0.0770					0.9	1.3	2.8	3.1	1,600	1
29	0.0610	180	92	110	56	0.8	1.3	3.0	3.2	1,200	1
30	0.0670					1.0	1.2	3.1	3.3	1,200	1
31	0.0690					1.0	1.2	2.9	3.1	1,200	1
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

SUPPLEMENTAL REPORT

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

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

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

Γ	Liqu	id Sewage Sludge	e / Biosolids Hauled Of	f-site	Dewatered	Sewage Sludge / I	Biosolids Hauled O	Off-site	-	udge / Biosolids Dev d 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

Manager

Title:

JAN. NPDES Permit No. PA 0024457

This permit will expire on May 31, 2016

2014

Signature:

Month FEB

Year 2014

					Aeratio			ion DO					244			
		Influent	Influent	Aeration	(centr			g/l)	Effluent	Effluent	Effluent	Effluent	Effluent	Effluent	Weather	Outside
Day	Flow	BOD5	TSS	Wasted	No. 1	No. 2	No. 1	No. 2	CBOD5	TSS	рН	D.O.	Fecals	TRC	Precipitation	•
1	0.0840			800	1.0	1.2	3.1	3.2			8.2	7.4		0.46		36
2	0.0970			800	1.0	1.3	2.6	3.1			8.3	7.1		0.47		40
3	0.0990			1200	0.9	1.1	2.9	3.2			8.4	7.2		0.43	0.10	34
4	0.0900			1200	0.9	1.2	3.0	3.3			8.2	7.4		0.48	0.20	12
5	0.0480			1200	1.0	1.2	3.2	3.3			8.3	7.1		0.54	0.10	32
6	0.0810	260	210	1200	1.0	1.1	3.1	3.1	11	10	8.5	7.4	170	0.51		24
7	0.0690			1200	1.0	1.0	3.0	3.0			8.4	7.2		0.49		8
8	0.0620			800	1.0	1.1	3.2	3.2			8.3	7.4		0.46		17
9	0.0750			800	1.1	1.0	2.9	3.1			8.4	7.2		0.47		16
10	0.0650			1200	1.0	1.2	3.1	3.3			8.6	7.3		0.52		15
11	0.0700			1200	1.1	1.1	2.3	3.2			8.1	7.0		0.55		12
12	0.0720	140	96	1200	1.0	1.1	2.7	3.1	14	20	8.3	7.1	400	0.54		4
13	0.0560			1200	1.0	1.2	2.9	3.2			8.2	7.3		0.60	0.10	24
14	0.0800			900	1.0	1.1	2.8	3.1			8.0	7.0		0.54	1.00	28
15	0.0810			800	1.0	1.1	2.7	3.1			8.0	7.1		0.42	0.10	32
16	0.0700			800	1.1	1.2	2.7	3.0			8.1	7.3		0.46		30
17	0.0680			1000	0.8	1.2	3.4	5.1			7.2	5.9		0.48		9
18	0.0670			1200	1.0	1.2	3.0	3.4			7.4	6.1		0.59	0.10	32
19	0.0700	310	130	1200	0.9	1.0	3.1	3.7	13	5	7.5	6.2	18	0.50		25
20	0.0930			800	0.9	1.0	3.0	3.3			7.4	6.3		0.47		26
21	0.1050			800	0.8	1.0	3.2	3.3			7.2	6.2		0.49		41
22	0.1040			800	0.9	1.0	3.1	3.5			7.4	6.1		0.53		28
23	0.1180			800	1.0	1.0	3.0	3.4			7.5	6.4		0.40		32
24	0.1190			800	0.8	0.8	1.7	2.2			7.3	6.2		0.48		30
25	0.1040			800	0.7	0.8	1.7	2.0			7.4	6.3		0.40		28
26	0.0940	150	130	800	0.6	0.9	2.6	3.3	12	8.8	7.2	6.1	280	0.44		26
27	0.0830			800	0.6	0.8	2.8	3.1			7.4	6.4		0.49		16
28	0.0770			800	0.6	0.9	3.0	3.3			7.5	6.2		0.53		2
29																
30																
31																

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 Authorit	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	F	ERMIT NUMBE	R			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP				-				DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	0	1		2014	0	28	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

		QUA	NTITY OR LOADING			QUALITY OR CC	NCENTRATION			F	REQUENCY	,	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO E	IX OF	F ANALYSI:	5	TYPE
Flow	SAMPLE MEASUREMENT	0.0822	0.1190	MGD	XXX	XXX	XXX	XXX	х		Continuous		Measured
FIUW	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	MGD	XXX	XXX	XXX	~~~~	х		Continuous		Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.2	XXX	8.6	S.U.	0		1/day		Grab
рп	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max	3.0.	х		1/day		Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	XXX	5.9	XXX	XXX	mg/l	0		1/day		Grab
Dissolveu Oxygen	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX	ing/1	х		1/day		Grab
Total Residual	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.49	0.6	mg/l	0		1/day		Grab
Chlorine	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX	iiig, i	Х		1/day		Grab
CBOD ₅	SAMPLE MEASUREMENT	8.2	9.0	lbs/day	XXX	12.5	14.0	mg/l	0		1/Week		24-Hr Composite
CLODS	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg	105/049	XXX	25 Avg Mo	40 Wkly Avg	iiig/1	х		1/Week		24-Hr Composite
BOD5 - Raw	SAMPLE MEASUREMENT	140	181	lbs/day	XXX	215	XXX	mg/l	х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	ibs/day	XXX	Report Avg Mo	XXX	ing/1	х		1/Week		24-Hr Composite
Total Suspended Solids - Raw	SAMPLE MEASUREMENT	94	142	lbs/day	XXX	142	XXX	mg/l	х		1/Week		24-Hr Composite
Sonus - Kaw Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	105/049	XXX	Report Avg Mo	XXX	ing/1	х		1/Week		24-Hr Composite
NAME/TITLE PRIM	NCIDAL EXECUTIV	VEOFFICED			s document and all a rvision in accordance				TEL	EPHONE		DAT	ſE
			information submitte	ed based on my i	sonnel properly gathe inquiry of the person	or persons who			717	896-8149			
JEFFREY L. GR	ROSSER, PLANT M	ANAGER	information. The inf belief, true, accurate	ormation submit, and complete.	directly responsible f ted is to the best of n I am aware that there	ny knowledge and are significant	SIGNATURE	OF PRINCIPAL	AREA CODE	NUMBER	YEAR	МО	DAY
ТҮР	ED OR PRINTED		penalties for submitt imprisonment for kn unsworn falsification	owing violations		oossibility of fine and 4 (relating to	EXECUTIVE	OFFICER OR ZED AGENT					

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 Authorit	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	P	PERMIT NUMBE	R			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP								DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	FORING PERIOD				Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	0	1		2014	0	28	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

PARAMETER		QUA	NTITY OR LOADING			QUALITY OR CC	NCENTRATION		NO EX	FI	REQUENCY	SA	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO EX	OF	FANALYSIS		TYPE
Total Suspended	SAMPLE MEASUREMENT	7	12	lbs/day	XXX	11	20		0		1/week		24-Hr omposite
Solids	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg	IDS/day	XXX	30 Avg Mo	45 Wkly Avg	mg/l	х		1/week		24-Hr omposite
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	-	XXX	CFU/	-		1/week		Grab
May 1 - Sep 30	PERMIT REQUIREMENT	XXX	XXX	~~~	XXX	200 Geo Mean	XXX	100 ml	х		1/week		Grab
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	-	XXX	CFU/	-		1/week		Grab
Oct 1 - Apr 30	PERMIT REQUIREMENT	XXX	XXX	~~~	XXX	2000 Geo Mean	XXX	100 ml	х		1/week		Grab
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
					is document and all ervision in accordanc				TELEPH	IONE		DATE	
NAME/TITLE PRI	NCIPAL EXECUTI	VE OFFICER	designed to assure the information submitted	hat qualified per ed based on my	sonnel properly gath inquiry of the person	her and evaluate the n or persons who			717 8	396-8149			
JEFFREY L. GI	ROSSER, PLANT M	ANAGER	information. The inf	formation submi	directly responsible itted is to the best of	my knowledge and			AREA CODE	NUMBER	YEAR	мо	DAY
ТҮР	ED OR PRINTED			ting false inforn or knowing viol	I am aware that ther nation, including the ations. See Pa. C.S. §	possibility of fine	EXECUTIVE	OF PRINCIPAL OFFICER OR ZED AGENT					

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name:	Halifax Area Water and Sewer	Authority	Month	FEB	2014
Municipality:	Halifax Borough	County: Dauphin	NPDES Permit No. PA	A 0024457	Outfall No. 001
Watershed:	<u>6-C</u>		Renewal application du	ue 180 days prior to	o expiration
Laboratories:			This permit will ex	pire on May 31, 20	16

			E	FFLUENT PARAM	METERS					
DAY	FLOW	рН	D.O.	TRC	CBOD 5	TSS		FECAL	Weather/Comments (Inches Precipitation)	Outside Temperature
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q	CFU/100 ml		(F Deg.)
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					T T					
30					T T					
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

Date: _____

Signature:

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month FEB 2014

Municipality: Halifax Borough

Watershed: 6-C

NPDES Permit No. PA 0024457 Outfall No. 001

This permit will expire on May 31, 2016

			Influent						ss Control		
DAY	FLOW	BOD₅	BOD ₆	TSS	TSS	Aeration (centr			ion DO g/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											1
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

Signature: ____

Title: Manager

SUPPLEMENTAL REPORT

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

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

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

	Liqu	Liquid Sewage Sludge / Biosolids Hauled Off-site Gallons % Solids X Conv. Factor = Drv Ton.			Dewatered	Sewage Sludge / I	Biosolids Hauled C	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					
	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

Manager

Title:

L. Grosser

Signature: _____

Date:

FEB 2014

NPDES Permit No. PA 0024457

This permit will expire on May 31, 2016

Month MARCH

Year 2014

		Tuffuent	Influent	A	Aeratio		Aerati		Efflue t	Effluent	Effluent	Effluent	Effluent	Effluent		Quatarial
Day	Flow	Influent BOD5	TSS	Aeration Wasted	(centr No. 1	No. 2	(m <u>o</u> No, 1	g/l) No. 2	Effluent CBOD5	TSS	pH	D.O.	Fecals		Weather Precipitation	Outside Temp (F)
1	0.0720	2000	100	800	0.6	1.0	2.6	2.5	00000	100	7.4	6.3	1 00010	0.48	recipitation	10
2	0.0720			800	0.0	0.9	2.0	3.0			7.4	6.2		0.40		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	2.0	Ū	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 Authorit	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	F	PERMIT NUMBE	R			OUTFALL NUMBI	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP			DMR Effective To:	May 31, 2016					
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	RING PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	мо	DAY	то	YEAR	мо	DAY	Permit Application Due:	December 3, 2015
		2014	3	1		2014	3	31	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

												pleting thi	
		QUA	NTITY OR LOADING	ł		QUALITY OR CC	NCENTRATION			. FI	REQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO E	X OF	ANALYSI		TYPE
21	SAMPLE MEASUREMENT	0.1020	0.1840	MGD	XXX	XXX	XXX	VVV	х		Continuous		Measured
Flow	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	MGD	XXX	XXX	XXX	XXX	х		Continuous		Measured
Н	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.1	XXX	7.6	S.U.	0		1/day		Grab
n	PERMIT REQUIREMENT	XXX	XXX	xxx	6.0 Min	XXX	9.0 Max	3.0.	х		1/day		Grab
Vigaluad Owngon	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.1	XXX	XXX	mg/l	0		1/day		Grab
Dissolved Oxygen	PERMIT REQUIREMENT	XXX	XXX	xxx	5.0 Min	XXX	XXX	iiig/i	х		1/day		Grab
otal Residual	SAMPLE MEASUREMENT	XXX	XXX	xxx	XXX	0.48	0.56	mg/l	0		1/day		Grab
Chlorine	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX	ing/1	Х		1/day		Grab
CBOD ₅	SAMPLE MEASUREMENT	5.6	9.0	lbs/day	XXX	6.5	10.0	mg/l	0		1/Week		24-Hr Composite
.0005	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg	10s/day	XXX	25 Avg Mo	40 Wkly Avg	iiig/i	х		1/Week		24-Hr Composite
SOD5 - Raw	SAMPLE MEASUREMENT	155	223	lbs/day	XXX	188	XXX	mg/l	х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	10s/day	XXX	Report Avg Mo	XXX	ing/1	х		1/Week		24-Hr Composite
Fotal Suspended Solids - Raw	SAMPLE MEASUREMENT	129	191	lbs/day	XXX	153	XXX	mg/l	х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	ibs/day	XXX	Report Avg Mo	XXX	iiig/i	Х		1/Week		24-Hr Composite
NAME/TITLE DDI	NCIPAL EXECUTI	VE OFFICED			s document and all a rvision in accordance				TEL	EPHONE		DAT	Έ
MANL/ III DE FRI	AND AL EAECUIT	E OFFICER	information submitte	ed based on my i	sonnel properly gathe inquiry of the person	or persons who			717	896-8149			
JEFFREY L. GF	ROSSER, PLANT M	ANAGER	information. The inf belief, true, accurate	ormation submit	directly responsible f ted is to the best of n I am aware that there	ny knowledge and are significant	SIGNATURE	OF PRINCIPAL	AREA CODE	NUMBER	YEAR	МО	DA
TYP	ED OR PRINTED		imprisonment for kn	owing violations			penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See Pa. C.S. § 4904 (relating to unsworn falsification). EXECUTIVE OFFICE AUTHORIZED AG						

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				001		Reporting Frequency	Monthly			
	Halifax, PA 17032-0043	P	PERMIT NUMBE	R			OUTFALL NUMBI	ER	DMR Effective From:	June 1, 2011			
FACILITY:	Halifax STP			DMR Effective To:	May 31, 2016								
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016			
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	YEAR MO DAY		Permit Application Due:	December 3, 2015			
		2014	3	1		2014	3	31	Check Here If No Discharge				

NOTE: Read instructions before completing this form\

PARAMETER		QUA	NTITY OR LOADING			QUALITY OR CO	NCENTRATION		NO EX	FF	REQUENCY	s	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO EX	OF	7 ANALYSIS		TYPE
Total Suspended	SAMPLE MEASUREMENT	8	11	lbs/day	XXX	9	16		0		1/week		24-Hr composite
Solids	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg	1DS/Uay	XXX	30 Avg Mo	45 Wkly Avg	mg/l	х		1/week		24-Hr omposite
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	-	XXX	CFU/	-		1/week		Grab
May 1 - Sep 30	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	XXX	100 ml	х		1/week		Grab
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	16	XXX	CFU/	0		1/week		Grab
Oct 1 - Apr 30	PERMIT REQUIREMENT	XXX	XXX		XXX	2000 Geo Mean	XXX	100 ml	х		1/week		Grab
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NA MEZETE E DDU		VE OFFICED			is document and all ervision in accordanc				TELEP	IONE		DATE	
NAME/TITLE PRI	NCIPAL EXECUTI	VE OFFICER	information submitt	ed based on my	sonnel properly gath inquiry of the person	n or persons who			717	896-8149			
JEFFREY L. GF	ROSSER, PLANT M	ANAGER	information. The inf	formation submi	directly responsible itted is to the best of	my knowledge and			AREA CODE	NUMBER	YEAR	мо	DAY
Түр	ED OR PRINTED		penalties for submit	ting false inforn or knowing viol	I am aware that ther nation, including the ations. See Pa. C.S. §	possibility of fine	EXECUTIVE	OF PRINCIPAL OFFICER OR ZED AGENT					

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name:	Halifax Area Water and Sewe	er Authority	Month	MARCH	2014
Municipality:	Halifax Borough	County: Dauphin	NPDES Permit No.	PA 0024457	Outfall No. 001
Watershed:	<u>6-C</u>		Renewal application	due 180 days prior to	expiration
Laboratories:			This permit will	expire on May 31, 201	6

		-	E	FFLUENT PARAN	IETERS					
DAY	FLOW	рН	D.O.	TRC	CBOD 5	TSS		FECAL	Weather/Comments (Inches Precipitation)	Outside Temperature
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q	CFU/100 ml		(F Deg.)
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	1					40
28	0.0920	7.4	7.1	0.45	1				0.10	46
29	0.0970	7.3	6.9	0.41	1				0.10	46
30	0.1450	7.3	7.0	0.40	1				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: _____

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month MARCH 2014

Municipality: Halifax Borough

Watershed: 6-C

NPDES Permit No. PA 0024457 Outfall No. 001

This permit will expire on May 31, 2016

			Influent			Process Control								
DAY	FLOW	BOD₅	BOD ₆	TSS	TSS	Aeration MLSS (centrifuge)			on DO g/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

SUPPLEMENTAL REPORT

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

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

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

	Liqu	id Sewage Sludge	/ Biosolids Hauled Of	f-site	Dewatered	Sewage Sludge / I	Biosolids Hauled O	ff-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					
	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

Manager

Title:

L. Grosser

Signature: _____

Date:

MARCH 2014

NPDES Permit No. PA 0024457

This permit will expire on May 31, 2016

Month APRIL

Year 2014

					Aeratio		Aerati									
		Influent	Influent	Aeration	(centr	ifuge)	(m <u>c</u>	g/l)	Effluent	Effluent	Effluent	Effluent	Effluent	Effluent	Weather	Outside
Day	Flow	BOD5	TSS	Wasted	No. 1	No. 2	No. 1	No. 2	CBOD5	TSS	рН	D.O.	Fecals	TRC	Precipitation	Temp. (F)
1	0.1370			200	0.6	1.0	3.0	3.3			7.5	7.6		0.49		40
2	0.1450	95	100	200	0.6	0.9	3.3	3.1	12	69	7.6	7.2	300	0.47		44
3	0.1520			1000	0.6	0.9	3.1	3.3			7.5	7.4		0.41	0.15	50
4	0.1460			600	0.6	0.8	3.0	3.2			7.3	7.4		0.43	0.45	48
5	0.1650			800	0.6	0.9	3.2	3.1			7.4	7.3		0.44	0.20	41
6	0.1350			800	0.6	0.9	3.1	3.3			7.5	7.4		0.41		33
7	0.1380			800	0.6	1.0	3.2	3.5			7.6	7.9		0.43		42
8	0.1860			600	0.6	1.0	3.1	3.3			7.0	8.3		0.44	0.35	50
9	0.1430	130	130	600	0.6	1.0	3.4	3.1	8.4	16	7.2	8.4	900	0.47		36
10	0.1390			600	0.8	1.0	3.5	3.0			7.4	8.6		0.49		48
11	0.1470			500	0.6	0.9	2.9	2.9			7.5	6.3		0.34	0.10	55
12	0.1440			800	0.6	1.0	3.1	3.0			7.3	6.8		0.31	0.35	41
13	0.1610			800	0.6	1.0	3.2	3.2			7.5	6.9		0.43		59
14	0.1660			600	0.6	0.8	3.1	3.2			7.6	7.4		0.49		61
15	0.1680			600	0.6	0.9	3.2	3.3			7.5	7.1		0.42	0.30	48
16	0.1700	130	140	600	0.7	0.9	3.3	3.2	8.7	10	7.5	8.2	100	0.57	0.60	30
17	0.1420			800	0.7	0.9	3.4	3.4			7.3	8.2		0.49		36
18	0.1380			600	0.7	0.8	3.5	4.0			7.3	7.8		0.36	0.10	41
19	0.1320			800	0.7	1.0	3.3	3.4			7.2	8.1		0.40		51
20	0.1640			800	0.7	1.0	3.4	3.6			7.4	7.9		0.48		49
21	0.1360			1200	0.7	0.9	3.5	3.3			7.5	8.3		0.48		41
22	0.1440			1200	0.8	0.9	3.2	3.0			7.3	8.1		0.51		54
23	0.1420	120	71	1200	0.8	1.0	3.1	3.1	6	5	7.4	8.3	510	0.53	0.15	46
24	0.1320			1200	0.8	0.9	3.0	3.2			7.5	8.1		0.50		40
25	0.1280			1200	0.8	1.0	3.2	3.4			7.3	8.2		0.48		36
26	0.1190			800	0.8	1.0	3.1	2.8			7.2	8.1		0.48	0.25	56
27	0.1500			800	0.8	1.0	3.0	3.1			7.4	8.3		0.44		57
28	0.1240			1200	0.7	1.0	2.8	3.3			7.5	8.1		0.46		45
29	0.1200			1600	0.7	1.1	3.2	3.4			7.6	8.4		0.52		51
30	0.1250	160	130	1300	0.7	1.0	3.0	3.1	5.5	10	7.1	8.0	320	0.50	0.50	48
31																

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 Authori	ty									
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly	
	Halifax, PA 17032-0043	P	ERMIT NUMBE	R		OUTFALL NUMBER			DMR Effective From:	June 1, 2011	
FACILITY:	Halifax STP	lifax STP									
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016	
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015	
		2014	4	1		2014	4	30	Check Here If No Discharge		

NOTE: Read instructions before completing this form\

PARAMETER	QUANTITY OR LOADING QUALITY OR CONCENTRATION VALUE VALUE UNITS VALUE VALUE VALUE						NCENTRATION		NO E	v FI	REQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO E	A OF	-8149		TYPE
Plan	SAMPLE MEASUREMENT	0.1446	0.1860	MGD	XXX	XXX	XXX	VVV	х		Continuous		Measured
Flow	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	MGD	XXX	XXX	XXX	XXX	х		Continuous		Measured
	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.0	XXX	7.6	S.U.	#REF	ii	1/day		Grab
pH	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max	3.0.	Х		1/day		Grab
Dissolved Ormoon	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.3	XXX	XXX	mal	0		1/day		Grab
Dissolved Oxygen	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX	mg/l	х		1/day		Grab
Total Residual	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.46	0.57	mg/l	0		1/day		Grab
Chlorine	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX	liig/i	Х		1/day		Grab
CBOD ₅	SAMPLE MEASUREMENT	9.9	15.0	lbs/day	XXX	8.1	12.0	mg/l	0		1/Week		24-Hr Composite
CDOD5	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg	10s/day	XXX	25 Avg Mo	40 Wkly Avg	iiig/i	Х		1/Week		24-Hr Composite
BOD5 - Raw	SAMPLE MEASUREMENT	153	184	lbs/day	XXX	127	XXX		х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	ibs/day	XXX	Report Avg Mo	XXX	mg/l	х		1/Week		24-Hr Composite
Total Suspended Solids - Raw	SAMPLE MEASUREMENT	139	198	lbs/day	XXX	114	XXX	mal	х		1/Week		24-Hr Composite
Sonus - Kaw Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	ibs/day	XXX	Report Avg Mo	XXX	mg/l	Х		1/Week		24-Hr Composite
NAME/TITLE PRIM	NCIDAL EVECUTIV	VE OFFICED			s document and all a rvision in accordance				TEL	EPHONE		DAT	Έ
NAME/IIILE FRI	CIFAL EXECUTIV	VEOFFICER	information submitte	ed based on my i	sonnel properly gathe inquiry of the person	or persons who			717	896-8149			
JEFFREY L. GR	ROSSER, PLANT M	ANAGER	information. The inf	ormation submit	directly responsible f ted is to the best of n I am aware that there	ny knowledge and	CLONA TURE		AREA CODE	NUMBER	YEAR	МО	DAY
ТҮР	ED OR PRINTED		penalties for submitt	ing false informations		ossibility of fine and	EXECUTIVE	OF PRINCIPAL OFFICER OR ZED AGENT					

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 Authori	ity								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	P	ERMIT NUMBE	R			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP								DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	4	1		2014	4	30	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

PARAMETER		QUA	NTITY OR LOADING			QUALITY OR CO	DR CONCENTRATION		NO EX	, FF	REQUENCY	S.	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO E2	OF	ANALYSIS		TYPE
Total Suspended	SAMPLE MEASUREMENT	27	83	lbs/day	XXX	22	69		4		1/week		24-Hr omposite
Solids	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg	1DS/Uay	XXX	30 Avg Mo	45 Wkly Avg	mg/l	Х		1/week		24-Hr omposite
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	-	XXX	CFU/	-		1/week		Grab
May 1 - Sep 30	PERMIT REQUIREMENT	XXX	ххх	mm	XXX	200 Geo Mean	XXX	100 ml	Х		1/week		Grab
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	338	XXX	CFU/	0		1/week		Grab
Oct 1 - Apr 30	PERMIT REQUIREMENT	XXX	XXX	AAA	XXX	2000 Geo Mean	XXX	100 ml	Х		1/week		Grab
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
					is document and all ervision in accordanc				TELE	PHONE		DATE	
NAME/IIILE PKI	NCIPAL EXECUTI	VE OFFICER	information submitt	ed based on my	sonnel properly gath inquiry of the person	n or persons who			717	896-8149			
JEFFREY L. G	ROSSER, PLANT M	ANAGER	information. The inf belief, true, accurate	formation submite, and complete.	directly responsible itted is to the best of I am aware that the	my knowledge and e are significant	SIGNATURE	OF PRINCIPAL	AREA CODE	NUMBER	YEAR	МО	DAY
TYI	PED OR PRINTED			or knowing viola	nation, including the ations. See Pa. C.S. §		EXECUTIVE OFFICER OR						

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name:	Halifax Area Water and Sewe	er Authority	Month	APRIL	2014
Municipality:	Halifax Borough	County: Dauphin	NPDES Permit No.	PA 0024457	Outfall No. 001
Watershed:	6-C		Renewal application	due 180 days prior to	o expiration
Laboratories:			This permit will	expire on May 31, 20	16

			E	FFLUENT PARAN	METERS					
DAY	FLOW	рН	D.O.	TRC	CBOD 5	TSS		FECAL	Weather/Comments (Inches Precipitation)	Outside Temperature
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q	CFU/100 ml		(F Deg.)
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 (Tot	al) 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: _____

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month APRIL 2014

Municipality: Halifax Borough

Watershed: 6-C

NPDES Permit No. PA 0024457 Outfall No. 001

This permit will expire on May 31, 2016

			Influent						Proce	ss Control	
DAY	FLOW	BOD₅	BOD ₆	TSS	TSS	Aeration (centr			on DO g/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	1
31					T					1	1
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

SUPPLEMENTAL REPORT

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

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

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

	Liqu	id Sewage Sludge	e / Biosolids Hauled Of	f-site	Dewatered	Sewage Sludge / I	Biosolids Hauled O	Off-site	-	udge / Biosolids Dev d 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

Manager

Title:

APRIL

NPDES Permit No. PA 0024457

This permit will expire on May 31, 2016

2014

Signature:

Month MAY

Year 2014

Day Flow 1 0.173 2 0.164 3 0.124 4 0.156 5 0.146 6 0.134 7 0.144 8 0.122 9 0.151 10 0.134 11 0.142 12 0.134 13 0.140 14 0.135 15 0.123 16 0.176 17 0.208 18 0.173 19 0.162	0 0 0 0 0 0 0 79 0 0 0 0	Influent TSS 40	Aeration Wasted 1600 800 800 1200 1200 800 1200 800 1200	(centr No. 1 0.7 0.7 0.7 0.7 0.6 0.7 0.7 0.7	ifuge) No. 2 1.0 1.1 1.1 1.1 1.0 1.0	(mg No. 1 3.1 3.3 3.0 3.4 3.1	g/l) No. 2 2.9 3.1 3.2 2.9	Effluent CBOD5	Effluent TSS	Effluent pH 7.1 7.2	Effluent D.O. 8.4 8.1	Effluent Fecals	Effluent TRC 0.48 0.46	Weather Precipitation 0.75	Outside Temp. (F) 54 52
1 0.173 2 0.164 3 0.124 4 0.156 5 0.146 6 0.134 7 0.144 8 0.122 9 0.151 10 0.134 11 0.142 12 0.134 13 0.140 14 0.135 15 0.123 16 0.176 17 0.208 18 0.173	0 0 0 0 0 0 0 79 0 0 0 0	I	1600 800 800 1200 1200 800 1200	0.7 0.7 0.7 0.7 0.6 0.7	1.0 1.0 1.1 1.1 1.0	3.1 3.3 3.0 3.4 3.1	2.9 3.1 3.2	CBOD5	TSS	7.1 7.2	8.4	Fecals	0.48	•	54
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0 0 0 0 0 79 0 0 0	40	800 800 1200 1200 800 1200	0.7 0.7 0.7 0.6 0.7	1.0 1.1 1.1 1.0	3.3 3.0 3.4 3.1	3.1 3.2			7.2				0.75	
3 0.124 4 0.156 5 0.146 6 0.134 7 0.144 8 0.122 9 0.151 10 0.134 11 0.142 12 0.134 13 0.140 14 0.135 15 0.123 16 0.176 17 0.208 18 0.173	0 0 0 0 79 0 0 0	40	800 800 1200 1200 800 1200	0.7 0.7 0.6 0.7	1.1 1.1 1.0	3.0 3.4 3.1	3.2				8.1		0.46		52
4 0.156 5 0.146 6 0.134 7 0.144 8 0.122 9 0.151 10 0.134 11 0.142 12 0.134 13 0.140 14 0.135 15 0.123 16 0.176 17 0.208 18 0.173	0 0 0 79 0 0 0	40	800 1200 1200 800 1200	0.7 0.6 0.7	1.1 1.0	3.4 3.1							00		
5 0.146 6 0.134 7 0.144 8 0.122 9 0.151 10 0.134 11 0.142 12 0.134 13 0.140 14 0.135 15 0.123 16 0.176 17 0.208 18 0.173	0 0 79 0 0 0	40	1200 1200 800 1200	0.6 0.7	1.0	3.1	2.9			7.4	8.2		0.49		55
6 0.134 7 0.144 8 0.122 9 0.151 10 0.134 11 0.142 12 0.134 13 0.140 14 0.135 15 0.123 16 0.176 17 0.208 18 0.173	0 0 79 0 0	40	1200 800 1200	0.7	-					7.0	8.3		0.47		50
7 0.144 8 0.122 9 0.151 10 0.134 11 0.142 12 0.134 13 0.140 14 0.135 15 0.123 16 0.176 17 0.208 18 0.173	0 79 0 0 0	40	800 1200	-	1.0		3.1			7.1	8.1		0.45		54
8 0.122 9 0.151 10 0.134 11 0.142 12 0.134 13 0.140 14 0.135 15 0.123 16 0.176 17 0.208 18 0.173	0 0 0	40	1200	0.7		3.3	3.0			7.3	8.4		0.51		51
9 0.151 10 0.134 11 0.142 12 0.134 13 0.140 14 0.135 15 0.123 16 0.176 17 0.208 18 0.173	0 0				0.9	3.2	3.2	7.1	15	7.1	8.0	120	0.53		54
10 0.134 11 0.142 12 0.134 13 0.140 14 0.135 15 0.123 16 0.176 17 0.208 18 0.173	0			0.6	0.8	3.0	3.1			7.4	7.8		0.5		56
11 0.142 12 0.134 13 0.140 14 0.135 15 0.123 16 0.176 17 0.208 18 0.173			1200	0.6	0.9	3.3	2.8			7.3	8.1		0.44		58
12 0.134 13 0.140 14 0.135 15 0.123 16 0.176 17 0.208 18 0.173	<u> </u>		800	0.7	0.9	3.5	3.0			7.4	7.8		0.50		61
13 0.140 14 0.135 15 0.123 16 0.176 17 0.208 18 0.173			800	0.6	0.9	3.4	3.2			7.5	7.8		0.55	0.25	63
14 0.135 15 0.123 16 0.176 17 0.208 18 0.173	-		1200	0.7	0.9	3.3	3.4			7.2	7.7		0.51		65
150.123160.176170.208180.173			1200	0.7	1.0	3.2	3.0			6.7	6.7		0.52		63
16 0.176 17 0.208 18 0.173	0 440	420	1600	0.7	1.0	2.9	2.8	5.3	15	6.1	6.1	20000	0.51		60
17 0.208 18 0.173			400	0.7	1.0	3.1	2.9			6.2	6.2		0.48		56
18 0.173			1600	0.6	0.8	3.0	3.1			6.4	6.4		0.41	2.25	52
	0		600	0.6	0.8	3.1	3.2			6.5	6.5		0.45	0.4	50
19 0.162	0		600	0.6	0.8	3.5	3.3			6.8	7.0		0.37		55
	0		800	0.6	0.8	3.2	3.3			7.2	6.9		0.30		48
20 0.152	0		1600	0.6	0.8	3.0	3.0			7.4	7.7		0.51		50
21 0.157		100	1600	0.7	0.9	3.1	3.1	12	11	7.2	7.5	2600	0.56	0.25	48
22 0.176			1600	0.7	1.0	3.0	3.2			7.4	7.8		0.54	0.60	61
23 0.186			1600	0.7	1.0	3.2	3.1			6.0	7.4		0.42		60
24 0.156	0		800	0.6	0.9	3.1	3.0			6.5	7.5		0.58		60
25 0.139	0		800	0.7	0.9	3.0	2.9			6.4	7.4		0.47		58
26 0.144	0		800	0.7	1.0	3.1	3.3			6.5	7.2		0.49		66
27 0.164	0		1600	0.8	1.0	3.2	3.2			6.6	7.2		0.44		64
28 0.139	0 210	170	1600	0.8	1.0	3.3	3.6	7.2	12	7.1	6.8	2	0.51	0.95	66
29 0.180	0		1600	0.9	1.0	3.1	3.4			7.0	7.0	2	0.68	0.15	62
30 0.123	0		1600	0.9	1.0	3.3	3.1			7.1	7.3		0.58		63
31 0.171			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 Authori	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	P	ERMIT NUMBE	R			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP				-				DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	5	1	10	2014	5	31	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

SAMPLE MEASUREMENT	QUA VALUE	NTITY OR LOADING			QUALITY OR CO	NCENTRATION						
	VALUE				(FF	REQUENCY		SAMPLE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO E	A OF	ANALYSIS		TYPE
MEASUREMENT	0.1525	0.2080	MGD	XXX	XXX	XXX	XXX	х	(Continuous		Measured
PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	MGD	XXX	XXX	XXX	ллл	Х	(Continuous		Measured
SAMPLE MEASUREMENT	XXX	XXX	XXX	6.0	XXX	7.5	5 11	0		1/day		Grab
PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max	3.0.	Х		1/day		Grab
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	ing/i	Х		1/day		Grab
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		Х		1/day		Grab
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	los/day	XXX	25 Avg Mo	40 Wkly Avg	iiig/1	Х		1/Week		24-Hr Composite
SAMPLE MEASUREMENT	241	495	lbs/day	XXX	207	XXX	mg/l	Х		1/Week		24-Hr Composite
PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	103/004	XXX	Report Avg Mo	XXX	ing/1	Х		1/Week		24-Hr Composite
SAMPLE MEASUREMENT	212	473	lbs/day	XXX	183	XXX	mg/l	Х		1/Week		24-Hr Composite
PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	los/day	XXX	Report Avg Mo	XXX	ing/i	Х		1/Week		24-Hr Composite
PAL EXECUTIV	FOFFICER							TEL	EPHONE		DAT	Е
	LOTTICER	information submitte	ed based on my i	nquiry of the person	or persons who			717	896-8149			
SER, PLANT MA	ANAGER	information. The info belief, true, accurate	ormation submit, and complete.	ted is to the best of m am aware that there	ny knowledge and are significant	SIGNATURE	OF PRINCIPAL	AREA CODE	NUMBER	YEAR	МО	DAY
OR PRINTED		imprisonment for kn	owing violations			EXECUTIVE	OFFICER OR					
	EQUIREMENT SAMPLE EASUREMENT PERMIT QUIREMENT SAMPLE EASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT PERMIT QUIREMENT SAMPLE AL EXECUTIV ER, PLANT MA	EQUIREMENT Avg Mo SAMPLE EASUREMENT XXX PERMIT EQUIREMENT XXX SAMPLE EASUREMENT XXX PERMIT EQUIREMENT XXX SAMPLE EQUIREMENT XXX PERMIT EQUIREMENT XXX SAMPLE EQUIREMENT 9.6 PERMIT EQUIREMENT 44 SAMPLE EASUREMENT 241 PERMIT EQUIREMENT Report Avg Mo SAMPLE EASUREMENT 212 PERMIT EQUIREMENT Avg Mo SAMPLE EASUREMENT Avg Mo	EQUIREMENT Avg Mo Daily Max SAMPLE EASUREMENT XXX XXX PERMIT EQUIREMENT XXX XXX SAMPLE EASUREMENT XXX XXX SAMPLE EASUREMENT XXX XXX PERMIT EQUIREMENT XXX XXX SAMPLE EQUIREMENT XXX XXX SAMPLE EQUIREMENT XXX XXX SAMPLE EQUIREMENT XXX XXX SAMPLE EQUIREMENT 9.6 16.0 PERMIT EQUIREMENT 44 70 SAMPLE EASUREMENT 241 495 PERMIT EQUIREMENT Report Avg Mo Report Daily Max SAMPLE EASUREMENT 212 473 PERMIT EQUIREMENT Avg Mo Daily Max SAMPLE EASUREMENT I Certify under penal prepared under my d designed to assure th information submitte manage the system of information. The infib belief, true, accurate penalties for submitte manage the system of information submitte manage the system of information submitte manage the system of information submitte RERINTED FRINTED FRINTED	EQUIREMENT Avg Mo Daily Max SAMPLE EASUREMENT XXX XXX XXX PERMIT QUIREMENT XXX XXX XXX SAMPLE EASUREMENT XXX XXX XXX SAMPLE EASUREMENT XXX XXX XXX SAMPLE EQUIREMENT XXX XXX XXX SAMPLE EQUIREMENT XXX XXX XXX SAMPLE EQUIREMENT XXX XXX XXX SAMPLE EQUIREMENT 9.6 16.0 1bs/day PERMIT EQUIREMENT 44 70 1bs/day PERMIT EQUIREMENT Avg Mo Wkly Avg 1bs/day SAMPLE EASUREMENT 241 495 1bs/day PERMIT EQUIREMENT Avg Mo Daily Max 1bs/day PERMIT EQUIREMENT Avg Mo Report Daily Max 1bs/day PERMIT EQUIREMENT Report Avg Mo Tertify under penalty of law that thip prepared under my direction or super designed to assure that qualified pers information submitted based on my in manage the system or those persons information. The information submitted based on my in manage the system or those persons informa	EQUIREMENT Avg Mo Daily Max AXX SAMPLE AASUREMENT XXX XXX XXX 6.0 PERMIT EQUIREMENT XXX XXX XXX 6.1 SAMPLE ASSUREMENT XXX XXX XXX 6.1 PERMIT EQUIREMENT XXX XXX XXX 6.1 PERMIT EQUIREMENT XXX XXX XXX 6.1 PERMIT EQUIREMENT XXX XXX XXX 5.0 PURMIT EQUIREMENT XXX XXX XXX XXX SAMPLE EASUREMENT XXX XXX XXX SAMPLE EASUREMENT 9.6 16.0 10s/day XXX PERMIT EQUIREMENT 44 70 10s/day XXX SAMPLE EASUREMENT 241 495 XXX XXX SAMPLE EASUREMENT 212 473 XXX XXX SAMPLE EASUREMENT 212 473 10s/day XXX SAMPLE EASUREMENT Certify under penalty of law that this document and all a propared under my direction or supervision in accordance designed to assure that qualified personnel properly gathe information. Submitted based on my inquiry of the person manage the system or those persons directly responsible f information. Submitted based on my inquiry of the person manage the system or those persons directly responsible f information submitt	EQUIREMENT Avg Mo Daily Max AAA AAA SAMPLE EASUREMENT XXX XXX XXX AAA SAMPLE EASUREMENT XXX XXX XXX 6.0 XXX PERMIT EQUIREMENT XXX XXX XXX 6.1 XXX SAMPLE EQUIREMENT XXX XXX XXX 6.1 XXX SAMPLE EQUIREMENT XXX XXX XXX 6.1 XXX SAMPLE EQUIREMENT XXX XXX XXX 5.0 XXX SAMPLE EASUREMENT XXX XXX XXX 0.49 SAMPLE EASUREMENT XXX XXX XXX 0.5 SAMPLE EASUREMENT YXX XXX XXX 0.49 SAMPLE EASUREMENT 9.6 16.0 XXX XXX 0.5 SAMPLE EASUREMENT Avg Mo Wkly Avg XXX XXX 25 SAMPLE EASUREMENT Avg Mo Baly Max XXX XXX Report Avg Mo SAMPLE EASUREMENT	EQUIREMENTAvg MoDaily MaxAXXXXXXXXXXXXXXXXXSAMPLE QUIREMENTXXXXXXXXXXXX6.0XXX7.5PEMIT QUIREMENTXXXXXXXXXXXX6.1XXXMaxSAMPLE QUIREMENTXXXXXXXXX6.1XXXXXXSAMPLE QUIREMENTXXXXXXXXXXXXXXXXXXSAMPLE QUIREMENTXXXXXXXXXXXXXXXXXXSAMPLE QUIREMENTXXXXXXXXXXXXXXXXXXSAMPLE QUIREMENTXXXXXXXXXXXX0.490.68SAMPLE CAUREMENT9.616.0 XXX XXX0.51.6SAMPLE CAUREMENT9.616.0 XXX XXX7.912.0SAMPLE CAUREMENT241495 XXX XXX2540SAMPLE CAUREMENT241495 XXX XXX207XXXSAUREMENT212473 10^{10} XXX Avg MoXXXSAMPLE CAUREMENT212473 XXX XXX Avg MoXXXSAUREMENT212473 10^{10} XXX Avg MoXXXSAUREMENTReport Avg MoReport Avg MoXXX Avg MoXXXSAUREMENTReport Avg MoXXX XXX XXX XXX SAUREMENTReport Avg MoXXX Avg MoXXX <t< td=""><td>SQUIREMENT Avg Mo Daily Max Image of the system system system designed to assure thet qualified person of pere</td><td>SQUERMENTAvg MoDaily Max$\begin{tabular}{l l l l l l l l l l l l l l l l l l l$</td><td>squees not solve and squee solve and square squee solve and s</td><td>SQUEEDAxyDaily MaxImageAxXAXXAXXAXXAXXCommonsSAMPLE SAMPLEWINGXXXXXXXXX6.0XXX7.5S.U.$N_{\rm L}$I dayPERMIT QUERMINGXXXXXXXXX$M_{\rm R}$$M_{\rm R}$$M_{\rm R}$$N_{\rm R}$</td><td>QUERRAMM QUERRAMM CANSENDARYAxy A A MARDaily MaxImageCommony A MaxCommony Max</td></t<>	SQUIREMENT Avg Mo Daily Max Image of the system system system designed to assure thet qualified person of pere	SQUERMENTAvg MoDaily Max $\begin{tabular}{l l l l l l l l l l l l l l l l l l l $	squees not solve and squee solve and square squee solve and s	SQUEEDAxyDaily MaxImageAxXAXXAXXAXXAXXCommonsSAMPLE SAMPLEWINGXXXXXXXXX6.0XXX7.5S.U. $N_{\rm L}$ I dayPERMIT QUERMINGXXXXXXXXX $M_{\rm R}$ $M_{\rm R}$ $M_{\rm R}$ $N_{\rm R}$	QUERRAMM QUERRAMM CANSENDARYAxy A A MARDaily MaxImageCommony A MaxCommony Max

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 Authorit	ty										
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly		
	Halifax, PA 17032-0043	F	PERMIT NUMBE	R			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011		
FACILITY:	Halifax STP	Halifax STP										
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016		
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015		
		2014	5	1		2014	5	31	Check Here If No Discharge			

NOTE: Read instructions before completing this form\

PARAMETER		QUA	NTITY OR LOADING	ł		QUALITY OR CO	NCENTRATION		NO EX	FR	EQUENCY	SAM	IPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO EX	OF	ANALYSIS	TYI	PE
Total Suspended	SAMPLE MEASUREMENT	16	18	lbs/day	XXX	13	15		0		1/week	24-1 Comp	
Solids	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg	1DS/day	XXX	30 Avg Mo	45 Wkly Avg	mg/l	Х		1/week	24-l Comp	
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	120	XXX	CFU/	0		1/week	Gra	ab
May 1 - Sep 30	PERMIT REQUIREMENT	XXX	ххх		XXX	200 Geo Mean	XXX	100 ml	х		1/week	Gra	ab
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	-	XXX	CFU/	-		1/week	Gra	ab
Oct 1 - Apr 30	PERMIT REQUIREMENT	XXX	XXX		XXX	2000 Geo Mean	XXX	100 ml	х		1/week	Gra	ab
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
					is document and all ervision in accordanc				TELEP	HONE		DATE	
NAME/TITLE PRI	NCIPAL EXECUTI	VE OFFICER	information submitt	ed based on my	sonnel properly gath inquiry of the person	n or persons who			717	896-8149			
JEFFREY L. G	ROSSER, PLANT M	ANAGER	information. The inf belief, true, accurate	formation submite, and complete.	directly responsible itted is to the best of I am aware that ther	my knowledge and re are significant		OF PRINCIPAL	AREA CODE	NUMBER	YEAR	МО	DAY
TYI	PED OR PRINTED			or knowing viol	nation, including the ations. See Pa. C.S. §			OFFICER OR ZED AGENT					

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

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name:	Halifax Area Water and Sewer Auth	ority	Month	MAY	2014
Municipality:	Halifax Borough	County: Dauphin	NPDES Permit No.	PA 0024457	Outfall No. 001
Watershed:	6-C		Renewal application	due 180 days prior to e	xpiration
Laboratories:			This permit will	expire on May 31, 2016	
					5

			E	FFLUENT PARAM	METERS				-
DAY	FLOW	рН	D.O.	TRC	CBOD 5	TSS	FECAL	Weather/Comments (Inches Precipitation)	Outside Temperature
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q CFU/100 ml		(F Deg.)
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	T T				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	T T				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: _____

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month MAY 2014

Municipality: Halifax Borough

Watershed: 6-C

NPDES Permit No. PA 0024457 Outfall No. 001

This permit will expire on May 31, 2016

			Influent			Process Control							
DAY	FLOW	BOD₅	BOD ₆	TSS	TSS		n MLSS ifuge)		Aeration DO mg/l				
	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

SUPPLEMENTAL REPORT

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

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

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

	Liqu	id Sewage Sludge	e / Biosolids Hauled Of	f-site	Dewatered	Sewage Sludge / I	Biosolids Hauled O	Off-site	-	Sewage Sludge / Biosolids Dew and Incinerated On-site Tons dewatered X % Solids	
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				
	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

Manager

Title:

L. Grosser

Signature: _____

Date: _____

MAY 2014

NPDES Permit No. PA 0024457

This permit will expire on May 31, 2016

Month JUNE

Year 2014

		Tufluert	Influent	Acusticu	Aeratio		Aerati		Cfflue:+	Effluent	Effluent	Effluent	Effluent	Effluent	W/a ath cit	Quitaid
Day	Flow	Influent BOD5	TSS	Aeration Wasted	(centr No. 1	No. 2	(m <u>c</u> No, 1	No. 2	Effluent CBOD5	TSS	pH	D.O.	Fecals		Weather Precipitation	Outside Temp. (F)
,	0.1770	0000	100	800	0.9	1.0	3.2	3.6	CDODJ	100	7.1	7.2	1 ECUIS	0.56	recipitation	70
1 2	0.1770			1600	0.9	0.9	3.2 3.0	3.0 3.4			7.1	7.2		0.56		70 75
3	0.1570			1600	0.9	0.8	3.4	3.4 3.1			7.1	7.3		0.43		65
4	0.1600	300	210	1600	1.0	0.9	3.6	3.2	4.6	10	7.2	7.6	100	0.48	0.35	66
5	0.1570	000	210	1200	1.0	1.0	3.7	3.0	4.0	10	7.3	6.3	100	0.50	0.55	60
6	0.1480			1600	0.8	0.9	3.6	2.7			7.4	6.5		0.46	0.00	65
7	0.1400			800	0.9	1.0	3.0	3.1			7.2	6.8		0.44		60
8	0.1480			800	1.0	1.0	3.6	3.0			7.3	7.0		0.48		54
9	0.1630			1200	0.8	1.0	3.5	2.7			7.1	7.4		0.47	0.60	64
10	0.1660			1400	0.6	0.8	3.2	2.3			7.4	5.8		0.45	0.20	68
11	0.1580	180	150	800	0.7	1.2	3.1	2.6	13	14	7.3	6.2	20000	0.58	0.80	70
12	0.1560			800	0.6	0.9	3.3	2.7			7.4	6.5		0.43	0.30	68
13	0.1780			1600	0.7	0.9	3.1	2.5			7.3	6.2		0.54	0.25	72
14	0.1670			800	0.7	1.0	3.2	2.5			7.4	6.6		0.49	0.50	61
15	0.1460			800	0.7	1.0	3.1	2.4			7.6	6.4		0.47		59
16	0.1690			1600	0.7	1.0	3.3	2.6			7.3	6.7		0.44		62
17	0.1590			1600	0.7	1.0	3.1	2.8			7.1	6.6		0.49		68
18	0.1700	220	160	1200	0.6	1.0	3.1	2.5	3.6	8.4	7.4	5.8	66	0.51	0.10	68
19	0.1630			1200	0.6	1.0	3.2	2.8			7.3	5.3		0.49	0.10	70
20	0.1460			1200	0.6	1.1	3.3	2.7			7.5	5.4		0.47	0.20	58
21	0.1370			800	0.6	1.1	3.1	2.6			7.6	5.2		0.46		63
22	0.1300			800	0.6	1.1	3.3	2.5			7.5	5.1		0.45		64
23	0.1430			1600	0.6	1.2	3.4	2.7			7.3	5.8		0.42		65
24	0.1500			1600	0.6	1.2	3.1	2.8			7.4	5.9		0.64		70
25	0.1460	260	75	1600	0.7	1.2	3.4	2.6	6.2	10	7.2	6.1	58	0.53		74
26	0.1510			800	0.8	1.2	3.1	2.7			7.4	5.6		0.50	0.60	70
27	0.1640			1600	0.8	1.2	2.8	2.5			7.5	5.5	2	0.61		67
28	0.1360			800	0.8	1.2	3.0	2.6			7.6	5.4		0.52		70
29	0.1450			800	1.0	1.2	3.1	2.8			7.3	5.6		0.50		71
30	0.1400			1600	1.0	1.2	3.0	2.6			7.4	5.8		0.50	0.10	70
31																

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 Authori	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	P	ERMIT NUMBE	R			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP				-				DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	6	1		2014 6 30		30	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

												pleting th	
		QUA	NTITY OR LOADING			QUALITY OR CC	NCENTRATION			. FI	REQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO E	X OF	FANALYSI	5	TYPE
71	SAMPLE MEASUREMENT	0.1541	0.1780	MGD	XXX	XXX	XXX	VVV	х		5-8149		Measured
Flow	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	MGD	XXX	XXX	XXX	XXX	х		Continuous		Measured
.11	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.1	XXX	7.6	S.U.	0		1/day		Grab
θH	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max	3.0.	Х		1/day		Grab
Secoluted Ormoon	SAMPLE MEASUREMENT	XXX	XXX	XXX	5.1	XXX	XXX	mall	0		1/day		Grab
Dissolved Oxygen	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX	mg/l	х		1/day		Grab
fotal Residual	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.49	0.64	mg/l	0		1/day		Grab
Chlorine	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX	шgл	Х		1/day		Grab
CBOD ₅	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	ibs/day	XXX	25 Avg Mo	40 Wkly Avg	nig/i	х		1/Week		24-Hr Composite
BOD5 - Raw	SAMPLE MEASUREMENT	317	400	lbs/day	XXX	240	XXX	mad	Х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	ibs/day	XXX	Report Avg Mo	XXX	mg/l	Х		1/Week		24-Hr Composite
Fotal Suspended Solids - Raw	SAMPLE MEASUREMENT	199	280	lh = / d = ==	XXX	149	XXX		Х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	lbs/day	XXX	Report Avg Mo	XXX	mg/l	Х		1/Week		24-Hr Composite
NAME/TITLE DDI	NCIPAL EXECUTI	VE OFFICED			s document and all a rvision in accordance				TEL	EPHONE		DAT	Έ
NAME/IIILE PKI	NOIFAL EAECUIT	VE OFFICER	designed to assure the information submitted	at qualified pers	sonnel properly gathe inquiry of the person	er and evaluate the or persons who			717	896-8149			
JEFFREY L. GF	ROSSER, PLANT M	ANAGER	information. The inf belief, true, accurate	ormation submit, and complete.	directly responsible f ted is to the best of n I am aware that there	ny knowledge and are significant	SIGNATURE	OF PRINCIPAL	AREA CODE	NUMBER	YEAR	MO	DA
TYP	ED OR PRINTED		penalties for submitt imprisonment for kn unsworn falsification	owing violations		oossibility of fine and 4 (relating to	EXECUTIVE	OF FRINCIPAL COFFICER OR ZED 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 Authorit	у										
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly		
	Halifax, PA 17032-0043	P	PERMIT NUMBE	R			OUTFALL NUMBI	ER	DMR Effective From:	June 1, 2011		
FACILITY:	Halifax STP	Halifax STP										
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016		
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015		
		2014	6	1		2014	6	30	Check Here If No Discharge			

NOTE: Read instructions before completing this form\

PARAMETER		QUA	NTITY OR LOADING	ł		QUALITY OR CC	NCENTRATION	NO EX	FF	FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO EX	OF	OF ANALYSIS		TYPE
Total Suspended Solids	SAMPLE MEASUREMENT	14	18	lbs/day	ххх	11	14	mg/l	0		1/week		24-Hr omposite
	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg	1DS/day	XXX	30 Avg Mo	45 Wkly Avg		х		1/week		24-Hr omposite
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		х		1/week		Grab
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	ххх	XXX -	XXX	-	XXX	CFU/ 100 ml	-		1/week		Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	2000 Geo Mean	XXX		Х		1/week		Grab
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
			I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system					TELEPHONE		DATE			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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).			her and evaluate the n or persons who			717 8	896-8149				
JEFFREY L. GROSSER, PLANT MANAGER TYPED OR PRINTED					my knowledge and	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	МО	DAY	
					possibility of fine								

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name:	Halifax Area Water and Sewe	er Authority	Month	JUNE	2014
Municipality:	Halifax Borough	County: Dauphin	NPDES Permit No.	PA 0024457	Outfall No. 001
Watershed:	6-C		Renewal application	due 180 days prior to	expiration
Laboratories:			This permit will	expire on May 31, 20	16

			б	6							
DAY	FLOW	рН	D.O.	TRC	CBOD 5	TSS	FECAL		Weather/Comments (Inches Precipitation)		Outside Temperature
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q CFU/	/100 ml		-	(F Deg.)
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	1	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	1	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: _____

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month JUNE 2014

Municipality: Halifax Borough

Watershed: 6-C

NPDES Permit No. PA 0024457 Outfall No. 001

This permit will expire on May 31, 2016

	Influent					Process Control						
DAY	FLOW	BOD₅	BOD ₆	TSS	TSS	Aeration (centr		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

SUPPLEMENTAL REPORT

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

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

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

	Liqu	Liquid Sewage Sludge / Biosolids Hauled Off-site			Dewatered	Sewage Sludge / I	Biosolids Hauled C	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					
	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

Manager

Title:

L. Grosser

JUNE 2014

NPDES Permit No. PA 0024457

This permit will expire on May 31, 2016

Signature: _____

Month JULY

Year 2014

1 0.1 2 0.1 3 0.1 4 0.1 5 0.1 6 0.1 7 0.1 8 0.1 9 0.1 10 0.1 11 0.1 12 0.1 13 0.1	Influent Flow BOD5 0.1380 290 0.1480 290 0.1380 290 0.1480 290 0.1480 290 0.1480 290	t Influent TSS 120	Aeration Wasted 1600 1600 800	(centr No. 1 1.0 1.0	No. 2 1.2 1.2	(m No. 1 2.7	g/l) No. 2	Effluent CBOD5	Effluent TSS	Effluent pH	Effluent D.O.	Effluent Fecals	Effluent TRC	Weather Precipitation	Outside Temp (F)
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0.1380 0.1500 290 0.1480 0.1380 0.1740 0.1040		1600 1600 1600 800	1.0 1.0	1.2			CRODD	155	pri pri					
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0.1500 290 0.1480 0.1380 0.1740 0.1040	120	1600 1600 800	1.0		2.7						1 ecuis		recipitation	-
3 0.1 4 0.1 5 0.1 6 0.1 7 0.1 8 0.1 9 0.1 10 0.1 11 0.1 12 0.1 13 0.1).1480).1380).1740).1040	120	1600 800	-			2.4			7.1	5.5		0.49		71
4 0.1 5 0.1 6 0.1 7 0.1 8 0.1 9 0.1 10 0.1 11 0.1 12 0.1 13 0.1).1380).1740).1040		800			2.5	2.2	4.6	13	7.4	5.0	150	0.51		72
5 0.1 6 0.1 7 0.1 8 0.1 9 0.1 10 0.1 11 0.1 12 0.1 13 0.1).1740).1040			1.0	1.2	2.2	2.0			7.2	5.4		0.44	0.00	73
6 0.1 7 0.1 8 0.1 9 0.1 10 0.1 11 0.1 12 0.1 13 0.1	0.1040		000	1.0	1.1	2.4	2.3			7.4	5.3		0.45	0.60	72
7 0.1 8 0.1 9 0.1 10 0.1 11 0.1 12 0.1 13 0.1			800	0.9	1.1	2.2	2.4			7.3	5.4		0.55		62
8 0.1 9 0.1 10 0.1 11 0.1 12 0.1 13 0.1	.1490		800	0.9	1.1	2.4	2.5			7.2	5.3		0.49		64
9 0.1 10 0.1 11 0.1 12 0.1 13 0.1			1600	0.8	1.1	2.5	2.3			7.2	5.5		0.42		70
100.1110.1120.1130.1).1410		1600	1.0	1.0	2.4	2.1			7.1	5.3		0.54	0.25	71
11 0.1 12 0.1 13 0.1	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
12 0.1 13 0.1	0.1480		1600	1.0	1.1	2.0	1.8			7.4	5.2		0.48		68
13 0.1	.1280		1600	1.0	1.1	1.9	2.0			7.3	5.3		0.42	0.35	66
).1170		800	1.1	1.1	2.1	1.9			7.4	5.5		0.46		71
	0.1430		800	1.1	1.1	2.0	2.4			7.5	5.4		0.49		78
	0.1380		1800	1.1	1.0	2.2	2.0			7.3	5.5		0.41	0.25	70
	0.1370		1600	1.1	1.1	2.3	2.1			7.4	5.2		0.64	0.85	70
).1210 350	410	2000	1.1	1.0	2.2	1.9	5.2	14	7.3	5.5	2	0.65		64
	0.1110		2200	1.1	1.0	1.9	2.1			7.5	5.6		0.47		62
	0.1080		2000	1.1	1.0	2.0	2.0			7.3	5.7		0.45		56
	0.1190		800	1.1	1.0	1.8	2.1			7.3	5.4		0.53		65
	0.1300		800	1.1	1.0	1.9	2.2			7.4	5.5		0.48		66
).1210		2000	1.2	1.0	2.2	1.8			7.3	5.2		0.50		71
-	0.1240		2000	1.2	1.0	2.3	1.9			7.1	5.3		0.48		67
	0.1270 210	100	1600	1.1	1.0	2.0	1.7	2.8	5	7.4	5.4	4	0.57		72
-	0.1230		1600	1.2	1.0	1.9	1.9			7.3	5.2		0.43		70
25 0.1	0.1040		1600	1.0	1.0	1.7	1.5			7.5	5.4		0.49		50
	0.1070		800	1.1	1.0	1.3	1.3			7.5	5.4		0.51		65
27 0.1).1150		800	1.1	1.0	1.6	1.7			7.4	5.3		0.47		71
28 0.1	0.1330		1600	1.0	1.0	1.9	1.9			7.3	5.6		0.46	0.50	65
29 0.1).1200		1000	0.9	1.2	1.8	1.5			7.4	5.2		0.47	0.35	62
30 0.1		120	1700	0.8	1.3	1.7	1.7	5.8	12	7.2	5.4	2700	0.51		52
31 0.1	0.1200 560					1.5					÷•••	2.00	0.0.		62

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME:	Halifax Area Water and Sewer Authorit	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	F	ERMIT NUMBE	R			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP				-				DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	7	1		2014	7	31	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

												pleting th	
		QUA	NTITY OR LOADING			QUALITY OR CC	NCENTRATION				REQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO E	OF	FANALYSI	5	TYPE
71	SAMPLE MEASUREMENT	0.1284	0.1740	MGD	XXX	XXX	XXX	VVV	х		Continuous		Measured
Flow	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	MGD	XXX	XXX	XXX	XXX	X		Continuous		Measured
.11	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.1	XXX	7.5	S.U.	0		1/day		Grab
H	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max	5.0.	Х		1/day		Grab
Secoluted Ormoon	SAMPLE MEASUREMENT	XXX	XXX	XXX	5.0	XXX	XXX	mall	0		1/day		Grab
Dissolved Oxygen	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX	mg/l	Х		1/day		Grab
Total Residual	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.49	0.65	mg/l	0		1/day		Grab
Chlorine	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX	iiig/i	х		1/day		Grab
CBOD ₅	SAMPLE MEASUREMENT	5.0	6.0	lbs/day	XXX	4.6	5.8	mg/l	0		1/Week		24-Hr Composite
CDOD5	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg	105/049	XXX	25 Avg Mo	40 Wkly Avg	ing/i	x		1/Week		24-Hr Composite
BOD5 - Raw	SAMPLE MEASUREMENT	362	560	lbs/day	XXX	336	XXX	mg/l	х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	ibs/day	XXX	Report Avg Mo	XXX	ilig/i	Х		1/Week		24-Hr Composite
Fotal Suspended Solids - Raw	SAMPLE MEASUREMENT	169	414	lbs/day	XXX	160	XXX	х			1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	ibs/day	XXX	Report Avg Mo	XXX	mg/l	Х		1/Week		24-Hr Composite
NAME/TITI E DDI	NCIPAL EXECUTI	VE OFFICED			s document and all a rvision in accordance				TEL	EPHONE		DAT	TE
INAME/IIIDE FKI	NCH AL EAECUIT	E OFFICER	designed to assure the information submitted	at qualified pers	sonnel properly gathe inquiry of the person	er and evaluate the or persons who			717	896-8149			
JEFFREY L. GI	ROSSER, PLANT M	ANAGER	information. The inf	ormation submit	directly responsible f ted is to the best of n I am aware that there	ny knowledge and			AREA CODE	NUMBER	YEAR	МО	DA
ТҮР	ED OR PRINTED		penalties for submitt	ing false inform owing violation	mation, including the possibility of fine and ons. See Pa. C.S. § 4904 (relating to AUTHORIZED AGENT								

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

PERMITTEE NAME / ADDRESS

NAME:	Halifax Area Water and Sewer Authorit	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	P	PERMIT NUMBE	R			OUTFALL NUMBI	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP								DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	7	1		2014	7	31	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

PARAMETER		QUA	NTITY OR LOADING			QUALITY OR CO	NCENTRATION		NO EX	FF	REQUENCY	S.	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO EX	OF	F ANALYSIS		TYPE
Total Suspended	SAMPLE MEASUREMENT	11	16	lbs/day	XXX	10	14		0		1/week		24-Hr omposite
Solids	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg	1DS/day	XXX	30 Avg Mo	45 Wkly Avg	mg/l	х		1/week		24-Hr omposite
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	23	XXX	CFU/	0		1/week		Grab
May 1 - Sep 30	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	XXX	100 ml	х		1/week		Grab
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	-	XXX	CFU/	-		1/week		Grab
Oct 1 - Apr 30	PERMIT REQUIREMENT	XXX	XXX		XXX	2000 Geo Mean	XXX	100 ml	х		1/week		Grab
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRI	NCIDAL EVECUTE	VE OFFICED			is document and all ervision in accordanc				TELEPH	IONE		DATE	
NAME/IIILE FRI	NCIFAL EXECUTI	VE OFFICER	information submitt	ed based on my	sonnel properly gath inquiry of the person	n or persons who			717	896-8149			
JEFFREY L. GI	ROSSER, PLANT M	ANAGER	information. The inf	formation submi	directly responsible itted is to the best of	my knowledge and			AREA CODE	NUMBER	YEAR	МО	DAY
ТҮР	ED OR PRINTED		penalties for submit	ting false inforn or knowing viol	I am aware that ther nation, including the ations. See Pa. C.S. §	possibility of fine	EXECUTIVE	OF PRINCIPAL OFFICER OR ZED AGENT					

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name:	Halifax Area Water and Sewer Autho	rity	Month	JULY	2014
Municipality:	Halifax Borough	County: Dauphin	NPDES Permit No.	PA 0024457	Outfall No. 001
Watershed:	6-C		Renewal application	due 180 days prior to ex	piration
Laboratories:			This permit will	expire on May 31, 2016	

		-	E	FFLUENT PARAM	METERS					
DAY	FLOW	рН	D.O.	TRC	CBOD 5	TSS		FECAL	Weather/Comments (Inches Precipitation)	Outside Temperature
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q	CFU/100 ml		(F Deg.)
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: _____

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month JULY 2014

Municipality: Halifax Borough

Watershed: 6-C

NPDES Permit No. PA 0024457 Outfall No. 001

This permit will expire on May 31, 2016

		Influent							Proce	ss Control	
DAY	FLOW	BOD₅	BOD ₆	TSS	TSS	Aeration (centr			ion DO g/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				l	1.0	1.0	1.7	1.5	1,600	1
26	0.1070				l	1.1	1.0	1.3	1.3	800	1
27	0.1150					1.1	1.0	1.6	1.7	800	
28	0.1330				l	1.0	1.0	1.9	1.9	1,600	1
29	0.1200				l	0.9	1.2	1.8	1.5	1,000	1
30	0.1200	560	560	120	120	0.8	1.3	1.7	1.7	1,700	
31	0.1060				l	0.6	1.5	1.5	1.4	100	1
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

SUPPLEMENTAL REPORT

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

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

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

	Liqu	id Sewage Sludge	e / Biosolids Hauled Of	f-site	Dewatered S	Sewage Sludge / I	Biosolids Hauled C	Off-site	-	udge / Biosolids Dev I 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

Manager

Title:

JULY

2014 NPDES Permit No. PA 0024457

This permit will expire on May 31, 2016

Signature:

Month AUGUST

Year 2014

						n MLSS		ion DO								
		Influent	Influent	Aeration	(centr			g/l)	Effluent	Effluent	Effluent	Effluent	Effluent	Effluent	Weather	Outside
Day	Flow	BOD5	TSS	Wasted	No. 1	No. 2	No. 1	No. 2	CBOD5	TSS	рН	D.O.	Fecals	TRC	Precipitation	Temp. (F)
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

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME:	Halifax Area Water and Sewer Authorit	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	P	ERMIT NUMBE	R			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP				-				DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	8	1		2014	8	31	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

												0	IS IOIIII\
PARAMETER		QUA	ANTITY OR LOADING	ł		QUALITY OR CC	DNCENTRATION		NO E	FI	REQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO E	IX OF	F ANALYSIS	i.	TYPE
Flow	SAMPLE MEASUREMENT	0.1155	0.1530	MGD	XXX	XXX	XXX	XXX	х	(Continuous		Measured
FIUW	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	MGD	XXX	XXX	XXX	~~~~	х		Continuous		Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	xxx	7.1	XXX	7.5	S.U.	0		1/day		Grab
pm	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max	5.0.	Х		1/day		Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	xxx	5.0	ххх	XXX	mg/l	0		1/day		Grab
Dissolveu Oxygen	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX	ing/1	х		1/day		Grab
Total Residual	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.48	0.58	mg/l	0		1/day		Grab
Chlorine	PERMIT REQUIREMENT	ххх	XXX	xxx	XXX	0.5 Avg Mo	1.6 IMAX	mg/1	Х		1/day		Grab
CBOD ₅	SAMPLE MEASUREMENT	#REF!	#REF!	lbs/day	XXX	7.0	8.7	mg/l	#REI	F!	1/Week		24-Hr Composite
ebob;	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg	103/04/9	XXX	25 Avg Mo	40 Wkly Avg		Х		1/Week		24-Hr Composite
BOD5 - Raw	SAMPLE MEASUREMENT	200	275	lbs/day	XXX	190	XXX	mg/l	Х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	105/day	XXX	Report Avg Mo	XXX	ing/1	Х		1/Week		24-Hr Composite
Total Suspended Solids - Raw	SAMPLE MEASUREMENT	163	201	lbs/day	XXX	155	XXX	mg/l	х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	105/day	XXX	Report Avg Mo	XXX	ing/1	Х		1/Week		24-Hr Composite
NAME/TITLE DDI	NCIDAL EXECUTE	VE OFFICED			is document and all a rvision in accordance				TEL	LEPHONE		DAT	Έ
MANIE/111LE PKII	VCH AL EAECUIT	VE OFFICER	designed to assure the information submitted	nat qualified pers	sonnel properly gathe inquiry of the person	er and evaluate the or persons who			717	896-8149			
JEFFREY L. GF	ROSSER, PLANT M	IANAGER	information. The inf belief, true, accurate	ormation submit, and complete.	tted is to the best of n I am aware that there	ny knowledge and are significant	SIGNATURE	OF PRINCIPAL	AREA CODE	NUMBER	YEAR	МО	DAY
ТҮР	PED OR PRINTED			owing violation	ation, including the p s. See Pa. C.S. § 4904		EXECUTIVE	OFFICER OR ZED AGENT					
NAME/TITLE PRIN	NCIPAL EXECUTI ROSSER, PLANT M PED OR PRINTED	VE OFFICER	I certify under penal prepared under my c designed to assure tl information submitte manage the system o information. The inf belief, true, accurate penalties for submitti imprisonment for kn	irrection or supe nat qualified pers- ed based on my is or those persons ormation submit , and complete. ing false inform owing violation	is document and all a rvision in accordance sonnel properly gathe inquiry of the person directly responsible f tted is to the best of n I am aware that there ation, including the p	ttachments were e with a system er and evaluate the or persons who for gathering the ny knowledge and are significant possibility of fine and	SIGNATURE (EXECUTIVE	OFFICER OR	TEI 717	896-8149		МО	

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

PERMITTEE NAME / ADDRESS

NAME:	Halifax Area Water and Sewer Authori	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	P	PERMIT NUMBE	R			OUTFALL NUMBI	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP								DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	8	1		2014	8	31	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

PARAMETER		QUA	NTITY OR LOADING			QUALITY OR CO	OR CONCENTRATION		NO EX	FF	EQUENCY	S	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		OF	ANALYSIS		TYPE
Total Suspended	SAMPLE MEASUREMENT	12	29	lbs/day	XXX	10	23	a	0		1/week		24-Hr omposite
Solids	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg	IDS/day	XXX	30 Avg Mo	45 Wkly Avg	mg/l	х		1/week		24-Hr omposite
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	22	XXX	CFU/	0		1/week		Grab
May 1 - Sep 30	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	XXX	100 ml	Х		1/week		Grab
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	-	XXX	CFU/	-		1/week		Grab
Oct 1 - Apr 30	PERMIT REQUIREMENT	XXX	XXX	~~~	XXX	2000 Geo Mean	XXX	100 ml	х		1/week		Grab
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
					is document and all ervision in accordanc				TELEI	HONE		DATE	
NAME/IIILE PRI	NCIPAL EXECUTI	VE OFFICER	information submitt	ed based on my	sonnel properly gath inquiry of the person	n or persons who			717	896-8149			
JEFFREY L. GI	ROSSER, PLANT M	ANAGER	information. The inf belief, true, accurate	formation submite, and complete.	directly responsible itted is to the best of I am aware that ther	my knowledge and re are significant	SIGNATURE	OF PRINCIPAL	AREA CODE	NUMBER	YEAR	МО	DAY
TYF	PED OR PRINTED			or knowing viola	nation, including the ations. See Pa. C.S. §		EXECUTIVE	OFFICER OR ZED AGENT					

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name:	Halifax Area Water and Sewe	er Authority	Month	AUGUST	2014
Municipality:	Halifax Borough	County: Dauphin	NPDES Permit No.	PA 0024457	Outfall No. 001
Watershed:	6-C		Renewal application	due 180 days prior to	expiration
Laboratories:			This permit will	expire on May 31, 201	6

			E	FFLUENT PARAM	METERS				
DAY	FLOW	рН	D.O.	TRC	CBOD 5	TSS	FECAL	Weather/Comments (Inches Precipitation)	Outside Temperature
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q CFU/100 ml		(F Deg.)
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: _____

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month AUGUST 2014

Municipality: Halifax Borough

Watershed: 6-C

NPDES Permit No. PA 0024457 Outfall No. 001

This permit will expire on May 31, 2016

			Influent			Process Control							
DAY	FLOW	BOD₅	BOD ₆	TSS	TSS	Aeration (centr		Aerati m	on DO g/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

SUPPLEMENTAL REPORT

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

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

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

	Liqu	iid Sewage Sludge	e / Biosolids Hauled Of	f-site	Dewatered	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				
	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

Manager

Title:

Signature:

Date:

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

Month}EPTEMBER

Year 2014

		Influent	Influent	Aeration	Aeratio (centr	n MLSS		ion DO g/l)	Effluent	Effluent	Effluent	Effluent	Effluent	Effluent	Weather	Outside
Day	Flow	BOD5	TSS	Wasted	No. 1	No. 2	No. 1	No. 2	CBOD5	TSS	pH	D.O.	Fecals	TRC	Precipitation	Temp. (F)
1	0.1350			800	1.1	1.5	1.6	1.3			7.2	5.1		0.48	0.25	67
2	0.1380			1200	1.3	1.5	1.5	1.2			7.3	5.4		0.43	0.15	71
3	0.1500	190	77	1200	1.5	1.5	1.6	1.5	4.4	5	7.4	5.2	2	0.57		66
4	0.1220			2400	1.5	1.5	1.3	1.3			7.2	5.0		0.47		62
5	0.1230			1600	1.6	1.5	1.2	1.2			7.4	5.3		0.53		64
6	0.1200			800	1.6	1.4	1.3	1.3			7.3	5.2		0.49		68
7	0.1320			800	1.4	1.4	1.2	1.2			7.4	5.2		0.42	0.85	64
8	0.1140			2400	1.6	1.5	1.4	1.3			7.3	5.3		0.47		56
9	0.1160			3000	1.8	1.4	1.5	1.3			7.4	5.7		0.55	0.05	62
10	0.1160	190	170	2400	1.4	1.5	1.5	1.4	2	5	7.4	5.3	2	0.56		64
11	0.1130			2400	1.6	1.5	1.6	1.5			7.2	5.2		0.58		70
12	0.1190			2400	1.7	1.5	1.6	1.3			7.4	5.1		0.46		60
13	0.0920			800	1.6	1.5	1.5	1.4			7.3	5.4		0.50	0.10	55
14	0.1140			800	1.6	1.5	1.4	1.3			7.1	5.1		0.47	0.25	57
15	0.0920			1800	1.8	1.5	1.7	1.4			7.5	5.3		0.46		48
16	0.1120			3000	1.9	1.5	1.3	1.3			7.2	5.3		0.48		56
17	0.1040	170	150	2800	1.8	1.5	1.5	1.4	2	5	7.4	5.5	2	0.47	0.05	54
18	0.1010			2800	1.8	1.5	1.4	1.3			7.3	5.0		0.48		50
19	0.0960			2400	1.9	1.5	1.6	1.4			7.2	5.3		0.46		47
20	0.1020			800	1.9	1.5	1.5	1.4			7.2	5.2		0.52		62
21	0.1080			800	1.9	1.4	1.6	1.4			7.1	5.3		0.45		66
22	0.1190			2800	1.9	1.5	1.4	1.3			7.2	5.5		0.42	0.05	58
23	0.0980			2800	1.9	1.5	1.5	1.3			7.2	5.9		0.46		44
24	0.0940	130	86	3200	1.9	1.5	1.5	1.4	17	18	7.3	5.7	6	0.53		48
25	0.1010			1600	1.8	1.5	1.3	1.5			7.4	5.6		0.50	0.10	57
26	0.1110			1800	1.8	1.5	1.6	1.4			7.3	5.4		0.49	0.10	58
27	0.0920			800	1.8	1.5	1.5	1.5			7.2	5.5		0.53		50
28	0.0940			800	1.8	1.4	1.3	1.6			7.3	5.3		0.48		53
29	0.1150			3000	1.8	1.5	1.5	1.8			7.2	5.4		0.46		51
30	0.1090			2800	1.9	1.6	1.5	1.3			7.3	5.2		0.44		56
31																

PERMITTEE NAME / ADDRESS

NAME:	Halifax Area Water and Sewer Authori	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	Р	ERMIT NUMBE	ER			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP				-				DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONITO	ORI	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	9	1]	2014	9	30	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

		QUA	ANTITY OR LOADING	ł		QUALITY OR CO	NCENTRATION			- FI	REQUENCY	7	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO E	ex ol	F ANALYSI	s	TYPE
Flow	SAMPLE MEASUREMENT	0.1117	0.1500	MGD	XXX	XXX	XXX	xxx	x		Continuous		Measured
Flow	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	MGB	XXX	XXX	XXX	ллл	х		Continuous		Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.1	XXX	7.5	S.U.	0		1/day		Grab
pm	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max	5.0.	Х		1/day		Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	XXX	5.0	XXX	XXX	mg/l	0		1/day		Grab
Dissolved Oxygen	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX	iiig/1	х		1/day		Grab
Total Residual	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.49	0.58	mg/l	0		1/day		Grab
Chlorine	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	0.5 Avg Mo	1.6 IMAX	g.	Х		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
CDOD5	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg	105/day	XXX	25 Avg Mo	40 Wkly Avg	ing/1	Х		1/Week		24-Hr Composite
BOD5 - Raw	SAMPLE MEASUREMENT	168	238	lbs/day	XXX	170	XXX	mg/l	х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	105/449	XXX	Report Avg Mo	xxx	ing/i	Х		1/Week		24-Hr Composite
Total Suspended Solids - Raw	SAMPLE MEASUREMENT	115	164	lbs/day	XXX	121	XXX	mg/l	Х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	105/day	XXX	Report Avg Mo	xxx	iiig/1	Х		1/Week		24-Hr Composite
NAME/TITLE PRI	NCIDAL EXECUTIV	VE OFFICED			is document and all a prvision in accordance				TEI	LEPHONE		DA	TE
	NCH AL EXECUTI	VEOFFICER	information submitte	ed based on my	sonnel properly gathe inquiry of the person	or persons who			717	896-8149			
JEFFREY L. GI	ROSSER, PLANT M	ANAGER	information. The inf belief, true, accurate penalties for submit	ormation submi , and complete. ing false inform	nation, including the p	my knowledge and e are significant possibility of fine and		OF PRINCIPAL COFFICER OR	AREA CODE	NUMBER	YEAR	МО	DAY
TYP COMMENTS (Report all vi	ED OR PRINTED	Compliance Reportin	unsworn falsification		s. See Pa. C.S. § 490	4 (relating to	AUTHORI	ZED AGENT					PAGE 1 OF 2

PERMITTEE NAME / ADDRESS

NAME:	Halifax Area Water and Sewer Authori	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	Р	ERMIT NUMBE	ĨR			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP				-				DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONITO	ORI	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	9	1		2014	9	30	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

PARAMETER		QUA	NTITY OR LOADING			QUALITY OR CO	NCENTRATION		NO EX		REQUENCY	SA	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO EX	OF	FANALYSIS]	ГҮРЕ
Total Suspended	SAMPLE MEASUREMENT	7	14	lbs/day	XXX	8	18		0		1/week		24-Hr mposite
Solids	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg	IDS/day	XXX	30 Avg Mo	45 Wkly Avg	mg/l	х		1/week		24-Hr mposite
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	3	XXX	CFU/	0		1/week		Grab
May 1 - Sep 30	PERMIT REQUIREMENT	XXX	ххх	~~~	ххх	200 Geo Mean	XXX	100 ml	х		1/week		Grab
Fecal Coliform	SAMPLE MEASUREMENT	XXX	xxx		XXX	-	XXX	CFU/	-		1/week		Grab
Oct 1 - Apr 30	PERMIT REQUIREMENT	XXX	xxx	XXX	xxx	2000 Geo Mean	XXX	100 ml	х		1/week		Grab
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
					is document and all a rvision in accordance				TELEPHO	ONE		DATE	
NAME/IIILE PRI	NCIPAL EXECUTIV	VE OFFICER	designed to assure the information submitted	at qualified per ed based on my	sonnel properly gathe inquiry of the person	er and evaluate the or persons who			717 89	96-8149			
JEFFREY L. G	ROSSER, PLANT M	ANAGER	information. The inf	ormation submi	directly responsible f tted is to the best of 1	my knowledge and			AREA CODE N	UMBER	JMBER YEAR		DAY
belief, true, accurate, and compl penalties for submitting false inf				ing false inform	ation, including the	possibility of fine and	d SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR						
TYI	PED OR PRINTED		imprisonment for kn unsworn falsification		s. See Pa. C.S. § 490	4 (relating to	AUTHORIZED AGENT						

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

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name:	Halifax Area Water and Sewe	er Authority	Month	SEPTEMBER	2014
Municipality:	Halifax Borough	County: Dauphin	NPDES Permit No.	PA 0024457	Outfall No. 001
Watershed:	6-C		Renewal application	due 180 days prior to e	expiration
Laboratories:			This permit will	expire on May 31, 2016	i

					I					
DAY	FLOW	рН	D.O.	TRC	CBOD 5	TSS		FECAL	Weather/Comments (Inches Precipitation)	Outside Temperature
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q	CFU/100 ml		(F Deg.)
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 (Tota	l) 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: _____

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month SEPTEMBER 2014

Municipality: Halifax Borough

Watershed: 6-C

NPDES Permit No. PA 0024457 Outfall No. 001

This permit will expire on May 31, 2016

			Influent			Process Control						
DAY	FLOW	BOD₅	BOD ₆	TSS	TSS		n MLSS ifuge)		ion DO g/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										1		
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

Signature: ____

Title: Manager

SUPPLEMENTAL REPORT

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

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

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

Γ	Liqu	id Sewage Sludge	e / Biosolids Hauled Of	f-site	Dewatered	Sewage Sludge / I	Biosolids Hauled O	Off-site		udge / Biosolids Dev d 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)

	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:	0.10008	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

SEPTEMBER 2014

NPDES Permit No. PA 0024457

This permit will expire on May 31, 2016

Signature:

Month OCTOBER

Year 2014

Day Flow 1 0.108 2 0.112 3 0.106 4 0.093 5 0.094 6 0.096 7 0.106 8 0.118 9 0.1002 11 0.088 12 0.097 13 0.097 14 0.108 15 0.122 16 0.142 17 0.124	80 150 20 50 50 30 10 30 50 30 30 20 50 30 50 20 50 20 50 20 50 290 50 290	Influent TSS 64 280	Aeration Wasted 2000 2800 2800 800 800 800 2000 1600	(centr No. 1 1.7 1.6 1.8 1.7 1.6 1.7	rifuge) No. 2 1.5 1.4 1.6 1.4 1.4	(mg No. 1 1.4 1.5 1.4 1.3	No. 2 1.5 1.4 1.6	Effluent CBOD5 2.6	Effluent TSS 5	Effluent pH 7.4	Effluent D.O. 5.2	Effluent Fecals 2	Effluent TRC 0.56	Weather Precipitation 0.60	Outside Temp. (F) 57
$\begin{array}{c} 1 & 0.108 \\ 2 & 0.112 \\ 3 & 0.106 \\ 4 & 0.093 \\ 5 & 0.097 \\ 6 & 0.098 \\ 7 & 0.106 \\ 8 & 0.118 \\ 9 & 0.100 \\ 10 & 0.097 \\ 11 & 0.088 \\ 12 & 0.097 \\ 11 & 0.088 \\ 12 & 0.097 \\ 13 & 0.097 \\ 14 & 0.108 \\ 15 & 0.127 \\ 16 & 0.142 \end{array}$	30 150 20 50 50 30 10 30 50 30 60 30 50 290 50 290	64	2000 2800 2800 800 800 2000	1.7 1.6 1.8 1.7 1.6 1.7	1.5 1.4 1.6 1.4	1.4 1.5 1.4	1.5 1.4			7.4	5.2				•
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	20 60 30 10 50 50 80 290 50		2800 2800 800 800 2000	1.6 1.8 1.7 1.6 1.7	1.4 1.6 1.4	1.5 1.4	1.4	2.6	5			2	0.56	0.60	57
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	60 30 10 30 60 30 290 00	280	2800 800 800 2000	1.8 1.7 1.6 1.7	1.6 1.4	1.4				7.0					
$\begin{array}{cccccc} 4 & 0.093 \\ 5 & 0.097 \\ 6 & 0.098 \\ 7 & 0.106 \\ 8 & 0.118 \\ 9 & 0.100 \\ 10 & 0.097 \\ 11 & 0.088 \\ 12 & 0.097 \\ 13 & 0.097 \\ 13 & 0.097 \\ 14 & 0.108 \\ 15 & 0.127 \\ 16 & 0.142 \end{array}$	30 10 80 60 80 290 00	280	800 800 2000	1.7 1.6 1.7	1.4		16			7.2	5.4		0.48		58
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	10 80 60 80 290 00	280	800 2000	1.6 1.7		1.3	1.0			7.2	5.6		0.59	0.05	57
$\begin{array}{ccccc} 6 & 0.098 \\ 7 & 0.106 \\ 8 & 0.118 \\ 9 & 0.100 \\ 10 & 0.09^{-1} \\ 11 & 0.088 \\ 12 & 0.09^{-1} \\ 13 & 0.097 \\ 13 & 0.097 \\ 14 & 0.108 \\ 15 & 0.12^{-1} \\ 16 & 0.142 \end{array}$	80 60 80 290 00	280	2000	1.7	1.4		1.4			7.1	5.4		0.52	0.15	60
$\begin{array}{cccc} 7 & 0.106 \\ 8 & 0.118 \\ 9 & 0.100 \\ 10 & 0.09^{-1} \\ 11 & 0.088 \\ 12 & 0.09^{-1} \\ 13 & 0.097 \\ 14 & 0.108 \\ 15 & 0.12^{-1} \\ 16 & 0.142 \end{array}$	60 80 290 00	280				1.7	1.7			7.3	5.0		0.68		38
8 0.118 9 0.100 10 0.097 11 0.088 12 0.097 13 0.097 14 0.108 15 0.127 16 0.142	30 290 00	280	1600		1.4	2.0	1.5			7.1	5.2		0.57		36
9 0.100 10 0.092 11 0.088 12 0.092 13 0.097 14 0.108 15 0.122 16 0.142	00	280		1.7	1.5	1.8	1.5			7.3	5.1		0.42	0.10	57
10 0.097 11 0.088 12 0.097 13 0.097 14 0.108 15 0.127 16 0.142			2000	1.7	1.5	1.8	1.4	3	8.4	7.1	5.2	34	0.56	0.20	54
11 0.088 12 0.097 13 0.097 14 0.108 15 0.127 16 0.142	10		3200	1.7	1.5	1.6	1.5			7.2	5.8		0.49	0.10	44
12 0.097 13 0.097 14 0.108 15 0.127 16 0.142			2800	1.6	1.5	1.7	1.6			7.3	5.7		0.46		40
13 0.097 14 0.108 15 0.127 16 0.142	30		800	1.7	1.5	1.5	1.4			7.5	5.6		0.47	0.25	54
14 0.108 15 0.12 16 0.142	10		800	1.7	1.5	1.7	1.5			7.1	5.4		0.48		39
15 0.12 ² 16 0.142	70		2000	1.7	1.3	1.6	1.5			7.0	5.6		0.42	0.05	54
16 0.142	30		2000	1.6	1.6	1.8	1.5			7.3	5.5		0.43	0.10	70
	10 210	50	2000	1.6	1.4	1.9	1.7	5.7	14	7.2	5.6	36	0.48	0.25	67
17 0.12	20		1400	1.5	1.5	1.7	1.5			7.4	5.7		0.45	1.25	60
17 0.124	40		1400	1.5	1.5	1.6	1.4			7.3	5.6		0.44	0.25	57
18 0.107	70		800	1.6	1.6	1.7	1.6			7.2	5.5		0.49		62
19 0.105	50		800	1.6	1.5	1.8	1.8			7.3	5.8		0.43		52
20 0.074	40		3000	1.5	1.5	1.6	1.5			7.2	5.6		0.47		34
21 0.100	00		3200	1.6	1.6	1.9	1.5			7.2	6.2		0.54	0.10	48
22 0.098	30 130	68	2800	1.5	1.6	1.9	1.7	2	5	7.3	6.1	2	0.56		54
23 0.097	70		2400	1.7	1.7	2.0	1.7			7.0	6.4		0.50		53
24 0.100	00		2400	1.8	1.6	1.7	1.9			7.2	6.3		0.46		55
25 0.082	20		800	1.7	1.7	1.5	1.5			7.4	6.2		0.47		48
26 0.102	20		800	1.7	1.7	1.8	1.4			7.4	6.4		0.48		56
27 0.093	30		1600	1.9	1.7	1.6	1.5			7.2	6.5		0.43		42
28 0.102	20		2000	1.9	1.8	1.7	1.6			7.4	6.3		0.49		40
29 0.10	10 250	200	3200	2.0	1.9	1.6	1.7	8.5	42	7.3	6.4	2	0.51		61
30 0.089	90		2400	1.9	1.7	1.7	1.8			7.2	6.5		0.45		52
31 0.085	50		2400	1.8	1.7	1.9	1.6			7.1	6.3		0.42		48

PERMITTEE NAME / ADDRESS

NAME:	Halifax Area Water and Sewer Authori	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	Р	ERMIT NUMBE	ER			OUTFALL NUMBI	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP								DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONITO	ORI	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	10	1		2014	10	31	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

PARAMETER		QUA	NTITY OR LOADING			QUALITY OR CO	NCENTRATION		NO E	FF	REQUENCY	<i>c</i>	SAMPLE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NOP	OF	7 ANALYSI	S	TYPE
Flow	SAMPLE MEASUREMENT	0.1009	0.1420	MGD	XXX	XXX	XXX	xxx	Х	(Continuous		Measured
Flow	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	XXX	XXX	ллл	Х	(Continuous	ntinuous Measured	
рН	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.0	XXX	7.5	S.U.	0		1/day		Grab
pm	PERMIT REQUIREMENT	XXX	XXX	xxx	6.0 Min	XXX	9.0 Max	5.0.	Х		1/day		Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	xxx	5.0	XXX	XXX	mg/l	0		1/day		Grab
Dissolved Oxygen	PERMIT REQUIREMENT	XXX	XXX	xxx	5.0 Min	XXX	XXX	iiig/1	Х		1/day		Grab
Total Residual	SAMPLE MEASUREMENT	XXX	XXX	xxx	XXX	0.49	0.68	mg/l	0		1/day		Grab
Chlorine	PERMIT REQUIREMENT	XXX	XXX	xxx	XXX	0.5 Avg Mo	1.6 IMAX	g.	Х		1/day		Grab
CBOD ₅	SAMPLE MEASUREMENT	4.0	7.0	lbs/day	XXX	4.4	8.5	0 mg/l			1/Week		24-Hr Composite
CD0D5	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg	103/4449	XXX	25 Avg Mo	40 Wkly Avg		Х		1/Week		24-Hr Composite
BOD5 - Raw	SAMPLE MEASUREMENT	190	285	lbs/day	XXX	206	XXX	mg/l	х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	103/043	XXX	Report Avg Mo	XXX	iiig/1	х		1/Week		24-Hr Composite
Total Suspended Solids - Raw	SAMPLE MEASUREMENT	122	276	lbs/day	XXX	132	XXX	mg/l	х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	ibs/day	XXX	Report Avg Mo	XXX	nig/1	Х		1/Week		24-Hr Composite
NAME/TITLE PRI	NCIDAL EXECUTIV	VE OFFICED			is document and all a prvision in accordance				TEI	EPHONE		DA	ATE .
NAME/111LE FRI	NCIFAL EXECUTI	VEOFFICER	information submitte	ed based on my	sonnel properly gathe inquiry of the person	or persons who			717	896-8149			
JEFFREY L. GI	ROSSER, PLANT M	ANAGER	information. The inf	ormation submi	directly responsible at the dist to the best of a I am aware that there	ny knowledge and	SIGNATURE	OF PRINCIPAL	AREA CODE	NUMBER	YEAR	MO	DAY
TYP	ED OR PRINTED		-	owing violation	nation, including the I s. See Pa. C.S. § 490	oossibility of fine and 4 (relating to	EXECUTIVE	C OFFICER OR ZED AGENT					
COMMENTS (Report all vi	olations on the "Non-C	Compliance Reporting	g Form'')										PAGE 1 OF 2

PERMITTEE NAME / ADDRESS

NAME:	Halifax Area Water and Sewer Author	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	Р	ERMIT NUMBE	ER			OUTFALL NUMB	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP								DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORI	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	10	1		2014	10	31	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

PARAMETER		QUA	NTITY OR LOADING	ł		QUALITY OR CO	NCENTRATION		NO EX	F	REQUENCY	S	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO EX	O	F ANALYSIS		TYPE
Total Suspended	SAMPLE MEASUREMENT	13	35	lbs/day	XXX	15	42		1		1/week		24-Hr omposite
Solids	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg	IDS/day	XXX	30 Avg Mo	45 Wkly Avg	mg/l	х		1/week		24-Hr omposite
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	-	XXX	CFU/	-		1/week		Grab
May 1 - Sep 30	PERMIT REQUIREMENT	XXX	XXX	~~~	XXX	200 Geo Mean	XXX	100 ml	х		1/week		Grab
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	6	XXX	CFU/	0		1/week		Grab
Oct 1 - Apr 30	PERMIT REQUIREMENT	XXX	XXX	~~~~	XXX	2000 Geo Mean	XXX	100 ml	х		1/week		Grab
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
					is document and all a rvision in accordance				TELEPH	IONE		DATE	
NAME/TITLE PRI	NCIPAL EXECUTI	VE OFFICER	information submitte	ed based on my	sonnel properly gathe inquiry of the person	or persons who			717 8	96-8149			
JEFFREY L. G	ROSSER, PLANT M	ANAGER	information. The inf	ormation submi	directly responsible t tted is to the best of r I am aware that there	my knowledge and			AREA CODE	NUMBER	YEAR	МО	DAY
TYI	PED OR PRINTED		penalties for submit	ing false inform owing violation		possibility of fine and	SIGNATURE (EXECUTIVE AUTHORIZ						

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name:	Halifax Area Water and Sewer Authority		Month	OCTOBER	2014
Municipality:	Halifax Borough	County: Dauphin	NPDES Permit No.	PA 0024457	Outfall No. 001
Watershed:	6-C		Renewal application	due 180 days prior to exp	piration
Laboratories:			This permit will	expire on May 31, 2016	

			E	FFLUENT PARAM	METERS				
DAY	FLOW	рН	D.O.	TRC	CBOD 5	TSS	FECAL	Weather/Comments (Inches Precipitation)	Outside Temperature
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q CFU/100 ml		(F Deg.)
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: _____

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month OCTOBER 2014

Municipality: Halifax Borough

Watershed: 6-C

NPDES Permit No. PA 0024457 Outfall No. 001

This permit will expire on May 31, 2016

			Influent						Proce	ss Control	
DAY	FLOW	BOD₅	BOD ₆	TSS	TSS	Aeration (centr			ion DO ıg/l	Sludge Wasted	
	mgd	mg/l	lb/day	mg/l	lb/day	No. 1	No. 2	No. 1	No. 2	gallons	
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

SUPPLEMENTAL REPORT

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

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

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

	Liqu	id Sewage Sludge	e / Biosolids Hauled Of	f-site	Dewatered	Sewage Sludge / E	Biosolids Hauled O	ff-site	-	udge / Biosolids Dev I 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				
	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

Manager

Title:

L. GIUSSEI

Signature: _____

Date:

OCTOBER 2014

NPDES Permit No. PA 0024457

This permit will expire on May 31, 2016

MonthNOVEMBER

Year 2014

						n MLSS	Aerati	ion DO								
		Influent	Influent	Aeration	(centr	rifuge)	(m <u>c</u>	g/l)	Effluent	Effluent	Effluent	Effluent	Effluent	Effluent	Weather	Outside
Day	Flow	BOD5	TSS	Wasted	No. 1	No. 2	No. 1	No. 2	CBOD5	TSS	рН	D.O.	Fecals	TRC	Precipitation	Temp. (F)
1	0.0720		•	800	1.8	1.8	1.6	1.7			7.3	6.5		0.46		45
2	0.0980			800	1.8	1.8	1.4	1.5			7.5	6.7		0.44		44
3	0.0950			1600	1.8	1.9	1.6	1.7			7.2	6.5		0.45		40
4	0.0930			1600	2.0	2.0	1.7	1.4			7.1	5.8		0.56		44
5	0.0980	350	310	2800	2.0	2.0	1.3	1.4	11	44	7.2	5.5	18	0.56		50
6	0.0940			3600	2.1	2.0	1.5	1.4			7.3	5.3		0.52	0.25	47
7	0.0910			3600	2.0	2.0	1.6	1.2			7.1	5.4		0.48	0.10	45
8	0.0670			800	2.0	2.0	1.4	1.3			7.0	5.2		0.46		28
9	0.0900			800	2.0	2.0	1.3	1.4			7.4	5.7		0.44		46
10	0.0800			3600	2.0	2.0	1.6	1.5			7.5	5.9		0.45		33
11	0.0820			3600	1.9	1.8	1.9	2.0			7.2	5.6		0.51		37
12	0.0900	260	200	3600	1.7	1.7	2.1	2.2	2	5.6	7.4	5.9	160	0.53		52
13	0.0770			3600	1.8	1.8	2.1	2.3			7.3	6.0		0.56		30
14	0.0740			3600	1.9	1.7	3.1	2.9			7.4	6.4		0.48		32
15	0.0630			800	1.8	1.7	2.3	2.4			7.4	6.6		0.45		34
16	0.0840			800	1.8	1.7	2.1	2.7			7.4	6.5		0.48		36
17	0.0800			800	2.0	1.5	2.0	1.9			7.3	6.2		0.47	0.25	38
18	0.0950			2800	1.8	1.9	2.2	2.1			7.2	6.1		0.46	0.20	23
19	0.0710	160	100	2400	1.7	1.7	2.1	2.0	2	9.2	7.3	6.4	1000	0.44		14
20	0.0720			2600	1.6	1.7	2.5	2.7			7.1	6.4		0.52		26
21	0.0740			800	1.6	1.6	2.6	2.8			7.2	6.5		0.44		24
22	0.0580			800	1.5	1.7	2.4	2.7			7.0	6.1		0.42		26
23	0.0670			800	1.5	1.7	2.4	2.2			7.1	6.3		0.48		44
24	0.1090			1200	1.6	1.7	2.3	2.5			7.2	6.0		0.45	0.35	65
25	0.1060			1600	1.8	1.7	2.2	2.6			7.1	6.2		0.43		44
26	0.0920	61	110	2400	1.8	1.7	2.5	2.5	2	9.6	7.2	6.5	6	0.50	0.10	38
27	0.0870			1400	1.6	2.0	2.3	2.4			7.2	6.2		0.48	0.40	35
28	0.0790			1600	1.6	1.8	2.5	2.6			7.3	6.4		0.47		30
29	0.0710			800	1.6	1.8	2.4	2.3			7.4	6.1		0.45		28
30	0.0880			800	1.6	1.8	2.2	2.5			7.6	6.6		0.48		41
31																

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME:	Halifax Area Water and Sewer Authori	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	P	ERMIT NUMBE	R			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP				-				DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	0	1		2014	0	30	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

												pieting thi	
		QUA	NTITY OR LOADING			QUALITY OR CC	NCENTRATION			. FI	REQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO E	X OF	ANALYSI	5	TYPE
	SAMPLE MEASUREMENT	0.0832	0.1090	MGD	XXX	XXX	XXX	XXX	х		Continuous		Measured
Flow	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	MGD	XXX	XXX	XXX		х		Continuous		Measured
ЭН	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.0	XXX	7.6	S.U.	0		1/day		Grab
n	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max	5.0.	Х		1/day		Grab
Vigaluad Owngon	SAMPLE MEASUREMENT	XXX	XXX	XXX	5.2	XXX	XXX	mg/l	0		1/day		Grab
Dissolved Oxygen	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX	mg/i	Х		1/day		Grab
Total Residual	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.48	0.56	mg/l	0		1/day		Grab
Chlorine	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX	nig/i	Х		1/day		Grab
CBOD ₅	SAMPLE MEASUREMENT	3.3	9.0	lbs/day	XXX	4.3	11.0	mg/l	0		1/Week		24-Hr Composite
20005	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg	ibs/day	XXX	25 Avg Mo	40 Wkly Avg	nig/1	х		1/Week		24-Hr Composite
SOD5 - Raw	SAMPLE MEASUREMENT	156	286	lbs/day	XXX	208	XXX	mg/l	Х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	ibs/day	XXX	Report Avg Mo	XXX	ing/i	Х		1/Week		24-Hr Composite
Fotal Suspended Solids - Raw	SAMPLE MEASUREMENT	137	253	lbs/day	XXX	180	XXX	mg/l	х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	ibs/day	XXX	Report Avg Mo	XXX	mg/i	Х		1/Week		24-Hr Composite
NAME/TITLE PRI	NCIDAL EVECUTIV	VE OFFICED			s document and all a rvision in accordance				TEL	EPHONE		DAT	Έ
TANE/IIILE PKI	NULLAL EAECUIT	E OFFICER	designed to assure the information submitted	at qualified pers	sonnel properly gathe inquiry of the person	er and evaluate the or persons who			717	896-8149			
JEFFREY L. GI	ROSSER, PLANT M	ANAGER	information. The inf	ormation submit	directly responsible f ted is to the best of n I am aware that there	ny knowledge and			AREA CODE	NUMBER	YEAR	MO	DA
ТҮР	ED OR PRINTED			ing false inform owing violation	ation, including the p	ossibility of fine and	EXECUTIVE	OF PRINCIPAL OFFICER OR ZED AGENT					

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

PERMITTEE NAME / ADDRESS

NAME:	Halifax Area Water and Sewer Authori	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	Р	PERMIT NUMBE	R			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP								DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	0	1		2014	0	30	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

PARAMETER		QUA	NTITY OR LOADING			QUALITY OR CC	NCENTRATION		NO EX	FR	REQUENCY	S	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO EX	OF	ANALYSIS		TYPE
Total Suspended	SAMPLE MEASUREMENT	13	36	lbs/day	XXX	17	44		1		1/week		24-Hr omposite
Solids	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg	IDS/UAy	XXX	30 Avg Mo	45 Wkly Avg	mg/l	х		1/week		24-Hr omposite
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	-	XXX	CFU/	-		1/week		Grab
May 1 - Sep 30	PERMIT REQUIREMENT	XXX	XXX	AAA	XXX	200 Geo Mean	XXX	100 ml	х		1/week		Grab
Fecal Coliform	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	-	XXX	CFU/	-		1/week		Grab
Oct 1 - Apr 30	PERMIT REQUIREMENT	XXX	XXX	AAA	XXX	2000 Geo Mean	XXX	100 ml	х		1/week		Grab
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
					is document and all rvision in accordanc				TELEPI	IONE		DATE	
NAME/TITLE PRI	NCIPAL EXECUTI	VE OFFICER	information submitt	ed based on my	sonnel properly gath inquiry of the person	n or persons who			717	896-8149			
JEFFREY L. GI	ROSSER, PLANT M	ANAGER	information. The inf	formation submi	directly responsible tted is to the best of	my knowledge and			AREA CODE	NUMBER	YEAR	МО	DAY
TYF	PED OR PRINTED		penalties for submit	ting false inform or knowing viola	I am aware that ther nation, including the ations. See Pa. C.S. §	possibility of fine	EXECUTIVE	OF PRINCIPAL OFFICER OR ZED AGENT					

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name:	Halifax Area Water and Sewer	Authority	Month	NOVEMBER	2014
Municipality:	Halifax Borough	County: Dauphin	NPDES Permit No.	PA 0024457	Outfall No. 001
Watershed:	6-C		Renewal application	due 180 days prior to e	expiration
Laboratories:			This permit will	expire on May 31, 2016	;

		•	E	FFLUENT PARAM	METERS				-
DAY	FLOW	рН	D.O.	TRC	CBOD 5	TSS	FECAL	Weather/Comments (Inches Precipitation)	Outside Temperature
	mgd	SU	mg/l	mg/l	mg/l	mg/l	Q CFU/100 ml		(F Deg.)
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: _____

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month NOVEMBER 2014

Municipality: Halifax Borough

Watershed: 6-C

NPDES Permit No. PA 0024457 Outfall No. 001

This permit will expire on May 31, 2016

			Influent						Proce	ss Control	
DAY	FLOW	BOD₅	BOD ₆	TSS	TSS	Aeratio (centr	n MLSS ifuge)	Aerati m		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

SUPPLEMENTAL REPORT

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

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

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

	Liqu	id Sewage Sludge	/ Biosolids Hauled Of	f-site	Dewatered S	Sewage Sludge / I	Biosolids Hauled O	Off-site		udge / Biosolids Dev I 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

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

Manager

Title:

Signature:

Date:

NOVEMBER 2014

NPDES Permit No. PA 0024457

This permit will expire on May 31, 2016

Month DEC

Year 2014

					Aeratio	n MLSS	Aerati	ion DO								
		Influent	Influent	Aeration	(centr	rifuge)	(mg	g/l)	Effluent	Effluent	Effluent	Effluent	Effluent	Effluent	Weather	Outside
Day	Flow	BOD5	TSS	Wasted	No. 1	No. 2	No. 1	No. 2	CBOD5	TSS	рН	D.O.	Fecals	TRC	Precipitation	Temp. (F)
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

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME:	Halifax Area Water and Sewer Authori	ty								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	P	ERMIT NUMBE	R			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP				-				DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	0	1		2014	0	31	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

										ead instruction		0	
		QUA	NTITY OR LOADING			QUALITY OR CC	NCENTRATION			. FI	REQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO E	X OF	FANALYSI	5	TYPE
71	SAMPLE MEASUREMENT	0.0950	0.1120	MGD	XXX	XXX	XXX	NVV.	х		Continuous		Measured
Flow	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	MGD	XXX	XXX	XXX	XXX	х		Continuous		Measured
.11	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.0	XXX	7.5	S.U.	0		1/day		Grab
H	PERMIT REQUIREMENT	XXX	XXX	XXX	6.0 Min	XXX	9.0 Max	5.0.	х		1/day		Grab
Secoluted Ormoon	SAMPLE MEASUREMENT	XXX	XXX	XXX	5.6	XXX	XXX	mall	0		1/day		Grab
Dissolved Oxygen	PERMIT REQUIREMENT	XXX	XXX	XXX	5.0 Min	XXX	XXX	mg/l	х		1/day		Grab
Fotal Residual	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	0.47	0.6	mg/l	0		1/day		Grab
Chlorine	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	0.5 Avg Mo	1.6 IMAX	ilig/i	Х		1/day		Grab
CBOD ₅	SAMPLE MEASUREMENT	2.5	4.0	lbs/day	XXX	3.2	4.1	mg/l	0		1/Week		24-Hr Composite
20005	PERMIT REQUIREMENT	44 Avg Mo	70 Wkly Avg	ibs/day	XXX	25 Avg Mo	40 Wkly Avg	nig/1	X		1/Week		24-Hr Composite
BOD5 - Raw	SAMPLE MEASUREMENT	153	223	lbs/day	XXX	198	XXX	mg/l			1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	ibs/day	XXX	Report Avg Mo	XXX	mg/i	Х		1/Week		24-Hr Composite
Fotal Suspended Solids - Raw	SAMPLE MEASUREMENT	162	215	lbs/day	XXX	210	XXX	mg/l	х		1/Week		24-Hr Composite
Sewage Influent	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max	ibs/day	XXX	Report Avg Mo	XXX	mg/i	Х		1/Week		24-Hr Composite
NAME/TITLE PRI	NCIDAL EVECUTIV	VE OFFICED			s document and all a rvision in accordance					EPHONE		DAT	TE
MANIE/111LE FKI	AL EAECUIT	'E OFFICER	designed to assure the information submitted	at qualified pers	sonnel properly gathe inquiry of the person	er and evaluate the or persons who			717	896-8149			
JEFFREY L. GROSSER, PLANT MANAGER			information. The inf belief, true, accurate	ormation submit, and complete.	directly responsible f ted is to the best of n I am aware that there	ny knowledge and are significant	SIGNATURE	OF PRINCIPAL	AREA CODE	NUMBER	YEAR	MO	DA
TYP	ED OR PRINTED		penalties for submitt imprisonment for kn unsworn falsification	owing violations		ossibility of fine and 4 (relating to	EXECUTIVE	OFFICER OR ZED AGENT					

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

PERMITTEE NAME / ADDRESS

NAME:	Halifax Area Water and Sewer Author	ity								
ADDRESS:	P.O. Box 443		PA0024457				001		Reporting Frequency	Monthly
	Halifax, PA 17032-0043	P	PERMIT NUMBE	R			OUTFALL NUMBE	ER	DMR Effective From:	June 1, 2011
FACILITY:	Halifax STP								DMR Effective To:	May 31, 2016
LOCATION:	Halifax Borough, Dauphin County			MONIT	ORIN	NG PERIOD			Permit Expires:	May 31, 2016
WATERSHED:	6-C	YEAR	МО	DAY	то	YEAR	МО	DAY	Permit Application Due:	December 3, 2015
		2014	0	1		2014	0	31	Check Here If No Discharge	

NOTE: Read instructions before completing this form\

PARAMETER		QUA	NTITY OR LOADING	ł		QUALITY OR CO	NCENTRATION		NO EX	FF	REQUENCY	s	AMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO EX	OF	ANALYSIS		TYPE
Total Suspended	SAMPLE MEASUREMENT	6	8	lbs/day	XXX	7	10		0		1/week		24-Hr omposite
Solids	PERMIT REQUIREMENT	53 Avg Mo	79 Wkly Avg	1DS/day	XXX	30 Avg Mo	45 Wkly Avg	mg/l	х		1/week		24-Hr omposite
Fecal Coliform	SAMPLE MEASUREMENT	XXX	ххх	XXX	XXX	-	XXX	CFU/	-		1/week		Grab
May 1 - Sep 30	PERMIT REQUIREMENT	XXX	ххх	~~~~	XXX	200 Geo Mean	XXX	100 ml	х		1/week		Grab
Fecal Coliform	SAMPLE MEASUREMENT	XXX	ххх	XXX	XXX	-	XXX	CFU/	-		1/week		Grab
Oct 1 - Apr 30	PERMIT REQUIREMENT	XXX	XXX	~~~	XXX	2000 Geo Mean	XXX	100 ml	Х		1/week		Grab
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
					is document and all rvision in accordanc				TELEPI	IONE		DATE	
NAME/TITLE PRI	NCIPAL EXECUTI	VE OFFICER	information submitt	ed based on my	sonnel properly gath inquiry of the person	n or persons who			717	896-8149			
JEFFREY L. G	ROSSER, PLANT M	ANAGER	information. The inf	formation submi	directly responsible tted is to the best of	my knowledge and			AREA CODE	NUMBER	YEAR	мо	DAY
	TYPED OR PRINTED belief, true, accurate, and complete. penalties for submitting false inform and imprisonment for knowing viola unsworn falsification).		nation, including the	possibility of fine	EXECUTIVE	OF PRINCIPAL OFFICER OR ZED AGENT							

SUPPLEMENTAL REPORT - DAILY EFFLUENT MONITORING

Facility Name:	Halifax Area Water and Sewe	er Authority	Month	DEC	2014
Municipality:	Halifax Borough	County: Dauphin	NPDES Permit No.	PA 0024457	Outfall No. 001
Watershed:	6-C		Renewal application	due 180 days prior t	o expiration
Laboratories:			This permit will	expire on May 31, 20	016

		-	E	FFLUENT PARAM	METERS					
DAY	FLOW	рН	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 Deg.)
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	T T					32
27	0.1020	7.5	6.4	0.40	T T					27
28	0.1070	7.0	6.1	0.44	T T				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: _____

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Halifax Area Water and Sewer Authority

Month DEC 2014

Municipality: Halifax Borough

Watershed: 6-C

NPDES Permit No. PA 0024457 Outfall No. 001

This permit will expire on May 31, 2016

			Influent			Process Control						
DAY	FLOW	BOD₅	BOD ₆	TSS	TSS		Aeration MLSS Aeration DO (centrifuge) 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

SUPPLEMENTAL REPORT

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

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

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

Γ	Liquid Sewage Sludge / Biosolids Hauled Off-site				Dewatered	Sewage Sludge / I	Biosolids Hauled C	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	Ī		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	0.85068	
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

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Prepared By: Jeffrey L. Grosser

Title: Manager

DEC 2014 NPDES Permit No. PA 0024457

This permit will expire on May 31, 2016

Signature: