

AC. ADDRESS: NORTH WALES STP	YEAR	MO	DAY	TO	YEAR	MO	DAY
MUNICIPALITY: UPPER GWYNEDD TOWNSHIP	2005	01	01		2005	01	31
COUNTY: MONTGOMERY	MONITORING PERIOD			DISCHARGE NUMBER			
				001			

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING	QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		MONTHLY AVERAGE	WEEKLY AVERAGE	INST. MINIMUM	MONTHLY AVERAGE					INST. MAXIMUM	
LOW	Sample Measurement Permit Requirement	REPORT MONTHLY AVERAGE	REPORT DAILY AVERAGE	MGD	XXXX	XXXX	XXXX	XXXX	7	CONTINUOUS	METER
	Sample Measurement Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX			
H	Sample Measurement Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	DAILY	GRAB
BOD <sub>5-1 to 10-31</sub>	Sample Measurement Permit Requirement	~	~	LB/DAY	XXXX	XXXX	XXXX	XXXX			
	Sample Measurement Permit Requirement	70	104	LB/DAY	XXXX	10	XXXX	15	0	1/WEEK	24 HC
BOD <sub>11-1 to 4-30</sub>	Sample Measurement Permit Requirement	~	~	LB/DAY	XXXX	4	XXXX	5.2	0	1/WEEK	24 HC
	Sample Measurement Permit Requirement	22.8	35.3	LB/DAY	XXXX	20	XXXX	30			
TOTAL SUSPENDED SOLIDS	Sample Measurement Permit Requirement	~	~	MG/L	XXXX	12.9	XXXX	15.7	0	1/7	24 HC
	Sample Measurement Permit Requirement	73.7	63.6	MG/L	XXXX	30	XXXX	45			
EQUAL COLIFORM	Sample Measurement Permit Requirement	XXXX	XXXX	# COL/100ML	XXXX	20	XXXX	XXXX	0	1/7	6045
	Sample Measurement Permit Requirement	XXXX	XXXX	MG/L	XXXX	0.5	XXXX	XXXX			
TOTAL RESIDUAL CHLORINE (0-2 YEARS)	Sample Measurement Permit Requirement	XXXX	XXXX	MG/L	XXXX	0.01	XXXX	XXXX	0	DAILY	GRAB
TOTAL RESIDUAL CHLORINE (3-5 YEARS)	Sample Measurement Permit Requirement	XXXX	XXXX	MG/L	XXXX	0.13	XXXX	XXXX			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *Richard E. Schatz*  
 OPERATOR: *Richard E. Schatz*  
 TYPE OR PRINT COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PERMIT EXPIRES: \_\_\_\_\_ SUBMIT RENEWAL BY: \_\_\_\_\_  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*  
 AREA CODE: 215 NUMBER: 699-3127 DATE: 05 02 05

PERMITTEE NAME/ADDRESS

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

FORM APPROVED.

OMB NO. 2040-0004.  
Southeast Region Facsimile

Amendment No. 1

NAME: BOROUGH OF NORTH WALES  
ADDRESS: 300 SCHOOL ROAD  
NORTH WALES, PA 19454

PA0022586  
PERMIT NUMBER

001  
DISCHARGE NUMBER

NOTE: Read Instructions before completing this form

LOCAL ADDRESS: NORTH WALES STP  
MUNICIPALITY: UPPER GWYNEDD TOWNSHIP

2005 01 01  
YEAR MO DAY

2005 01 31  
YEAR MO DAY

COUNTY: MONTGOMERY


QUANTITY OR LOADING

QUALITY OR CONCENTRATION

Parameter	Requirement	Sample Measurement	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	DAILY MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLI TYPE	TELEPHONE	
													AREA CODE	NUMBER
AMMONIA as N (5-1 to 10-31)	Permit	XXXX	✓	XXXX	LB/DAY	XXXX	2.5	XXXX	MG/L	0	1/WEEK	24 HC		
AMMONIA as N (11-1 to 4-30)	Permit	XXXX	11.4	XXXX	LB/DAY	XXXX	6.5	XXXX	MG/L	0	1/WEEK	24 HC		
DISSOLVED OXYGEN	Permit	XXXX	45	XXXX	LB/DAY	XXXX	6.9	XXXX	MG/L	0	DAILY	GRAB		
PHOSPHORUS as P	Permit	XXXX	6.0	XXXX	MG/L	XXXX	1.77	XXXX	MG/L	0	1/30	24 HC		
COPPER, TOTAL	Permit	XXXX	0.0198	XXXX	MG/L	XXXX	0.0198	XXXX	MG/L	0	1/MONTH	24 HC		
LEAD, TOTAL	Permit	XXXX	0.0002	XXXX	MG/L	XXXX	0.0002	XXXX	MG/L	0	1/MONTH	24 HC		
ALUMINIUM, TOTAL	Permit	XXXX	0.249	XXXX	MG/L	XXXX	0.249	XXXX	MG/L	0	1/MONTH	24 HC		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 RICHARD E. SCHWARTZ  
 OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
 AREA CODE: 215-699-3107  
 NUMBER: 215-699-3107

DATE: 05 02 05

TYPE OR PRINT  
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT EXPIRES

SUBMIT RENEWAL BY

DATE



*[Handwritten signature]*

Date	DAILY			H.O.D.	REC	SUSP.			CL2	SOLI			P.H.	D.O.	Total Flow	Age
	Temp	Air	weat			SOLS	SOLS	SOLS		SOLS	SOLS	SOLS				
11/05	420	7.2	7.30	2.22	0.01										420,000	11/05
11/05	416	7.1	7.28	2.21	0.01										416,000	11/05
11/05	468	6.9	7.21	2.17	0.01										468,000	11/05
11/05	504	6.9	7.20	2.14	0.01										504,000	11/05
11/05	959	7.0	7.18	2.14	0.02										959,000	11/05
11/05	918	7.1	7.22	2.15	0.01										918,000	11/05
11/05	815	7.3	7.31	2.22	0.01										815,000	11/05
11/05	1,111	7.1	7.27	2.19	0.03										1,111,000	11/05
11/05	201	7.2	7.21	2.15	0.01										201,000	11/05
11/05	659	7.1	7.32	2.21	0.01										659,000	11/05
11/05	858	7.0	7.29	2.20	0.02										858,000	11/05
11/2105	801	7.2	7.21	2.15	0.01										801,000	11/2105
11/3105	1,129	7.1	7.20	2.14	0.01										1,129,000	11/3105
11/405	2,035	6.9	7.18	2.13	0.03										2,035,000	11/405
11/505	926	7.1	7.28	2.17	0.02										926,000	11/505
11/605	806	7.2	7.22	2.14	0.01										806,000	11/605
11/705	727	7.2	7.26	2.18	0.01										727,000	11/705
11/805	629	7.1	7.28	2.20	0.01										629,000	11/805
11/905	655	7.3	7.31	2.23	0.01										655,000	11/905
11/905	577	7.1	7.27	2.16	0.01										577,000	11/905
11/2105	548	7.4	7.21	2.17	0.01										548,000	11/2105
11/2205	554	7.1	7.29	2.22	0.01										554,000	11/2205
11/2305	500	7.3	7.20	2.15	0.01										500,000	11/2305
11/2405	496	7.3	7.25	2.16	0.01										496,000	11/2405
11/2505	485	7.1	7.18	2.17	0.01										485,000	11/2505
11/2605	470	7.3	7.31	2.23	0.01										470,000	11/2605
11/2705	421	7.2	7.22	2.19	0.01										421,000	11/2705
11/2805	486	2.5	7.20	2.14	0.01										486,000	11/2805
11/2905	424	7.3	7.31	2.25	0.01										424,000	11/2905
11/3005	391	7.5	7.30	2.23	0.01										391,000	11/3005
11/3105	391	7.2	7.25	2.19	0.01										391,000	11/3105
Total																
31,225,000																
684,677																
.685																

State

County

*Monte*

Date

Permit# *PA 0072586-001*

*Whitney Acres*





DISCHARGE MONITORING REPORT (DMR) FORM APPROVED. OMB NO. 2040-0004.

Amendment No. 1

PA0022586 PERMIT NUMBER

001 DISCHARGE NUMBER

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOUTHEAST REGION FACSIMILE

PA0022586

MONITORING PERIOD

2005 02 01 TO 2005 02 28

MAR 29 05

NOTE: Read instructions before completing this form

ME: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL ROAD  
 NORTH WALES, PA 19454

C. ADDRESS: NORTH WALES STP  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP

COUNTY: MONTGOMERY

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS				
OW	Sample Measurement	1.647	1.586	MCD	XXXX	XXXX	XXXX	5	CONT.	METER	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	DAILY	698	
IOD 1 to 10-31	Sample Measurement	~	~	LB/DAY	XXXX	XXXX	~	1	---	---	
	Permit Requirement	70	104	LB/DAY	XXXX	10	WPLY. AVG. 15	0	1/WEEK	24 HC	
IOD 1 to 4-30	Sample Measurement	27	40	LB/DAY	XXXX	5	WPLY. AVG. 30	0	1/WEEK	24 HC	
	Permit Requirement	139	209	LB/DAY	XXXX	20	WPLY. AVG. 45	0	1/WEEK	24 HC	
TOTAL SUSPENDED SOLIDS	Sample Measurement	52.6	62	LB/DAY	XXXX	9.75	WPLY. AVG. 45	0	1/WEEK	24 HC	
	Permit Requirement	209	313	LB/DAY	XXXX	30	WPLY. AVG. 45	0	1/WEEK	24 HC	
ICAL COLIFORM	Sample Measurement	XXXX	XXXX	XXXX	XXXX	14	GEOMETRIC MEAN 200	0	1/WEEK	GRAB	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	~	XXXX	---	---	---	
TOTAL RESIDUAL CHLORINE -2-YEARS	Sample Measurement	XXXX	XXXX	XXXX	XXXX	0.5	XXXX	0	DAILY	GRAB	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	0.01	XXXX	0	DAILY	GRAB	
TOTAL RESIDUAL CHLORINE -5-YEARS	Sample Measurement	XXXX	XXXX	XXXX	XXXX	0.13	XXXX	0	DAILY	GRAB	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	0.13	XXXX	0	DAILY	GRAB	

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER  
 RICHARD E. SCHARTZ  
 OPERATOR

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT:

DATE: 05 03 05

PERMIT EXPIRES: \_\_\_\_\_

SUBMIT RENEWAL BY: \_\_\_\_\_

TELEPHONE: 215-699-3127

AREA CODE: 215

NUMBER: 699-3127

DATE: 05 03 05

PERMITTEE NAME/ADDRESS: NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NAME: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL ROAD NORTH WALES, PA 19454  
 PERMIT NUMBER: PA0022586  
 DISCHARGE NUMBER: 001  
 MONITORING PERIOD: 2005 02 01 TO 2005 02 28

COUNTY: MONTGOMERY  
 LOCATION: NORTH WALES STP  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP

AMOUNT: 001  
 DISCHARGE NUMBER: 001  
 MONITORING PERIOD: 2005 02 01 TO 2005 02 28

NOTE: Read Instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	DAILY MAXIMUM				
MMONIA as N 1-1 to 10-31)	Sample Measurement	XXXX	LB/DAY	XXXX	~	XXXX	MG/L		1/WEEK	24 HC
	Permit Requirement	17	LB/DAY	XXXX	2.5	XXXX	MG/L	0	1/7	24 HC
	Sample Measurement	10.7	LB/DAY	XXXX	2	XXXX	MG/L	0	1/WEEK	24 HC
MMONIA as N 1-1 to 4-30)	Sample Measurement	45	LB/DAY	XXXX	6.5	XXXX	MG/L	0	DAILY	GRAB
	Permit Requirement			6.0	XXXX	XXXX	MG/L	0	1/30	24 HC
	Sample Measurement			6.9	XXXX	XXXX	MG/L	0	1/30	24 HC
PHOSPHORUS as P	Sample Measurement			XXXX	2.46	XXXX	MG/L	0	1/MONTH	24 HC
	Permit Requirement			XXXX	MONITOR/REPORT	MONITOR/REPORT	MG/L	0	1/30	24 HC
	Sample Measurement			XXXX	0.0312	0.0312	MG/L	0	1/MONTH	24 HC
ZINC, TOTAL	Sample Measurement			XXXX	XXXX	XXXX	MG/L	0	1/30	24 HC
	Permit Requirement			XXXX	XXXX	XXXX	MG/L	0	1/30	24 HC
	Sample Measurement			XXXX	0.00520	0.00520	MG/L	0	1/30	24 HC
LEAD, TOTAL	Sample Measurement			XXXX	XXXX	XXXX	MG/L	0	1/30	24 HC
	Permit Requirement			XXXX	XXXX	XXXX	MG/L	0	1/30	24 HC
	Sample Measurement			XXXX	0.279	0.279	MG/L	0	1/30	24 HC
ALUMINIUM, TOTAL	Sample Measurement			XXXX	XXXX	XXXX	MG/L	0	1/30	24 HC
	Permit Requirement			XXXX	XXXX	XXXX	MG/L	0	1/30	24 HC
	Sample Measurement			XXXX	0.279	0.279	MG/L	0	1/30	24 HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: RICHARD E. SCHATZ  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]  
 TELEPHONE: 215-699-5127  
 DATE: 05 03 24  
 TYPE OR PRINT COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PERMIT EXPIRES SUBMIT RENEWAL BY



OPERATOR

*[Handwritten Signature]*

180	Sunny	30°	0.01	7.27	7.19	7.3	378,000
180	Sunny	30°	0.01	7.32	7.20	7.5	375,000
180	Sunny	35°	0.01	7.27	7.22	7.3	378,000
180	Sunny	38°	0.01	7.27	7.22	7.3	384,000
180	Sunny	46°	0.01	7.21	7.15	7.6	505,000
180	Sunny	43°	0.01	7.33	7.25	7.4	513,000
180	Sunny	40°	0.01	7.26	7.19	7.2	525,000
180	Sunny	40°	0.01	7.25	7.17	7.5	529,000
180	Sunny	45°	0.01	7.20	7.15	7.1	649,000
180	Sunny	47°	0.01	7.18	7.15	6.9	919,000
180	Sunny	33°	0.01	7.24	7.17	7.1	880,000
180	Sunny	37°	0.01	7.20	7.16	7.3	688,000
180	Sunny	44°	0.01	7.23	7.15	7.4	614,000
180	Sunny	35°	0.01	7.33	7.24	7.4	550,000
180	Sunny	30°	0.01	7.24	7.18	7.6	533,000
180	Sunny	38°	0.01	7.31	7.23	7.3	679,000
180	Sunny	39°	0.01	7.26	7.17	7.5	714,000
180	Sunny	39°	0.01	7.30	7.24	7.3	621,000
180	Sunny	25°	0.01	7.21	7.14	7.1	526,000
180	Sunny	38°	0.01	7.20	7.15	7.4	683,000
180	Sunny	30°	0.01	7.29	7.21	7.3	627,000
180	Sunny	30°	0.01	7.27	7.19	7.3	521,000
180	Sunny	30°	0.01	7.22	7.15	7.4	609,000
180	Sunny	30°	0.01	7.22	7.15	7.4	609,000
18102,000							
146,500							
167							

3	Total Daily Flow		D.O.	P.H.	SETT. Solids	CL2	SUSP. SOLIDS	PH	B.O.D.	fecal	Air Temp	Daily weather
	C	D	E	F	G	H	I	J	K	L	M	N

Date: \_\_\_\_\_  
 Permit # 0072586-201  
 [FEBRUARY 2005]  
 county \_\_\_\_\_  
 date \_\_\_\_\_






NAME: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL ROAD  
 NORTH WALES, PA 19454  
 AC. ADDRESS: NORTH WALES STP  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

DISCHARGE MONITORING REPORT (DMR)  
 Amendment No. 1  
 PA0022586  
 PERMIT NUMBER  
 001  
 DISCHARGE NUMBER  
 2005 03 01  
 MONITORING PERIOD  
 2005 03 21 APR 29 2005  
 DEP-RECEIVED  
 SOUTHEAST REGION

FORM APPROVED,  
 OMB NO. 2040-0004,  
 Southeast Region Facsimile

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLI TYPE	
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				UNITS
LOW	Sample Measurement Permit	6.72	2.016	MGD	XXXX	XXXX	XXXX	6	CONTINUOUS	METER
	Requirement	XXXX	XXXX	MGD	XXXX	XXXX	XXXX	0	DAILY	GRAB
H	Sample Measurement Permit	XXXX	XXXX	XXXX	7.12	XXXX	9.0	0	DAILY	GRAB
	Requirement	XXXX	XXXX	XXXX	6.0	XXXX	9.0	0	DAILY	GRAB
BOD <sub>5</sub> (1-1 to 4-30)	Sample Measurement Permit	70	104	LB/DAY	XXXX	XXXX	15	0	1/WEEK	24 HC
	Requirement	35	30	LB/DAY	XXXX	6.33	6.7	0	1/WEEK	24 HC
TOTAL SUSPENDED SOLIDS	Sample Measurement Permit	59.4	75.8	LB/DAY	XXXX	10.6	18.7	0	1/WEEK	24 HC
	Requirement	209	313	LB/DAY	XXXX	30	45	0	1/WEEK	24 HC
FECAL COLIFORM	Sample Measurement Permit	XXXX	XXXX	XXXX	XXXX	13	XXXX	0	1/WEEK	GRAB
	Requirement	XXXX	XXXX	XXXX	XXXX	200	XXXX	0	1/WEEK	GRAB
TOTAL RESIDUAL CHLORINE (0-2 YEARS)	Sample Measurement Permit	XXXX	XXXX	XXXX	XXXX	~	XXXX	0	DAILY	GRAB
	Requirement	XXXX	XXXX	XXXX	XXXX	0.5	XXXX	0	DAILY	GRAB
TOTAL RESIDUAL CHLORINE (3-5 YEARS)	Sample Measurement Permit	XXXX	XXXX	XXXX	XXXX	0.01	XXXX	0	DAILY	GRAB
	Requirement	XXXX	XXXX	XXXX	XXXX	0.13	XXXX	0	DAILY	GRAB

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: RICHARD E. SCHATZ  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT:   
 TELEPHONE NUMBER: 215-699-3127  
 PERMIT EXPIRES: 05 04 05  
 SUBMIT RENEWAL BY: 05 04 05

PERMITTEE NAME/ADDRESS

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

FORM APPROVED.

OMB NO. 2040-0004.  
Southeast Region Facsimile

NAME: BOROUGH OF NORTH WALES  
ADDRESS: 300 SCHOOL ROAD  
NORTH WALES, PA 19454

PERMIT NUMBER: PA0072586  
MONITORING PERIOD: 2005 03 01 TO 2005 03 31

Amendment No. 1  
DISCHARGE NUMBER: 001

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLI TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	DAILY MAXIMUM				
AMMONIA as N (5-1 to 10-31)	Sample Measurement	XXXX	LB/DAY	XXXX	2.5	XXXX	MG/L	0	1/WEEK	24 HC
	Permit Requirement	XXXX	LB/DAY	XXXX	2.4	XXXX	MG/L	0	1/WEEK	24 HC
	Sample Measurement	13.5	LB/DAY	XXXX	6.5	XXXX	MG/L	0	1/WEEK	24 HC
AMMONIA as N (11-1 to 4-30)	Sample Measurement	45	LB/DAY	6.5	XXXX	XXXX	MG/L	0	DAILY	GRAB
	Permit Requirement	XXXX	LB/DAY	6.0	XXXX	XXXX	MG/L	0	DAILY	GRAB
	Sample Measurement	XXXX	LB/DAY	XXXX	1.58	1.58	MG/L	0	1/30	24 HC
DISSOLVED OXYGEN	Sample Measurement	XXXX	MG/L	XXXX	0.0186	0.0186	MG/L	0	1/30	24 HC
	Permit Requirement	XXXX	MG/L	XXXX	0.0186	0.0186	MG/L	0	1/30	24 HC
	Sample Measurement	XXXX	MG/L	XXXX	0.00500	0.00500	MG/L	0	1/30	24 HC
COPPER, TOTAL	Sample Measurement	XXXX	MG/L	XXXX	0.120	0.120	MG/L	0	1/MONTH	24 HC
	Permit Requirement	XXXX	MG/L	XXXX	0.120	0.120	MG/L	0	1/MONTH	24 HC
	Sample Measurement	XXXX	MG/L	XXXX	0.120	0.120	MG/L	0	1/MONTH	24 HC
LEAD, TOTAL	Sample Measurement	XXXX	MG/L	XXXX	0.120	0.120	MG/L	0	1/MONTH	24 HC
	Permit Requirement	XXXX	MG/L	XXXX	0.120	0.120	MG/L	0	1/MONTH	24 HC
	Sample Measurement	XXXX	MG/L	XXXX	0.120	0.120	MG/L	0	1/MONTH	24 HC
ALUMINIUM, TOTAL	Sample Measurement	XXXX	MG/L	XXXX	0.120	0.120	MG/L	0	1/MONTH	24 HC
	Permit Requirement	XXXX	MG/L	XXXX	0.120	0.120	MG/L	0	1/MONTH	24 HC
	Sample Measurement	XXXX	MG/L	XXXX	0.120	0.120	MG/L	0	1/MONTH	24 HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Richard E. Schatz  
OPERATOR: Operator

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

TELEPHONE: 215-699-3127

PERMIT EXPIRES: \_\_\_\_\_

SUBMIT RENEWAL BY: \_\_\_\_\_

DATE: 05 04 02



*Handwritten signature: Kelly Sif*

Date	Time	Flow	D.O.	P.H.		Sett. Solids	CL2	SUSP. SOLIDS		NH-3	B.O.D.	Fec- al	Air Temp	Daily weather
				D	F			I	H					
3/29/05	7:02	702,000	7.4	7.28	7.13	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	7:11	611,000	7.5	7.19	7.13	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	7:30	550,000	7.5	7.24	7.15	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	7:49	539,000	7.3	7.30	7.23	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	8:08	529,000	7.5	7.31	7.22	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Cloudy
3/29/05	8:27	932,000	7.2	7.22	7.19	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	8:46	964,000	6.9	7.19	7.13	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	9:05	582,000	7.3	7.15	7.12	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	9:24	623,000	7.2	7.18	7.13	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Cloudy
3/29/05	9:43	495,000	7.4	7.25	7.18	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	10:02	498,000	7.3	7.29	7.22	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	10:21	476,000	7.5	7.22	7.17	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	10:40	491,000	7.5	7.27	7.20	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	11:00	512,000	7.4	7.24	7.17	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	11:19	476,000	7.4	7.27	7.20	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	11:38	486,000	7.3	7.25	7.19	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	11:57	486,000	7.3	7.25	7.19	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	12:16	439,000	7.4	7.28	7.20	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Cloudy
3/29/05	12:35	439,000	7.4	7.28	7.20	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Cloudy
3/29/05	12:54	486,000	7.3	7.25	7.19	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	13:13	515,000	7.4	7.23	7.17	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	13:32	455,000	7.5	7.20	7.14	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	13:51	410,000	7.5	7.21	7.13	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	14:10	495,000	7.4	7.26	7.19	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	14:29	486,000	7.4	7.26	7.19	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	14:48	536,000	7.6	7.29	7.24	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	15:07	608,000	7.5	7.30	7.23	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	15:26	536,000	7.6	7.29	7.24	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	15:45	2,046,000	7.2	7.18	7.15	0.03	0.03	0.03	0.03	0.03	0.03	0.03	0.03	Cloudy
3/29/05	16:04	1,001,000	7.1	7.20	7.15	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	Cloudy
3/29/05	16:23	745,000	7.2	7.19	7.14	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
3/29/05	16:42	626,000	7.0	7.23	7.16	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	Sunny
Total			702,000	7.28	7.13	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
			702,838,000											
			672											

MARCH 2005 Date \_\_\_\_\_  
 Permit # 0077586-201 State \_\_\_\_\_  
 County HONOLULU \_\_\_\_\_





NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING	QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	MONTHLY AVERAGE				
FLOW	Sample Measurement	721	2984	XXXX	XXXX	MGD	7	CONTINUOUS	METER
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MGD	0	DAILY	METER
PH	Sample Measurement	XXXX	XXXX	6.0	XXXX	XXXX	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	0	DAILY	GRAB
CBOD <sub>5</sub> (5-1 to 10-31)	Sample Measurement	70	104	XXXX	XXXX	LB/DAY	0	1/WEEK	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	LB/DAY	0	1/WEEK	24 HC
CBOD <sub>5</sub> (11-1 to 4-30)	Sample Measurement	87.7	64	XXXX	XXXX	LB/DAY	0	1/WEEK	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	LB/DAY	0	1/WEEK	24 HC
TOTAL SUSPENDED SOLIDS	Sample Measurement	42	36	XXXX	XXXX	LB/DAY	0	1/WEEK	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	LB/DAY	0	1/WEEK	24 HC
FECAL COLIFORM	Sample Measurement	209	313	XXXX	XXXX	MG/L	0	1/WEEK	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MG/L	0	1/WEEK	GRAB
TOTAL RESIDUAL CHLORINE (0-2 YEARS)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	MG/L	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MG/L	0	DAILY	GRAB
TOTAL RESIDUAL CHLORINE (3-5 YEARS)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	MG/L	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MG/L	0	DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 RICHARD E. SCHATZ  
 OPERATOR  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 [Signature]  
 TELEPHONE NUMBER  
 215-699-3127  
 PERMIT EXPIRES  
 05-05-23  
 SUBMIT RENEWAL BY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR) Amendment No. 1

NAME: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL ROAD NORTH WALES, PA 19454  
 FAC. ADDRESS: NORTH WALES STP  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PERMIT NUMBER: PA0022586  
 DISCHARGE NUMBER: 001  
 MONITORING PERIOD: 2005 04 01 TO 2005 04 30

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	DAILY MAXIMUM				
AMMONIA as N (5-1 to 10-31)	Sample	✓	XXXX	XXXX	✓	XXXX	MG/L	—	—	—
	Measurement Permit	17	XXXX	XXXX	2.5	XXXX	MG/L	1/WEEK	24 HC	
	Requirement	5.8	XXXX	XXXX	0.97	XXXX	MG/L	1/WEEK	24 HC	
AMMONIA as N (11-1 to 4-30)	Sample	45	XXXX	XXXX	6.5	XXXX	MG/L	0	1/WEEK	24 HC
	Measurement Permit	45	XXXX	XXXX	6.8	XXXX	MG/L	0	DAILY	GRAB
	Requirement	6.0	XXXX	XXXX	1.65	XXXX	MG/L	—	DAILY	GRAB
DISSOLVED OXYGEN	Sample						MG/L	—	—	—
	Measurement Permit						MG/L	—	1/MONTH	24 HC
	Requirement						MG/L	—	1/MONTH	24 HC
PHOSPHORUS as P	Sample						MG/L	—	—	—
	Measurement Permit						MG/L	—	1/MONTH	24 HC
	Requirement						MG/L	—	1/MONTH	24 HC
COPPER, TOTAL	Sample						MG/L	—	—	—
	Measurement Permit						MG/L	—	1/MONTH	24 HC
	Requirement						MG/L	—	1/MONTH	24 HC
LEAD, TOTAL	Sample						MG/L	—	—	—
	Measurement Permit						MG/L	—	1/MONTH	24 HC
	Requirement						MG/L	—	1/MONTH	24 HC
ALUMINIUM, TOTAL	Sample						MG/L	—	—	—
	Measurement Permit						MG/L	—	1/MONTH	24 HC
	Requirement						MG/L	—	1/MONTH	24 HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: RICHARD E. SCHWARTZ OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

TELEPHONE: 215-699-3127

PERMIT EXPIRES: [Blank]

SUBMIT RENEWAL BY: [Blank]



OPERATOR

*[Handwritten signature]*

Date	Total Daily Flow	D.O.	P.H.	SEIT Solids	CL2	SUSP. SOLIDS	NH-3	B.O.D.	Fecal	Air Temp	Daily weather	TSS			TSS			TSS					
												1	2	3	1	2	3	1	2	3			
11/05	1,094,000	7.1	7.19	7.14	0.01	0.01	0.01	0.01	0.01	50°	At Camp												
12/05	2,984,000	7.0	7.20	7.14	0.03	0.03	0.03	0.03	0.03	51°	Rain												
13/05	1,395,000	7.3	7.24	7.17	0.02	0.02	0.02	0.02	0.02	49°	Clear												
14/05	1,027,000	7.2	7.26	7.20	0.02	0.02	0.02	0.02	0.02	49°	Clear												
15/05	876,000	7.4	7.31	7.24	0.01	0.01	0.01	0.01	0.01	46°	Clear												
16/05	776,000	7.3	7.25	7.19	0.01	0.01	0.01	0.01	0.01	53°	Clear												
17/05	1,054,000	7.3	7.30	7.25	0.01	0.01	0.01	0.01	0.01	50°	Clear												
18/05	992,000	7.2	7.22	7.16	0.01	0.01	0.01	0.01	0.01	54°	Clear												
19/05	722,000	7.0	7.27	7.18	0.01	0.01	0.01	0.01	0.01	50°	Clear												
20/05	663,000	7.0	7.21	7.15	0.01	0.01	0.01	0.01	0.01	50°	Clear												
10/05	660,000	7.1	7.28	7.22	0.01	0.01	0.01	0.01	0.01	54°	Clear												
11/05	607,000	7.0	7.25	7.19	0.01	0.01	0.01	0.01	0.01	47°	Clear												
12/05	589,000	6.9	7.32	7.21	0.01	0.01	0.01	0.01	0.01	45°	Clear												
13/05	534,000	6.9	7.25	7.18	0.01	0.01	0.01	0.01	0.01	50°	Clear												
14/05	534,000	6.8	7.19	7.15	0.01	0.01	0.01	0.01	0.01	49°	Clear												
15/05	549,000	7.0	7.29	7.20	0.01	0.01	0.01	0.01	0.01	51°	Clear												
16/05	493,000	7.0	7.24	7.20	0.01	0.01	0.01	0.01	0.01	51°	Clear												
17/05	489,000	7.0	7.23	7.16	0.01	0.01	0.01	0.01	0.01	47°	Clear												
18/05	448,000	7.0	7.31	7.23	0.01	0.01	0.01	0.01	0.01	49°	Clear												
19/05	454,000	6.9	7.22	7.16	0.01	0.01	0.01	0.01	0.01	46°	Clear												
20/05	428,000	7.1	7.25	7.18	0.01	0.01	0.01	0.01	0.01	50°	Clear												
21/05	433,000	7.0	7.19	7.15	0.01	0.01	0.01	0.01	0.01	53°	Clear												
22/05	433,000	7.0	7.19	7.15	0.01	0.01	0.01	0.01	0.01	53°	Clear												
23/05	603,000	7.1	7.18	7.13	0.01	0.01	0.01	0.01	0.01	40°	Clear												
24/05	447,000	7.2	7.25	7.17	0.01	0.01	0.01	0.01	0.01	47°	Clear												
25/05	412,000	7.0	7.21	7.15	0.01	0.01	0.01	0.01	0.01	49°	Clear												
26/05	465,000	7.0	7.27	7.19	0.01	0.01	0.01	0.01	0.01	54°	Clear												
27/05	452,000	7.2	7.24	7.22	0.01	0.01	0.01	0.01	0.01	56°	Clear												
28/05	394,000	7.1	7.25	7.16	0.01	0.01	0.01	0.01	0.01	53°	Clear												
29/05	435,000	7.2	7.21	7.15	0.01	0.01	0.01	0.01	0.01	54°	Clear												
30/05	661,000	7.2	7.30	7.24	0.01	0.01	0.01	0.01	0.01	56°	Rain												
												21,631,000											
												1,721											

APRIL 2005

*[Handwritten initials]*




FORM APPROVED.  
OMB NO. 2040-0004.  
Southeast Region Facsimile  
282-282-1010

TM

Amendment No. 1  
 PA0022586  
 DISCHARGE NUMBER 001  
 PERMIT NUMBER  
 MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 2005 05 01 2005 05 31  
 FAC. ADDRESS: NORTH WALES STP  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

NOTE: Read instructions before completing this form.

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM			
FLOW	1,320 REPORT MONTHLY AVERAGE	593 REPORT DAILY MAXIMUM	MGD	XXXX	XXXX	XXXX	0	CONTINUOUS	METER
pH	XXXX	XXXX	XXXX	7.13	XXXX	2.25	0	DAILY	GRAB
	XXXX	XXXX	XXXX	6.0	XXXX	9.0	0	DAILY	GRAB
CBOD <sub>5</sub> (5-1 to 10-31)	18.4	22.4	LB/DAY	XXXX	6.9	7.4	0	1/7	24 HC
	70	104	LB/DAY	XXXX	10	15		1/WEEK	24 HC
CBOD <sub>5</sub> (11-1 to 4-30)	~	~	LB/DAY	XXXX	~	~		1/WEEK	24 HC
	139	209	LB/DAY	XXXX	20	30	0	1/7	24 HC
TOTAL SUSPENDED SOLIDS	18.1	25.8	LB/DAY	XXXX	6.8	11.7	0	1/7	24 HC
	209	313	LB/DAY	XXXX	30	45	0	1/7	24 HC
FECAL COLIFORM	XXXX	XXXX	XXXX	XXXX	10	XXXX		1/WEEK	GRAB
	XXXX	XXXX	XXXX	XXXX	GEOMETRIC MEAN	XXXX		1/WEEK	GRAB
TOTAL RESIDUAL CHLORINE (0-2 YEARS)	XXXX	XXXX	XXXX	XXXX	0.5	XXXX		DAILY	GRAB
	XXXX	XXXX	XXXX	XXXX	0.01	XXXX	0	DAILY	GRAB
TOTAL RESIDUAL CHLORINE (3-5 YEARS)	XXXX	XXXX	XXXX	XXXX	0.13	XXXX		DAILY	GRAB
	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)			 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			25-699-3127	05	06

TYPE OR PRINT  
 RICHARD E. SCHATZ  
 OPERATOR  
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PERMIT EXPIRES  
 SUBMIT RENEWAL BY  
 AREA CODE NUMBER TELEPHONE DATE



DISCHARGE MONITORING REPORT (DMR)

NAME: **BOROUGH OF NORTH WALES**  
 ADDRESS: **300 SCHOOL ROAD**  
**NORTH WALES, PA 19454**

Amendment No. 1  
 PA0022586  
 PERMIT NUMBER

001  
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY  
 2005 05 01

YEAR MO DAY  
 2005 05 31

FAC. ADDRESS: **NORTH WALES STP**  
 MUNICIPALITY: **UPPER GWYNEDD TOWNSHIP**  
 COUNTY: **MONTGOMERY**

FORM APPROVED.  
 OMB NO. 2040-0004,  
 Southeast Region Facsimile

NOTE: Read Instructions before completing this form

Parameter	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	DAILY MAXIMUM			
AMMONIA as N (5-1 to 10-31)	2.9	XXXX	LB/DAY	XXXX	1.09	XXXX	0	1/7	24 HC
AMMONIA as N (11-1 to 4-30)	17	XXXX	LB/DAY	XXXX	2.5	XXXX	—	1/WEEK	24 HC
DISSOLVED OXYGEN	45	XXXX		XXXX	6.5	XXXX	0	1/WEEK	24 HC
PHOSPHORUS as P				6.9	XXXX	XXXX	0	DAILY	GRAB
COPPER, TOTAL				6.0	XXXX	XXXX	—	DAILY	GRAB
LEAD, TOTAL				XXXX	3.28	MONITOR/REPORT	—	1/30	24 HC
ALUMINIUM, TOTAL				XXXX	0.0526	MONITOR/REPORT	—	1/MONTH	24 HC
				XXXX	0.00200	MONITOR/REPORT	—	1/30	24 HC
				XXXX	0.0995	MONITOR/REPORT	—	1/30	24 HC
				XXXX	XXXX	MONITOR/REPORT	—	1/MONTH	24 HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 RICHARD E. SCHATZ  
 OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

TELEPHONE  
 215-699-3127

DATE  
 05 06 24

TYPE OR PRINT  
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PERMIT EXPIRES  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 AREA CODE NUMBER  
 SUBMIT RENEWAL BY



OPERATOR

*Handwritten signature*

Total Daily Flow		D.O.	P.H.			SRT Solids			CL2	SUSP. SOLIDS	RR-3	B.O.D.	Effluent	Air Temp	Daily weather
B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
450,000	2.3	7.25	7.18	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
444,000	2.1	7.33	7.22	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
382,000	7.1	7.28	7.20	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
373,000	7.3	7.21	7.15	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
360,000	7.2	7.20	7.19	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
363,000	7.0	7.28	7.21	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
377,000	7.3	7.33	7.24	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
385,000	7.3	7.30	7.25	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
388,000	7.4	7.25	7.18	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
308,000	7.2	7.19	7.15	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
316,000	7.1	7.18	7.16	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
316,000	7.3	7.24	7.19	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
296,000	7.4	7.20	7.14	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
325,000	7.2	7.31	7.23	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
289,000	7.2	7.27	7.20	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
290,000	7.2	7.27	7.20	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
285,000	7.1	7.26	7.17	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
273,000	7.0	7.21	7.13	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
267,000	7.2	7.29	7.24	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
292,000	7.2	7.25	7.19	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
298,000	7.2	7.25	7.19	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
290,000	7.1	7.30	7.21	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
320,000	7.9	7.28	7.20	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
315,000	7.0	7.19	7.15	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
315,000	7.0	7.19	7.15	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
593,000	7.1	7.19	7.15	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
593,000	7.1	7.19	7.15	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
315,000	7.0	7.28	7.20	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
320,000	7.9	7.28	7.20	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
320,000	7.9	7.28	7.20	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
276,000	7.1	7.22	7.18	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
276,000	7.1	7.22	7.18	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
264,000	7.0	7.24	7.18	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
264,000	7.0	7.24	7.18	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
267,800	6.9	7.31	7.22	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
267,800	6.9	7.31	7.22	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
200,000	7.0	7.21	7.16	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
200,000	7.0	7.21	7.16	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
212,000	7.1	7.19	7.15	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	
9,900,000															
319,355															
320															



FORM APPROVED.  
 OMB NO. 2040-0004.  
 Southeast Region Facsimile

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS			
FLOW	Sample Measurement	284	599	MGD	XXXX	XXXX	XXXX	0	CONTINUOUS	METER
	Permit Requirement	XXXX	XXXX	MGD	XXXX	XXXX	XXXX			
pH	Sample Measurement	XXXX	XXXX	XXXX	7.11	XXXX	7.24	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	6.0	XXXX	9.0			
CBOD <sub>5</sub> (5-1 to 10-31)	Sample Measurement	11.7	33	LB/DAY	XXXX	4.9	6.6	0	DAILY	GRAB
	Permit Requirement	70	104	LB/DAY	XXXX	10	15			
CBOD <sub>5</sub> (11-1 to 4-30)	Sample Measurement	~	~	LB/DAY	XXXX	~	~			
	Permit Requirement	139	209	LB/DAY	XXXX	20	30			
TOTAL SUSPENDED SOLIDS	Sample Measurement	16.7	27.5	MG/L	XXXX	20	9	0	1/WEEK	24 HC
	Permit Requirement	209	313	MG/L	XXXX	30	45			
FECAL COLIFORM	Sample Measurement	XXXX	XXXX	MG/L	XXXX	10	XXXX	0	1/WEEK	24 HC
	Permit Requirement	XXXX	XXXX	MG/L	XXXX	200	XXXX			
TOTAL RESIDUAL CHLORINE (0-2 YEARS)	Sample Measurement	XXXX	XXXX	MG/L	XXXX	~	~			
	Permit Requirement	XXXX	XXXX	MG/L	XXXX	0.5	XXXX			
TOTAL RESIDUAL CHLORINE (3-5 YEARS)	Sample Measurement	XXXX	XXXX	MG/L	XXXX	0.01	XXXX	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	MG/L	XXXX	0.13	XXXX			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **Richard E. Schartz**  
 OPERATOR  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

PERMIT EXPIRES: \_\_\_\_\_  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT:   
 TELEPHONE: 215-699-3227  
 SUBMIT RENEWAL BY: \_\_\_\_\_  
 DATE: 05 07 22

PERMITTEE NAME/ADDRESS

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

FORM APPROVED.  
OMB NO. 2040-0004.  
Southeast Region Facsimile

NAME: BOROUGH OF NORTH WALES  
ADDRESS: 300 SCHOOL ROAD  
NORTH WALES, PA 19454  
PERMIT NUMBER: PA0022586  
DISCHARGE NUMBER: 001  
AMMUNITION No. 1

FAC. ADDRESS: NORTH WALES STP  
MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
COUNTY: MONTGOMERY  
YEAR: 2005  
MO: 06  
DAY: 01  
MONITORING PERIOD  
YEAR: 2005  
MO: 06  
DAY: 30

NOTE: Read Instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	DAILY MAXIMUM				
AMMONIA as N (5-1 to 10-31)	Sample Measurement	2.7	XXXX	XXXX	1/3	XXXX	MG/L	0	1/7	24 HC
	Permit Requirement	17	XXXX	XXXX	2.5	XXXX	MG/L	—	1/WEEK	24 HC
	Sample Measurement	~	XXXX	XXXX	~	XXXX	MG/L	—	—	—
AMMONIA as N (11-1 to 4-30)	Permit Requirement	45	XXXX	XXXX	6.5	XXXX	MG/L	0	1/WEEK	24 HC
	Sample Measurement			6.6	XXXX	XXXX	MG/L	0	DAILY	GRAB
	Permit Requirement			6.0	XXXX	XXXX	MG/L	—	DAILY	GRAB
PHOSPHORUS as P	Sample Measurement			XXXX	3.8	XXXX	MG/L	—	1/30	24 HC
	Permit Requirement			XXXX	MONITOR/REPORT	MONITOR/REPORT	MG/L	—	1/MONTH	24 HC
	Sample Measurement			XXXX	0.0342	0.0342	MG/L	—	1/30	24 HC
COPPER, TOTAL	Permit Requirement			XXXX	MONITOR/REPORT	MONITOR/REPORT	MG/L	—	1/MONTH	24 HC
	Sample Measurement			XXXX	0.00200	0.00200	MG/L	—	1/30	24 HC
	Permit Requirement			XXXX	MONITOR/REPORT	MONITOR/REPORT	MG/L	—	1/MONTH	24 HC
LEAD, TOTAL	Sample Measurement			XXXX	0.127	0.127	MG/L	—	1/30	24 HC
	Permit Requirement			XXXX	MONITOR/REPORT	MONITOR/REPORT	MG/L	—	1/MONTH	24 HC
	Sample Measurement			XXXX	0.127	0.127	MG/L	—	1/30	24 HC
ALUMINIUM, TOTAL	Permit Requirement			XXXX	MONITOR/REPORT	MONITOR/REPORT	MG/L	—	1/MONTH	24 HC
	Sample Measurement			XXXX	0.127	0.127	MG/L	—	1/30	24 HC
	Permit Requirement			XXXX	MONITOR/REPORT	MONITOR/REPORT	MG/L	—	1/MONTH	24 HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: RICHARD E. SCHWARTZ OPERATOR  
TELEPHONE: 215-699-3227  
DATE: 05 07 2005  
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

PERMIT EXPIRES

SUBMIT RENEWAL BY



*[Handwritten Signature]*

Date	Total Daily Flow	D.O.	P.H.	SETT. SOLIDS			CL2	SUSP. SOLIDS			NH-3	B.O.D.	Fecal	Air Temp	Daily weather
				F	E	G		F	I	I					
6/11/05	185,000			7.0	7.21	7.15		0.01							Sunny
6/12/05	167,000			6.9	7.19	7.13		0.01							Sunny
6/13/05	599,000			6.9	7.25	7.17		0.01							Rain
6/14/05	261,000			7.1	7.32	7.23		0.01							Sunny
6/15/05	234,000			7.0	7.25	7.17		0.01							Sunny
6/16/05	369,000			6.9	7.24	7.16		0.01							Sunny
6/17/05	323,000			6.8	7.19	7.15		0.01							Sunny
6/18/05	300,000			6.8	7.20	7.14		0.01							Sunny
6/19/05	300,000			6.7	7.18	7.13		0.01							Sunny
6/20/05	293,000			6.7	7.20	7.15		0.01							Sunny
6/21/05	279,000			6.9	7.17	7.13		0.01							Sunny
6/22/05	252,000			6.9	7.22	7.15		0.01							Sunny
6/23/05	273,000			6.7	7.17	7.11		0.01							Sunny
6/24/05	552,000			6.5	7.24	7.22		0.01							Sunny
6/25/05	215,000			6.7	7.20	7.14		0.01							Sunny
6/26/05	237,000			6.7	7.19	7.17		0.01							Sunny
6/27/05	241,000			6.8	7.21	7.16		0.01							Sunny
6/28/05	215,000			6.8	7.22	7.13		0.01							Sunny
6/29/05	279,000			6.8	7.27	7.18		0.02							Sunny
6/30/05	276,000			6.7	7.19	7.15		0.01							Sunny
6/31/05	253,000			6.8	7.21	7.15		0.01							Sunny
7/1/05	237,000			6.7	7.20	7.16		0.01							Sunny

8,567,000  
785,566  
286

County: Monte State: Pa  
 Date: June 2005 Permit #: PA 0072586-01





CLIENT: **BOROUGH OF NORTH WALES**  
 ADDRESS: **300 SCHOOL STREET**  
 NORTH WALES, PA 19454

PERMIT NUMBER: **PA0022586**  
 MONITORING PERIOD: **2005 07 01** TO **2005 07 31**  
 DISCHARGE NUMBER: **001**

MUNICIPALITY: **UPPER GWYNEDD TOWNSHIP**  
 COUNTY: **MONTGOMERY**

DEP-RECEIVED  
 SOUTHEAST REGION  
 Southeast Region  
 Facsimile

**AUG 26 2005**

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM			
FLOW	Sample Measurement	1,408	MGD	XXXX	XXXX	XXXX	2	CONTINUOUS	METER
	Permit Requirement	MONTHLY AVERAGE	MGD	XXXX	XXXX	XXXX			
pH	Sample Measurement	XXXX		7.12	XXXX	7.25	0	DAILY	GRAB
	Permit Requirement	XXXX		6.0	XXXX	9.0			
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	12.9	XXXX	XXXX	3.8	5.2	0	DAILY	GRAB
	Permit Requirement	70	LB/DAY	XXXX	10	15			
CBOD <sub>5</sub> (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	~	LB/DAY	XXXX	~	~	~	~	~
	Permit Requirement	139	LB/DAY	XXXX	20	30			
TOTAL SUSPENDED SOLIDS	Sample Measurement	27.2	LB/DAY	XXXX	8	18	0	1/WEEK	24 HC
	Permit Requirement	209	LB/DAY	XXXX	30	45			
FECAL COLIFORM	Sample Measurement	XXXX		XXXX	10	XXXX	0	1/WEEK	24 HC
	Permit Requirement	XXXX		XXXX	200	XXXX			
TOTAL RESIDUAL CHLORINE	Sample Measurement	XXXX		XXXX	0.01	0.01	0	1/WEEK	GRAB
	Permit Requirement	XXXX		XXXX	0.01	0.03			
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Sample Measurement	XXXX		6.5	XXXX	XXXX	0	DAILY	GRAB
	Permit Requirement	XXXX		6.0	XXXX	XXXX			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **RICHARD E. SCHWARTZ**  
 OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*

TELEPHONE: **215-699-3127**

PERMIT EXPIRES: **06/30/2010**

SUBMIT RENEWAL BY: **12/31/2009**

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME ADDRESS (include Facility Name / Location if different)  
 PRIMARY FACILITY: NORTH WALES BORO STP

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

CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

PA0022586  
 PERMIT NUMBER  
 MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 2005 07 01 2005 07 31

001  
 DISCHARGE NUMBER

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM			
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	1.63	XXXX	XXXX	0.48	XXXX	0	1/7	24HC
	Permit Requirement	17	XXXX	LB/DAY	XXXX	2.5	XXXX	1/WEK	24HC
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	45	XXXX	XXXX	6.5	XXXX	0	1/7	24HC
	Permit Requirement	12	XXXX	LB/DAY	XXXX	3.52	XXXX	1/WEK	24HC
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Sample Measurement	11	XXXX	XXXX	3.15	XXXX	0	1/7	24HC
	Permit Requirement	11	XXXX	LB/DAY	XXXX	3.15	XXXX	1/WEK	24HC
ORTHO PO <sub>4</sub> -P (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.116	XXXX	0	1/90	24HC
	Permit Requirement	XXXX	XXXX	LB/DAY	XXXX	0.116	0	1/90	24HC
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.0337	XXXX	0	1/30	24HC
	Permit Requirement	XXXX	XXXX	LB/DAY	XXXX	0.0337	0	1/30	24HC
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.00500	XXXX	0	1/MONTH	24HC
	Permit Requirement	XXXX	XXXX	LB/DAY	XXXX	0.00500	0	1/MONTH	24HC
LEAD, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.00500	XXXX	0	1/90	24HC
	Permit Requirement	XXXX	XXXX	LB/DAY	XXXX	0.00500	0	1/90	24HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **RICHARD E. SCHWARTZ**  
 OPERATOR  
 TYPE OR PRINT  
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*  
 PERMIT EXPIRES: **06/30/2010**  
 SUBMIT RENEWAL BY: **12/31/2009**  
 AREA CODE: **215-699-5127**  
 TELEPHONE NUMBER: **215-699-5127**  
 DATE: **05 08 04**



MONITORING PERIOD			DISCHARGE PERIOD		
YEAR	MO	DAY	YEAR	MO	DAY
2005	07	01	2005	07	31

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX		XXXX	0.234	0.234	MG/L	0	1/90	24 HC
	Permit Requirement	XXXX		XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT			1/QUARTER	24 HC
	Sample Measurement	XXXX		XXXX	0.0908	0.0908	MG/L	0	1/90	24 HC
IRON, DISSOLVED (ISSUANCE thru YR 3)	Permit Requirement	XXXX		XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT			1/QUARTER	24 HC
	Sample Measurement	47.8		XXXX	14.05	XXXX	MG/L	0	1/30	24 HC
	Permit Requirement	MONITOR/REPORT		XXXX	MONITOR/REPORT	XXXX			1/MONTH	24 HC
(NO2+NO3)-N	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

OPERATOR  
 RICHARD E. SCHWARTZ  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 215-699-3127  
 AREA CODE: 215-699-3127

PERMIT EXPIRES: 06/30/2010  
 SUBMIT RENEWAL BY: 12/31/2009

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EPA FORM 3320-1 (Rev 9 - 88) previous edition may be used  
 Re 30 (AR04WQM)351-13e  
 (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)  
 Page 3 of 6

*Log 3/7/08*

Date	Time	Temp	Wind	Dir	Clouds	Precip	Vis	D.O.	P.H.	SRT Solids	CL2	SUSP Solids	NH-N	B.O.D.	Fecal	Air Temp	Daily	Total	Daily Flow	gpc	
																					gpc
7/11/05	6.7	7.25	7.18																		533,000
7/12/05	6.8	7.18	7.15																		273,000
7/13/05	6.7	7.29	7.22																		257,000
7/14/05	6.8	7.21	7.16																		237,000
7/15/05	6.9	7.24	7.18																		498,000
7/16/05	6.8	7.17	7.12																		333,000
7/17/05	6.8	7.20	7.15																		448,000
7/18/05	7.0	7.19	7.14																		1,246,000
7/19/05	6.8	7.23	7.15																		458,000
7/20/05	6.7	7.21	7.14																		318,000
7/21/05	6.7	7.18	7.13																		319,000
7/22/05	6.6	7.17	7.14																		309,000
7/23/05	6.6	7.24	7.18																		297,000
7/24/05	6.7	7.19	7.14																		301,000
7/25/05	6.7	7.20	7.15																		369,000
7/26/05	6.6	7.29	7.21																		674,000
7/27/05	6.5	7.18	7.14																		1,060,000
7/28/05	6.7	7.27	7.21																		520,000
7/29/05	6.6	7.21	7.15																		414,000
7/30/05	6.7	7.24	7.19																		361,000
7/31/05	6.6	7.18	7.15																		359,000
7/32/05	6.8	7.27	7.18																		350,000
7/33/05	6.7	7.32	7.24																		315,000
7/34/05	6.7	7.24	7.17																		313,000
7/35/05	6.8	7.20	7.15																		370,000
7/36/05	6.6	7.18	7.13																		300,000
7/37/05	6.7	7.21	7.15																		332,000
7/38/05	6.8	7.30	7.22																		274,000
7/39/05	6.6	7.29	7.18																		304,000
7/40/05	6.8	7.32	7.25																		271,000
7/41/05	6.8	7.34	7.25																		284,000

Permit # 0022586-001

State

County

Date

July 2008



CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PA0022586  
 PERMIT NUMBER  
 MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 2005 08 01 2005 08 31

001  
 DISCHARGE NUMBER

NOTE: Read instructions before completing this form

Facsimile  
 Southeast Region

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS					
FLOW	Sample Measurement	240	309	MGD	XXXX	XXXX	XXXX	XXXX	0	CONTINUOUS	METER	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	DAILY	GRAB	
pH	Sample Measurement	XXXX	XXXX	XXXX	6.0	XXXX	7.24	STD UNITS	0	DAILY	GRAB	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	9.0	XXXX	0	DAILY	GRAB	
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	6.0	8.9	LB/DAY	XXXX	3.02	3.8	MGL	0	1/7	24 HC	
	Permit Requirement	70	104	XXXX	XXXX	10	15	XXXX	0	1/7	24 HC	
CBOD <sub>5</sub> (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	~	~	LB/DAY	XXXX	~	~	MGL	0	1/7	24 HC	
	Permit Requirement	139	209	XXXX	XXXX	20	30	XXXX	0	1/7	24 HC	
TOTAL SUSPENDED SOLIDS	Sample Measurement	9.7	13	LB/DAY	XXXX	4.85	5.7	MGL	0	1/7	24 HC	
	Permit Requirement	209	313	XXXX	XXXX	30	45	XXXX	0	1/7	24 HC	
FECAL COLIFORM	Sample Measurement	XXXX	XXXX	XXXX	XXXX	13	XXXX	# COL/100 ML	0	1/7	GRAB	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	200	XXXX	XXXX	0	1/7	GRAB	
TOTAL RESIDUAL CHLORINE	Sample Measurement	XXXX	XXXX	XXXX	XXXX	0.01	0.01	MGL	0	DAILY	GRAB	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	0.01	0.03	XXXX	0	DAILY	GRAB	
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	6.5	XXXX	XXXX	MGL	0	DAILY	GRAB	
	Permit Requirement	XXXX	XXXX	XXXX	6.0	XXXX	XXXX	XXXX	0	DAILY	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **Richard E. Schatz**  
 OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*

PERMIT EXPIRES: **06/30/2010**

SUBMIT RENEWAL BY: **12/31/2009**

PERMITTEE NAME ADDRESS (include Facility Name / Location if different)

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

Southeast Region  
Facsimile

CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PA0022586  
 PERMIT NUMBER  
 MONITORING PERIOD: 2005 08 01 TO 2005 08 31  
 DISCHARGE NUMBER: 001

NOTE: Read Instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS				
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	0.42	XXXX	XXXX	0.21	XXXX	MGL	0	1/7	24 HC	
	Permit Requirement	17	XXXX	XXXX	2.5	XXXX	MGL	-	1/WEER	24 HC	
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	45	XXXX	XXXX	6.5	XXXX	MGL	-	1/WEER	24 HC	
	Permit Requirement	8.40	XXXX	XXXX	4.20	XXXX	MGL	-	1/WEER	24 HC	
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Sample Measurement	7.52	XXXX	XXXX	3.76	XXXX	MGL	-	1/WEER	24 HC	
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	0.120	XXXX	MGL	-	1/WEER	24 HC	
ORTHO PO <sub>4</sub> -P (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	MONITOR/REPORT	XXXX	MGL	-	1/WEER	24 HC	
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	0.120	XXXX	MGL	-	1/WEER	24 HC	
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	MONITOR/REPORT	XXXX	MGL	-	1/QUARTER	24 HC	
	Permit Requirement	XXXX	XXXX	XXXX	0.0544	XXXX	MGL	-	1/30	24 HC	
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL	-	1/MONTH	24 HC	
	Permit Requirement	XXXX	XXXX	XXXX	<0.0050	<0.0050	MGL	-	1/90	24 HC	
LEAD, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL	-	1/QUARTER	24 HC	
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	MONITOR/REPORT	MGL	-	1/QUARTER	24 HC	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *Richard E. Schartz*  
 OPERATOR: *Richard E. Schartz*  
 TYPE OR PRINT: *Richard E. Schartz*

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*

PERMIT EXPIRES: 06/30/2010  
 SUBMIT RENEWAL BY: 12/31/2009  
 AREA CODE: 215-699-3127  
 NUMBER: 215-699-3127  
 TELEPHONE: 215-699-3127



CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PA0022586  
 PERMIT NUMBER  
 MONITORING PERIOD  
 YEAR 2005 MO 08 DAY 01  
 TO YEAR 2005 MO 08 DAY 31  
 DISCHARGE NUMBER  
 001

Southwest Region  
 Tracesville

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS					
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L		7/05	24 HC	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L		1/QUARTER	24 HC	
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L		1/QUARTER	24 HC	
IRON, DISSOLVED (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L		1/30	24 HC	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L		1/30	24 HC	
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L		1/30	24 HC	
(NO2+NO3)-N	Sample Measurement	27.9	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L		1/MONTH	24 HC	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L		1/MONTH	24 HC	
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L		1/MONTH	24 HC	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Sample Measurement											
	Permit Requirement											
	Sample Measurement											

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

PERMIT EXPIRES 06/30/2010 SUBMIT RENEWAL BY 12/31/2009

Richard E. Schatz  
 OPERATOR  
 TYPE OR PRINT  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 AREA CODE 715-699-3127 NUMBER TELEPHONE  
 DATE 05-09-09

Katie's

DATE	TOTAL DAILY FLOW	D.O.	P.H.	SETTL. SOLIDS	CLA	SUPP. SOLIDS	NH-N3	BOD	FTE 4%	AIR TEMP	DAILY WEATHER
8/1/05	243,000	6.7	7.20	7.13	0.01					75°	Cloudy
8/2/05	273,000	6.6	7.25	7.17	0.01					79°	Sunny
8/3/05	260,800	6.7	7.22	7.15	0.01					80°	Sunny
8/4/05	262,000	6.7	7.29	7.22	0.01					83°	Sunny
8/5/05	280,000	6.5	7.28	7.19	0.01					82°	Hazy
8/6/05	265,000	6.6	7.32	7.24	0.01					83°	Cloudy
8/7/05	249,000	6.5	7.29	7.21	0.01					81°	Hazy
8/8/05	253,000	6.6	7.17	7.15	0.01					81°	Sunny
8/9/05	255,000	6.6	7.19	7.14	0.01					81°	Sunny
8/10/05	251,000	6.7	7.22	7.14	0.01					80°	Cloudy
8/11/05	255,000	6.6	7.17	7.15	0.01					81°	Sunny
8/12/05	253,000	6.6	7.23	7.19	0.01					75°	Sunny
8/13/05	309,000	6.7	7.21	7.15	0.01					75°	Sunny
8/14/05	249,000	6.5	7.29	7.21	0.01					91°	Hazy
8/15/05	253,000	6.6	7.20	7.15	0.01					75°	Sunny
8/16/05	234,000	6.7	7.25	7.17	0.01					69°	Sunny
8/17/05	234,000	6.7	7.25	7.13	0.01					70°	Sunny
8/18/05	234,000	6.7	7.19	7.13	0.01					72°	Sunny
8/19/05	274,000	6.6	7.23	7.16	0.01					72°	Cloudy
8/20/05	219,000	6.6	7.30	7.24	0.01					79°	Cloudy
8/21/05	200,000	6.8	7.24	7.19	0.01					82°	Sunny
8/22/05	192,000	6.7	7.25	7.17	0.01					73°	Sunny
8/23/05	194,000	6.6	7.19	7.14	0.01					67°	Sunny
8/24/05	168,000	6.7	7.26	7.21	0.01					72°	Sunny
8/25/05	165,000	6.7	7.20	7.15	0.01					66°	Sunny
8/26/05	185,000	6.8	7.22	7.17	0.01					71°	Cloudy
8/27/05	163,000	6.7	7.24	7.19	0.01					78°	Cloudy
8/28/05	307,000	6.7	7.29	7.22	0.01					71°	Rain
8/29/05	209,000	6.6	7.21	7.14	0.01					74°	Cloudy
8/30/05	210,000	6.7	7.18	7.14	0.01					77°	Cloudy
8/31/05	229,000	6.6	7.23	7.16	0.01					81°	Cloudy
7,423,000											
240,000											

COUNTY \_\_\_\_\_ STATE \_\_\_\_\_  
 HOME \_\_\_\_\_  
 DATE August 2005  
 PERMIT # 0002586-001



Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS	UNITS			
FLOW	Sample Measurement	193	242	MGD	XXXX	XXXX	XXXX	0	CONTINUOUS	METER	
	Permit Requirement	XXXX	XXXX	MGD	XXXX	XXXX	XXXX	0	DAILY	GRAB	
pH	Sample Measurement	XXXX	XXXX	XXXX	6.0	XXXX	9.0	0	DAILY	GRAB	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	DAILY	GRAB	
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	418	4.7	LB/DAY	XXXX	2.6	2.8	0	1/7	24 HC	
	Permit Requirement	70	104	LB/DAY	XXXX	10	15	0	1/7	24 HC	
CBOD <sub>5</sub> (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	139	209	LB/DAY	XXXX	20	30	0	1/7	24 HC	
	Permit Requirement	7.6	9	LB/DAY	XXXX	4.75	5.3	0	1/7	24 HC	
TOTAL SUSPENDED SOLIDS	Sample Measurement	209	313	LB/DAY	XXXX	30	45	0	1/7	24 HC	
	Permit Requirement	XXXX	XXXX	LB/DAY	XXXX	10	XXXX	0	1/7	24 HC	
FECAL COLIFORM	Sample Measurement	XXXX	XXXX	XXXX	XXXX	200	XXXX	0	1/7	GRAB	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	GEOMETRIC MEAN	XXXX	0	1/7	GRAB	
TOTAL RESIDUAL CHLORINE	Sample Measurement	XXXX	XXXX	XXXX	XXXX	0.01	0.03	0	DAILY	GRAB	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	0.01	0.03	0	DAILY	GRAB	
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	6.0	XXXX	XXXX	0	DAILY	GRAB	
	Permit Requirement	XXXX	XXXX	XXXX	6.0	XXXX	XXXX	0	DAILY	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *Richard E. Schmitz*  
 OPERATOR: *OP*

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

PERMIT EXPIRES: 06/30/2010  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*  
 TELEPHONE: 215-699-3127  
 SUBMIT RENEWAL BY: 12/31/2009

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

PERMITTEE NAME ADDRESS (include Facility Name / Location if different)  
 PRIMARY FACILITY: NORTH WALES BORO STP  
 CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PA0022586  
 PERMIT NUMBER  
 MONITORING PERIOD  
 YEAR 2005 MO 09 DAY 01  
 TO YEAR 2005 MO 09 DAY 30  
 DISCHARGE NUMBER 001

Southwest Region  
 Facsimile

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	0.14	XXXX	XXXX	0.40	XXXX	MG/L	0	1/2	24 HC
	Permit Requirement	17	XXXX	XXXX	2.5	XXXX	MG/L	—	1/week	24 HC
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	~	XXXX	XXXX	~	XXXX	MG/L	—	—	—
	Permit Requirement	45	XXXX	XXXX	6.5	XXXX	MG/L	0	1/week	24 HC
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Sample Measurement	7.2	XXXX	XXXX	4.5	XXXX	MG/L	0	1/2	24 HC
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	XXXX	MG/L	0	1/week	24 HC
ORTHO PO <sub>4</sub> -P (ISSUANCE thru YR 3)	Sample Measurement	6.4	XXXX	XXXX	3.98	XXXX	MG/L	0	1/2	24 HC
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	XXXX	MG/L	0	1/week	24 HC
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	7/05	DAILY MAX. MONITOR/REPORT	MG/L	0	1/quarter	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	0.0300	DAILY MAX. MONITOR/REPORT	MG/L	0	1/30	24 HC
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	7/05	DAILY MAX. MONITOR/REPORT	MG/L	0	1/month	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	7/05	DAILY MAX. MONITOR/REPORT	MG/L	0	1/quarter	24 HC
LEAD, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	7/05	DAILY MAX. MONITOR/REPORT	MG/L	0	1/quarter	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	7/05	DAILY MAX. MONITOR/REPORT	MG/L	0	1/quarter	24 HC
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)									
OPERATOR	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT DATE									

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PERMIT EXPIRES 06/30/2010 SUBMIT RENEWAL BY 12/31/2009



CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PERMIT NUMBER: PA0022586  
 DISCHARGE NUMBER: 001  
 MONITORING PERIOD: YEAR 2005 MO 09 DAY 01 TO YEAR 2005 MO 09 DAY 30

Southeast Region  
 Facsimile

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	7/05	7/05	MG/L	0	1/yr	24HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	0	1/QUARTER	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	7/05	7/05	MG/L	0	1/yr	24 HC
IRON, DISSOLVED (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	0	1/QUARTER	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	0	1/QUARTER	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	0	1/QUARTER	24 HC
(NO2+NO3)-N	Sample Measurement	21.7	XXXX	XXXX	13.5	XXXX	MG/L	0	1/MONTH	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	0	1/MONTH	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	0	1/MONTH	24 HC
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER RICHARD E. SCHWARTZ OPERATOR TYPE OR PRINT COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*  
 PERMIT EXPIRES: 06/30/2010  
 SUBMIT RENEWAL BY: 12/31/2009  
 TELEPHONE: 215-699-3277  
 AREA CODE: 215  
 NUMBER: 699-3277  
 YEAR: 05  
 MO: 10  
 DAY: 26

COUNTY MONTEG  
 STATE PA.

DATE SEPTEMBER 2005  
 PERMIT # PA. 0022586-001

E	TOTAL DAILY FLOW	D.O.	P.H.	SETT. SOLIDS	Cl <sub>2</sub>	SUSP. SOLIDS	NH-N <sub>3</sub>	BOD	FECAL	AIR TEMP	DAILY WEATHER
105	210,000	6.8	7.24	7.17	0.01					72°	SUNNY
105	232,000	6.8	7.19	7.15	0.01					70°	SUNNY
105	213,000	6.7	7.27	7.21	0.01					72°	SUNNY
105	196,000	6.7	7.29	7.24	0.01					74°	SUNNY
105	191,000	6.8	7.28	7.21	0.01					73°	SUNNY
105	184,000	6.9	7.24	7.18	0.01					71°	SUNNY
105	180,000	6.8	7.21	7.15	0.01					64°	SUNNY
105	162,000	6.7	7.19	7.14	0.01					67°	SUNNY
105	203,000	6.8	7.18	7.15	0.01					67°	CLOUDY
105	187,000	6.8	7.26	7.19	0.01					75°	SUNNY
105	201,000	6.7	7.22	7.17	0.01					70°	SUNNY
105	216,000	6.8	7.29	7.22	0.01					67°	SUNNY
105	180,000	6.8	7.28	7.20	0.01					77°	SUNNY
105	222,000	6.7	7.20	7.14	0.01					72°	CLOUDY
105	242,000	6.8	7.19	7.15	0.01					75°	RAIN
105	222,000	6.7	7.18	7.13	0.01					76°	CLOUDY
105	206,000	6.6	7.31	7.24	0.01					76°	RAIN CLOUDY
105	172,000	6.8	7.28	7.22	0.01					77°	FLY CLOUDY
105	145,000	6.9	7.25	7.18	0.01					67°	SUNNY
105	134,000	6.8	7.31	7.24	0.01					77°	HAZY
105	178,000	6.8	7.25	7.20	0.01					65°	SUNNY
105	205,000	6.7	7.21	7.16	0.01					64°	SUNNY
105	192,000	6.9	7.27	7.19	0.01					73°	HAZY
105	191,000	6.8	7.32	7.26	0.01					67°	SUNNY
105	188,000	6.8	7.24	7.19	0.01					72°	CLOUDY
105	226,000	6.9	7.19	7.13	0.01					70°	CLOUDY (RAIN)
105	119,000	6.7	7.26	7.18	0.01					65°	SUNNY
105	174,000	6.8	7.22	7.17	0.01					59°	SUNNY
105	237,000	6.8	7.20	7.15	0.01					69°	CLOUDY
105	189,000	6.6	7.19	7.16	0.01					57°	SUNNY
	5,797,000										
	1.93										

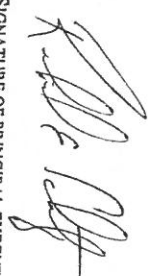
*Robert Schatz*



Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				UNITS
FLOW	Sample Measurement	1,495	1,605	MGD	XXXX	XXXX	XXXX	4	CONTINUOUS	METER
	Permit Requirement	XXXX	XXXX	MGD	XXXX	XXXX	XXXX	0	DAILY	GRAB
pH	Sample Measurement	7.12	6.0	XXXX	XXXX	XXXX	9.0	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	DAILY	GRAB
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	21	37.7	LB/DAY	XXXX	5.1	10.4	0	1/7	24 HC
	Permit Requirement	70	104	LB/DAY	XXXX	10	15	0	1/7	24 HC
CBOD <sub>5</sub> (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	~	~	LB/DAY	XXXX	~	~	0	1/7	24 HC
	Permit Requirement	139	209	LB/DAY	XXXX	20	30	0	1/7	24 HC
TOTAL SUSPENDED SOLIDS	Sample Measurement	28.2	4.7	MG/L	XXXX	6.85	9.7	0	1/7	24 HC
	Permit Requirement	209	313	MG/L	XXXX	30	45	0	1/7	24 HC
FECAL COLIFORM	Sample Measurement	XXXX	XXXX	MG/L	XXXX	25	XXXX	0	1/7	24 HC
	Permit Requirement	XXXX	XXXX	MG/L	XXXX	200	XXXX	0	1/7	24 HC
TOTAL RESIDUAL CHLORINE	Sample Measurement	XXXX	XXXX	MG/L	XXXX	0.01	0.01	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	MG/L	XXXX	0.01	0.03	0	DAILY	GRAB
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	MG/L	XXXX	6.5	XXXX	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	MG/L	XXXX	6.0	XXXX	0	DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Richard E. Schwartz  
 OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
 215-699-3127

PERMIT EXPIRES  
 06/30/2010


SUBMIT RENEWAL BY  
 12/31/2009

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Southeast Region  
 Facsimile

PA0022586	001					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2005	10	01		2005	10	31

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE					
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				UNITS				
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	6.2	XXXX	XXXX	1.5	XXXX	0	1/7	24 HC					
	Permit Requirement	17	XXXX	XXXX	2.5	XXXX	—	1/WEEK	24 HC					
	Sample Measurement	✓	XXXX	XXXX	✓	XXXX	—	—	—					
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	45	XXXX	XXXX	6.5	XXXX	0	1/WEEK	24 HC					
	Permit Requirement	13	XXXX	XXXX	3.15	XXXX	0	1/7	24 HC					
	Sample Measurement	52.8	XXXX	XXXX	12.8	XXXX	0	1/7	24 HC					
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Sample Measurement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	XXXX	0	1/WEEK	24 HC					
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	XXXX	0	1/WEEK	24 HC					
	Sample Measurement	MONITOR/REPORT	XXXX	XXXX	0.118	XXXX	0	1/90	24 HC					
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.118	XXXX	0	1/90	24 HC					
	Permit Requirement	XXXX	XXXX	XXXX	0.118	XXXX	0	1/90	24 HC					
	Sample Measurement	XXXX	XXXX	XXXX	0.0359	XXXX	0	1/30	24 HC					
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.0359	XXXX	0	1/30	24 HC					
	Permit Requirement	XXXX	XXXX	XXXX	0.0359	XXXX	0	1/30	24 HC					
	Sample Measurement	XXXX	XXXX	XXXX	0.00200	XXXX	0	1/90	24 HC					
LEAD, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.00200	XXXX	0	1/90	24 HC					
	Permit Requirement	XXXX	XXXX	XXXX	0.00200	XXXX	0	1/90	24 HC					
	Sample Measurement	XXXX	XXXX	XXXX	0.00200	XXXX	0	1/90	24 HC					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY	
RICHARD E SCHATZ OPERATOR									215-699-3127		05	11	25	
TYPE OR PRINT														

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PERMIT EXPIRES 06/30/2010 SUBMIT RENEWAL BY 12/31/2009



Southwest Region  
 Freshville


PA0022586  
 PERMIT NUMBER  
 001  
 DISCHARGE NUMBER  
 MONITORING PERIOD  
 YEAR 2005 MO 10 DAY 01  
 TO YEAR 2005 MO 10 DAY 31

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM			
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.174		0	1/90	24HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT		1/QUARTER	24HC
	Sample Requirement	XXXX	XXXX	XXXX	0.209		0	1/90	24HC
(NO2+NO3)-N	Sample Measurement	60.3	XXXX	XXXX	14.6		0	1/30	24HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT		1/QUARTER	24HC
	Sample Requirement	XXXX	XXXX	XXXX	XXXX		0	1/MONTH	24HC
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 RICHARD E. SCHITZ  
 OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
 215-699-3127

PERMIT EXPIRES 06/30/2010  
 SUBMIT RENEWAL BY 12/31/2009

AREA CODE 215- NUMBER 699-3127  
 YEAR 05 MO 11 DAY 25

DATE OCTOBER 2005

PERMIT # PA 0022586-001

COUNTY MONTC.

STATE PA.

	TOTAL DAILY FLOW	D.O.	P.H.		SETTL. SOLIDS	Cl <sub>2</sub>	SUCP. SOLIDS	NH-N <sub>3</sub>	BOD	FECAL	AIR TEMP	DAILY WEATHER
											62	SUNNY
05	173,000	6.7	7.24	7.16		0.01					67°	SUNNY
05	153,000	6.8	7.31	7.22		0.01					57°	SUNNY
05	120,000	6.8	7.26	7.17		0.01					65°	CLOUDY
05	175,000	6.7	7.29	7.21		0.01					65°	CLOUDY
05	193,000	6.6	7.22	7.14		0.01					67°	CLOUDY
05	201,000	6.8	7.20	7.16		0.01					73°	CLOUDY
05	1,118,000	6.8	7.19	7.16		0.01					73°	RAIN/HEAVY
05	1,605,000	6.6	7.18	7.14		0.01					56°	CLOUDY
05	473,000	6.7	7.22	7.16		0.01					59°	CLOUDY
05	303,000	6.8	7.25	7.17		0.01					58°	CLOUDY/RAIN
05	450,000	6.7	7.30	7.24		0.01					55°	DRIZZLE
05	741,000	6.6	7.20	7.14		0.01					56°	DRIZZLE/RAIN
05	489,000	6.6	7.18	7.16		0.01					55°	RAIN
05	734,000	6.7	7.24	7.16		0.01					64°	SUNNY
05	449,000	6.8	7.33	7.24		0.01					59°	CLOUDY
05	352,000	6.7	7.26	7.19		0.01					52°	SUNNY
05	341,000	6.9	7.28	7.23		0.01					55°	SUNNY
05	299,000	6.8	7.22	7.16		0.01					50°	SUNNY
05	285,000	6.7	7.19	7.14		0.01					49°	SUNNY
05	264,000	6.7	7.20	7.13		0.01					50°	RAIN
05	582,000	6.6	7.18	7.14		0.01					51°	RAIN
05	980,000	6.7	7.20	7.16		0.01					55°	SUNNY
05	438,000	6.8	7.27	7.21		0.01					45°	CLOUDY/RAIN
05	680,000	6.6	7.19	7.14		0.01					45°	RAIN
05	1,144,000	6.6	7.17	7.12		0.01					40°	AT SUNNY
05	571,000	6.7	7.22	7.15		0.01					43°	CLOUDY
05	442,000	6.5	7.18	7.14		0.01					40°	SUNNY
05	435,000	6.7	7.25	7.18		0.01					42°	SUNNY
05	440,000	6.8	7.30	7.24		0.01					55°	SUNNY
05	373,000	6.8	7.28	7.21		0.01					47°	SUNNY
05	349,000	6.8	7.23	7.17		0.01						
	15,341,000											
	494,870											
	495											

*Robert Schifano*



PERMITTEE NAME ADDRESS (include Facility Name / Location if different)  
 PRIMARY FACILITY: NORTH WALES BORO STP  
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PA0022586  
 PERMIT NUMBER  
 MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 2005 11 01 2005 11 30

001  
 DISCHARGE NUMBER

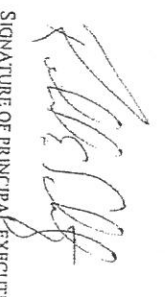
DEPARTMENT OF Environmental Protection  
 Southeast Region  
 SOUTH EAST FACILITY

NOTE: Read instructions before completing this form  
 DEC 29 05

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
FLOW	Sample Measurement	1,400	1,040	MGD	XXXX	XXXX	XXXX	1	CONTINUOUS	METER
	Permit Requirement	XXXX	XXXX	MGD	XXXX	XXXX	XXXX	0	DAILY	METER
pH	Sample Measurement	XXXX	XXXX	XXXX	6.0	7.12	6.0	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	DAILY	GRAB
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	70	104	LB/DAY	XXXX	10	15	0	1/WEEK	24 HC
	Permit Requirement	XXXX	XXXX	LB/DAY	XXXX	XXXX	XXXX	0	1/WEEK	24 HC
CBOD <sub>5</sub> (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	42	47.6	LB/DAY	XXXX	12.6	16.7	0	1/7	24 HC
	Permit Requirement	XXXX	XXXX	LB/DAY	XXXX	XXXX	XXXX	0	1/7	24 HC
TOTAL SUSPENDED SOLIDS	Sample Measurement	46	62.4	LB/DAY	XXXX	13.8	22	0	1/7	24 HC
	Permit Requirement	XXXX	XXXX	LB/DAY	XXXX	XXXX	XXXX	0	1/7	24 HC
FECAL COLIFORM	Sample Measurement	XXXX	XXXX	XXXX	XXXX	25	45	0	1/7	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/WEEK	GRAB
TOTAL RESIDUAL CHLORINE	Sample Measurement	XXXX	XXXX	XXXX	XXXX	0.01	0.01	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	0.01	0.03	0	DAILY	GRAB
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	6.0	6.6	6.0	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	DAILY	GRAB

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER  
 RICHARD ESCHARTZ  
 OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE: 215-699-3277  
 AREA CODE: 215  
 NUMBER: 699-3277

PERMIT EXPIRES: 06/30/2010  
 SUBMITTAL RENEWAL BY: 12/31/2009

DATE: 05 12 07

Facility Name / Location (if different)

DISCHARGE MONITORING REPORT (DMR)


Southeast Region  
Facsimile

PRIMARY FACILITY: NORTH WALES BORO STP  
 CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

PERMIT NUMBER: PA0022586  
 MONITORING PERIOD: 2005 11 01 TO 2005 11 30  
 DISCHARGE NUMBER: 001

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS					
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	~	XXXX	XXXX	~	XXXX	MG/L	0	1/WEEK	24 HC		
	Permit Requirement	17	XXXX	LB/DAY	XXXX	2.5	XXXX					
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	13.3	XXXX	XXXX	3.98	XXXX	MG/L	0	1/7	24 HC		
	Permit Requirement	45	XXXX	LB/DAY	XXXX	6.5	XXXX					
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Sample Measurement	10.7	XXXX	XXXX	3.2	XXXX	MG/L	0	1/WEEK	24 HC		
	Permit Requirement	MONITOR/REPORT	XXXX	LB/DAY	XXXX	MONITOR/REPORT	MG/L	0	1/7	24 HC		
ORTHO PO <sub>4</sub> -P (ISSUANCE thru YR 3)	Sample Measurement	8.7	XXXX	XXXX	2.6	XXXX	MG/L	0	1/WEEK	24 HC		
	Permit Requirement	MONITOR/REPORT	XXXX	LB/DAY	XXXX	MONITOR/REPORT	MG/L	0	1/7	24 HC		
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	---	---	MG/L	0	1/QUARTER	24 HC		
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	0	1/30	24 HC		
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.0458	0.0458	MG/L	0	1/MONTH	24 HC		
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	0	1/10/05	24 HC		
LEAD, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	---	---	MG/L	0	1/QUARTER	24 HC		
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	0	1/QUARTER	24 HC		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)											
OPERATOR	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 											
OPERATOR	TELEPHONE: 215-699-3127											
TYPE OR PRINT	PERMIT EXPIRES: 06/30/2010 SUBMIT RENEWAL BY: 12/31/2009											

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



Facility Name / Location (if different) \_\_\_\_\_  
 PRIMARY FACILITY: NORTH WALES BORO STP  
 CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PA0022586  
 PERMIT NUMBER  
 001  
 DISCHARGE NUMBER

MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 2005 11 01 2005 11 30

Southeast Region  
 Facsimile

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	—	—	MG/L	—	10/05	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	—	10/05	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	—	MG/L	—	10/05	24 HC
IRON, DISSOLVED (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX	XXXX	—	—	MG/L	—	10/05	24 HC
	Sample Measurement	37.4	XXXX	XXXX	XXXX	DAILY MAX. MONITOR/REPORT	MG/L	0	1/30	24 HC
	Permit Requirement	MONITOR/REPORT	XXXX	LB/DAY	XXXX	MONITOR/REPORT	XXXX	MG/L	1/MONTH	24 HC
(NO2+NO3)-N	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

Richard E. Schatz  
 OPERATOR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT EXPIRES 06/30/2010 SUBMIT RENEWAL BY 12/31/2009

TELEPHONE 215-699-3127

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE 05 12 07

COUNTY

MONTC

STATE

PA

DATE NOVEMBER 2005

PERMIT # PA 0022586-001

DATE	TOTAL DAILY FLOW	D.O.	P.H.	SETTL. SOLIDS	CL <sub>2</sub>	SUSP. SOLIDS	NH <sub>3</sub> -N	BOD	FECAL	AIR TEMP	DAILY WEATHER
11/1/05	319,000	6.7	7.19	7.14		0.01				53°	SUNNY
11/2/05	316,000	6.8	7.24	7.18		0.01				49°	SUNNY
11/3/05	310,000	6.7	7.30	7.24		0.01				49°	SUNNY
11/4/05	342,000	6.7	7.21	7.16		0.01				52°	SUNNY
11/5/05	296,000	6.8	7.29	7.19		0.01				61°	SUNNY
11/6/05	339,000	6.8	7.28	7.17		0.01				60°	SUNNY P/SHOWER
11/7/05	297,000	6.6	7.22	7.15		0.01				53°	SUNNY
11/8/05	272,000	6.7	7.30	7.24		0.01				50°	SUNNY
11/9/05	293,000	6.8	7.21	7.16		0.01				51°	CLOUDY L/RAIN
11/10/05	291,000	6.8	7.19	7.14		0.01				51°	SUNNY
11/11/05	287,000	6.8	7.17	7.12		0.01				47°	CLOUDY
11/12/05	257,000	6.6	7.33	7.24		0.01				49°	SUNNY
11/13/05	266,000	6.7	7.28	7.21		0.01				54°	SUNNY
11/14/05	235,000	6.8	7.21	7.15		0.01				56°	SUNNY
11/15/05	220,000	6.8	7.29	7.23		0.01				55°	CLOUDY
11/16/05	742,000	6.7	7.25	7.17		0.01				60°	CLOUDY P/RAIN
11/17/05	405,000	6.8	7.18	7.14		0.01				37°	SUNNY
11/18/05	340,000	6.8	7.17	7.15		0.01				34°	P/SUNNY
11/19/05	346,000	6.7	7.27	7.21		0.01				39°	SUNNY
11/20/05	270,000	6.8	7.28	7.17		0.01				48°	SUNNY
11/21/05	766,000	6.7	7.25	7.20		0.01				40°	CLOUDY
11/22/05	715,000	6.9	7.25	7.17		0.01				39°	SUNNY/RAIN
11/23/05	582,000	6.7	7.21	7.15		0.01				39°	CLOUDY P/RAIN
11/24/05	382,000	6.6	7.18	7.14		0.01				43°	P/CLOUDY
11/25/05	354,000	6.6	7.17	7.12		0.01				55°	SUNNY
11/26/05	373,000	6.7	7.24	7.16		0.01				35°	CLOUDY
11/27/05	327,000	6.8	7.23	7.14		0.01				45°	CLOUDY
11/28/05	327,000	6.8	7.27	7.21		0.01				53°	CLOUDY/RAIN
11/29/05	1,040,000	6.7	7.21	7.13		0.01				60°	CLOUDY P/RAIN
11/30/05	673,000	6.8	7.19	7.20		0.01				60°	SUNNY
	11,985,000										
	399,500										
	400										

*R. L. S. S. S.*



CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PA0022586  
 PERMIT NUMBER  
 MONITORING PERIOD: 2005 12 01 TO 2005 12 31  
 DISCHARGE NUMBER: 001

NOTE: Read instructions before completing this form

Southeast Region  
 Facsimile

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
FLOW	Sample Measurement	1543	1716	MGD	XXXX	XXXX	XXXX	3	CONTINUOUS	METER
	Permit Requirement	MONTHLY AVERAGE	DAILY MAXIMUM		XXXX	XXXX	XXXX			
	Sample Measurement	XXXX	XXXX		7.12	XXXX	7.24	6	DAILY	GRAB
pH	Permit Requirement	XXXX	XXXX		6.0	XXXX	9.0			
	Sample Measurement	XXXX	XXXX		XXXX	XXXX	XXXX			
	Permit Requirement	XXXX	XXXX		XXXX	XXXX	XXXX			
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Permit Requirement	70	104	LB/DAY	XXXX	10	15			
	Sample Measurement	34.7	121.4		XXXX	7.4	8.5	0	17	24 HC
	Permit Requirement	139	209	LB/DAY	XXXX	20	30			
TOTAL SUSPENDED SOLIDS	Permit Requirement	51.6	204.4	LB/DAY	XXXX	11	14.3	0	17	24 HC
	Sample Measurement	209	313		XXXX	30	45			
	Permit Requirement	XXXX	XXXX		XXXX	40	XXXX			
FECAL COLIFORM	Permit Requirement	XXXX	XXXX		XXXX	200	XXXX	0	17	24 HC
	Sample Measurement	XXXX	XXXX		XXXX	GEOMETRIC MEAN	XXXX			
	Permit Requirement	XXXX	XXXX		XXXX	0.01	0.01	0	DAILY	GRAB
TOTAL RESIDUAL CHLORINE	Permit Requirement	XXXX	XXXX		XXXX	0.01	0.03	0	DAILY	GRAB
	Sample Measurement	XXXX	XXXX		6.6	XXXX	XXXX			
	Permit Requirement	XXXX	XXXX		6.0	XXXX	XXXX			
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX		6.0	XXXX	XXXX			
	Sample Measurement	XXXX	XXXX		6.6	XXXX	XXXX			
	Permit Requirement	XXXX	XXXX		6.0	XXXX	XXXX			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Richard E. Schartz  
 TYPE OR PRINT: Richard E. Schartz  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 PERMIT EXPIRES: 06/30/2010  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]  
 AREA CODE: 610-699-3227  
 NUMBER: 015-699-3227  
 SUBMIT RENEWAL BY: 12/31/2009  
 DATE: 01 01 2009

DISCHARGE MONITORING REPORT (DMR)

Facility Name / Location (if different)

PRIMARY FACILITY: NORTH WALES BORO STP

CLIENT: BOROUGH OF NORTH WALES  
ADDRESS: 300 SCHOOL STREET  
NORTH WALES, PA 19454

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
COUNTY: MONTGOMERY

PA0022586  
PERMIT NUMBER  
001  
DISCHARGE NUMBER  
MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY #  
2005 12 01 2005 12 31

Southeast Region  
Facsimile

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM					
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	✓	XXXX	XXXX	✓	XXXX	MGL	—	—	—	
	Permit Requirement	17	XXXX	LB/DAY	XXXX	2.5	XXXX	—	1/WEEK	24 HC	
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	15.5	XXXX	XXXX	XXXX	3.3	MGL	0	1/7	24 HC	
	Permit Requirement	45	XXXX	LB/DAY	XXXX	6.5	MGL	0	1/WEEK	24 HC	
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Sample Measurement	11	XXXX	XXXX	XXXX	2.36	MGL	0	1/7	24 HC	
	Permit Requirement	MONITOR/REPORT	XXXX	LB/DAY	XXXX	MONITOR/REPORT	MGL	0	1/WEEK	24 HC	
ORTHO PO <sub>4</sub> -P (ISSUANCE thru YR 3)	Sample Measurement	9.2	XXXX	XXXX	XXXX	1.96	MGL	0	1/7	24 HC	
	Permit Requirement	MONITOR/REPORT	XXXX	LB/DAY	XXXX	MONITOR/REPORT	MGL	—	1/WEEK	24 HC	
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	N/A	MGL	—	—	—	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MONITOR/REPORT	MGL	—	1/QUARTER	24 HC	
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	0.0509	MGL	0	1/30	24 HC	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MONITOR/REPORT	MGL	—	1/MONTH	24 HC	
LEAD, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	N/A	MGL	—	—	—	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MONITOR/REPORT	MGL	—	1/QUARTER	24 HC	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Richard E. Schmitz OWNER			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)			PERMIT EXPIRES		SUBMIT RENEWAL BY			
			06/30/2010		12/31/2009						



PERMITTEE NAME ADDRESS (include Facility Name / Location if different)  
 PRIMARY FACILITY: NORTH WALES BORO STP  
 CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

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

PERMIT NUMBER: PA0022586  
 DISCHARGE NUMBER: 001

Southeast Region  
 Facsimile

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP	YEAR	MO	DAY	TO	YEAR	MO	DAY
COUNTY: MONTGOMERY	2005	12	01	2005	12	31	

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS				
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX		XXXX	2/4	2/4					
	Permit Requirement	XXXX		XXXX	MONITOR/REPORT	MONITOR/REPORT					
	Sample Measurement	XXXX		XXXX	2/4	2/4					
IRON, DISSOLVED (ISSUANCE thru YR 3)	Sample Measurement	XXXX		XXXX	9.9	XXXX					
	Permit Requirement	XXXX		XXXX	MONITOR/REPORT	MONITOR/REPORT					
	Sample Measurement	XXXX		XXXX	MONITOR/REPORT	MONITOR/REPORT					
(NO2+NO3)-N	Sample Measurement	4/6.5		XXXX	9.9	XXXX					
	Permit Requirement	XXXX		XXXX	MONITOR/REPORT	MONITOR/REPORT					
	Sample Measurement	XXXX		XXXX	MONITOR/REPORT	MONITOR/REPORT					
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **Richard E. Seltz**  
 OPERATOR

PERMIT EXPIRES: **06/30/2010** SUBMIT RENEWAL BY: **12/31/2009**

AREA CODE: **215-699-3127** TELEPHONE: \_\_\_\_\_

DATE: **06/01/06**

COUNTY MOPTG  
 STATE PA

DATE DECEMBER 2005

PERMIT # PA 0022586-001

DATE	TOTAL DAILY FLOW	D.O.	P.H.	SETTL. SOLIDS	CL <sub>2</sub>	SUSP. SOLIDS	NH-N <sub>3</sub>	BOD	FECAL	AIR TEMP	DAILY WEATHER
12/1/05	489,000	6.8	7.24	7.17	0.01					39°	SUNNY
12/2/05	458,000	6.7	7.21	7.14	0.01					36°	PT CLOUDY
12/3/05	420,000	6.7	7.28	7.19	0.01					31°	SUNNY
12/4/05	480,000	6.6	7.20	7.13	0.01					33°	SUNNY/CLOUDY
12/5/05	419,000	6.6	7.29	7.20	0.01					31°	CLOUDY PM SNOW
12/6/05	418,000	6.7	7.22	7.14	0.01					33°	SUNNY
12/7/05	355,000	6.6	7.18	7.12	0.01					26°	PT SUNNY
12/8/05	373,000	6.8	7.19	7.15	0.01					21°	SUNNY
12/9/05	375,000	6.8	7.17	7.12	0.01					24°	SNOW
12/10/05	377,000	6.7	7.24	7.16	0.01					26°	SUNNY
12/11/05	414,000	6.8	7.30	7.21	0.01					24°	SUNNY
12/12/05	374,000	6.8	7.25	7.17	0.01					32°	CLOUDY
12/13/05	339,000	6.9	7.31	7.24	0.01					17°	SUNNY
12/14/05	325,000	6.7	7.26	7.18	0.01					15°	CLOUDY
12/15/05	1,319,000	6.9	7.24	7.16	0.01					18°	CLOUDY PM RAIN HEAVY
12/16/05	1,716,000	7.0	7.20	7.13	0.01					41°	SUNNY
12/17/05	717,000	6.9	7.32	7.24	0.01					38°	SUNNY
12/18/05	618,000	7.1	7.31	7.23	0.01					32°	SUNNY
12/19/05	532,000	7.0	7.23	7.20	0.01					31°	SUNNY
12/20/05	541,000	7.2	7.19	7.14	0.01					19°	SUNNY
12/21/05	467,000	7.0	7.21	7.17	0.01					23°	SUNNY
12/22/05	458,000	6.9	7.27	7.15	0.01					24°	PT. SUNNY
12/23/05	523,000	6.7	7.24	7.17	0.01					34°	SUNNY
12/24/05	479,000	6.9	7.30	7.22	0.01					47°	SUNNY
12/25/05	857,000	6.9	7.28	7.21	0.01					37°	CLOUDY RAIN
12/26/05	693,000	7.1	7.29	7.16	0.01					43°	PT CLOUDY
12/27/05	554,000	6.8	7.19	7.13	0.01					40°	PT CLOUDY
12/28/05	531,000	7.0	7.20	7.17	0.01					31°	PT CLOUDY
12/29/05	690,000	6.9	7.21	7.15	0.01					43°	CLOUDY RAIN
12/30/05	623,000	6.8	7.18	7.13	0.01					40°	SUNNY
12/31/05	588,000	7.1	7.31	7.24	0.01					36°	CLOUDY
	17,432,000										
	562,322										
	563										

*R. C. Self*



CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PA0022586  
 PERMIT NUMBER  
 MONITORING PERIOD  
 DISCHARGE NUMBER 001

YEAR MO DAY TO YEAR MO DAY  
 2006 01 01 2006 01 31

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
FLOW	Sample Measurement	767	1,873	XXXX	XXXX	XXXX	XXXX	6	CONTINUOUS	METER
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	DAILY	GRAB
pH	Sample Measurement	XXXX	XXXX	XXXX	6.0	XXXX	9.0	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	DAILY	GRAB
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	70	104	XXXX	XXXX	10	15	0	1/WEEK	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/WEEK	24 HC
CBOD <sub>5</sub> (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	53.7	59.4	XXXX	XXXX	8.4	11.5	0	1/WEEK	24 HC
	Permit Requirement	139	209	XXXX	XXXX	20	30	0	1/WEEK	24 HC
TOTAL SUSPENDED SOLIDS	Sample Measurement	81.2	132	XXXX	XXXX	12.7	23	0	1/WEEK	24 HC
	Permit Requirement	209	313	XXXX	XXXX	30	45	0	1/WEEK	24 HC
FECAL COLIFORM	Sample Measurement	XXXX	XXXX	XXXX	XXXX	5.2	XXXX	0	1/WEEK	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	200	XXXX	0	1/WEEK	GRAB
TOTAL RESIDUAL CHLORINE	Sample Measurement	XXXX	XXXX	XXXX	XXXX	0.01	0.03	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	0.01	0.03	0	DAILY	GRAB
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	6.6	XXXX	XXXX	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	6.0	XXXX	XXXX	0	DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 RICHARD E. SCHWARTZ  
 OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 [Signature]

PERMIT EXPIRES 06/30/2010  
 SUBMIT RENEWAL BY 12/31/2009

TELEPHONE: 215-699-3127  
 AREA CODE: 215  
 NUMBER: 699-3127

CLIENT: **BOROUGH OF NORTH WALES** PA0022586  
 ADDRESS: **300 SCHOOL STREET** PERMIT NUMBER  
**NORTH WALES, PA 19454** MONITORING PERIOD  
 MUNICIPALITY: **UPPER GWYNEDD TOWNSHIP** YEAR MO DAY TO YEAR MO DAY  
 COUNTY: **MONTGOMERY** 2006 01 01 2006 01 31

001  
DISCHARGE NUMBER

Southeast Region  
Facsimile


NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS					
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	✓	XXXX		XXXX	✓	XXXX					
	Permit Requirement	17	XXXX	LB/DAY	XXXX	2.5	XXXX	MGL		1/WEEK	24 HC	
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	19.2	XXXX		XXXX	3	XXXX		0	1/7	24 HC	
	Permit Requirement	45	XXXX	LB/DAY	XXXX	6.5	XXXX	MGL		1/WEEK	24 HC	
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Sample Measurement	11.9	XXXX		XXXX	1.86	XXXX		0	1/7	24 HC	
	Permit Requirement		XXXX	LB/DAY	XXXX		XXXX	MGL		1/WEEK	24 HC	
ORTHO PO <sub>4</sub> -P (ISSUANCE thru YR 3)	Sample Measurement	10.4	XXXX		XXXX	1.63	XXXX		0	1/7	24 HC	
	Permit Requirement		XXXX	LB/DAY	XXXX		XXXX	MGL		1/WEEK	24 HC	
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX		XXXX							
	Permit Requirement	XXXX	XXXX		XXXX			MGL		1/QUARTER	24 HC	
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX		XXXX	0.0620	0.0620		0	1/30	24 HC	
	Permit Requirement	XXXX	XXXX		XXXX			MGL		1/MONTH	24 HC	
LEAD, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX		XXXX							
	Permit Requirement	XXXX	XXXX		XXXX			MGL		1/QUARTER	24 HC	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **Richard E. Schmitz**  
 OPERATOR: **PERATOR**  
 TYPE OR PRINT: **TYPE OR PRINT**

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) **PERMIT EXPIRES 06/30/2010** **SUBMIT RENEWAL BY 12/31/2009**

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 

TELEPHONE: **715-699-3727**

AREA CODE: **715** NUMBER: **699-3727**

DATE: **06 02 09**



PERMITTEE NAME ADDRESS (include Facility Name / Location if different)  
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 PRIMARY FACILITY: NORTH WALES BORO STP  
 DISCHARGE MONITORING REPORT (DMR)

CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PA0022586  
 PERMIT NUMBER  
 MONITORING PERIOD  
 YEAR 2006 MO 01 DAY 01 TO YEAR 2006 MO 01 DAY 31

001  
 DISCHARGE NUMBER


NOTE: Read instructions before completing this form

Southeast Region  
 Facsimile

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS					
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	—	—	—	—	—	—	—
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	—	—	—	—
IRON, DISSOLVED (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	—	—	—	—	—	—	—
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	—	—	—	—
(NO2+NO3)-N	Sample Measurement	55.8	XXXX	XXXX	XXXX	8.73	XXXX	MG/L	0	1/QUARTER	24 HC	—
	Permit Requirement	MONITOR/REPORT	XXXX	LB/DAY	XXXX	MONITOR/REPORT	XXXX	MG/L	—	1/MONTH	24 HC	—
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Richard E. Schartz  
 OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
 215-699-3127

PERMIT EXPIRES 06/30/2010  
 SUBMIT RENEWAL BY 12/31/2009

BOREHOLE OF NORTH WALS.

County \_\_\_\_\_  
 State \_\_\_\_\_  
 Date January 2004  
 Permit # PA 000586-001

TIME	TOTAL	D.O.	P.H.	SETTL.	CLAY	SOLIDS	SUGR.	NH <sub>3</sub>	BOD	FTC	AIR	DAILY
	FLOW									AT	TEMP	WATER
01	525,000	6.9	7.22	7.13								
02	1,873,000	6.8	7.27	7.18								
03	1,328,000	6.6	7.18	7.09								
04	219,000	6.7	7.17	7.10								
05	207,000	6.8	7.24	7.13								
06	644,000	6.9	7.25	7.17								
07	606,000	6.9	7.31	7.22								
08	498,000	7.0	7.29	7.20								
09	564,000	7.0	7.24	7.17								
10	490,000	6.9	7.20	7.14								
11	760,000	7.1	7.25	7.18								
12	613,000	7.3	7.19	7.14								
13	762,000	7.1	7.20	7.15								
14	925,000	7.0	7.28	7.21								
15	636,000	7.2	7.30	7.20								
16	583,000	7.2	7.22	7.16								
17	602,000	7.0	7.19	7.14								
18	1,618,000	7.2	7.20	7.12								
19	779,000	7.1	7.28	7.21								
20	689,000	7.3	7.25	7.20								
21	649,000	7.2	7.33	7.25								
22	1,040,000	7.0	7.24	7.21								
23	1,287,000	7.3	7.20	7.18								
24	828,000	7.1	7.18	7.12								
25	683,000	7.3	7.24	7.17								
26	605,000	7.1	7.20	7.14								
27	622,000	7.1	7.19	7.14								
28	532,000	7.3	7.28	7.22								
29	581,000	7.2	7.31	7.25								
30	542,000	7.2	7.23	7.17								
31	539,000	7.0	7.20	7.15								
32	23,763,000											
33	766,548											
34	767											

*[Handwritten signature]*



CLIENT: **BOROUGH OF NORTH WALES**  
 ADDRESS: **300 SCHOOL STREET**  
**NORTH WALES, PA 19454**

PERMIT NUMBER: **PA0022586**  
 MONITORING PERIOD: **YEAR 02 MO 02 DAY 01** TO **YEAR 02 MO 02 DAY 28**

MUNICIPALITY: **UPPER GWYNEDD TOWNSHIP**  
 COUNTY: **MONTGOMERY**

DISCHARGE NUMBER: **001**

NOTE: Read Instructions before completing this form

Southeast Region  
 Facsimile  
 MAP 2  
 RECEIVED  
 02/28/2009

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS				
FLOW	Sample Measurement	571	1210	MGD	XXXX	XXXX	XXXX	3	Cont.	METER	
	Permit Requirement	XXXX	XXXX	MGD	XXXX	XXXX	XXXX	0	Daily	GRAB	
	Sample Measurement	XXXX	XXXX	MGD	XXXX	XXXX	XXXX	0	Daily	GRAB	
pH	Permit Requirement	XXXX	XXXX	XXXX	6.0	XXXX	9.0	—	Daily	GRAB	
	Sample Measurement	~	~	XXXX	XXXX	~	~	—	—	—	
	Permit Requirement	70	104	LB/DAY	XXXX	10	15	0	1/week	24 HC	
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	41	40	LB/DAY	XXXX	86	11.1	0	1/week	24 HC	
	Permit Requirement	139	209	LB/DAY	XXXX	20	30	0	1/week	24 HC	
	Sample Measurement	50	58	LB/DAY	XXXX	10.6	16	0	1/week	24 HC	
TOTAL SUSPENDED SOLIDS	Permit Requirement	209	313	LB/DAY	XXXX	30	45	0	1/week	24 HC	
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	29	XXXX	0	1/week	GRAB	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	200	XXXX	0	Daily	GRAB	
FECAL COLIFORM	Permit Requirement	XXXX	XXXX	XXXX	XXXX	0.01	0.03	0	Daily	GRAB	
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	0.01	0.01	0	Daily	GRAB	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	0.01	0.03	0	Daily	GRAB	
TOTAL RESIDUAL CHLORINE	Permit Requirement	XXXX	XXXX	XXXX	XXXX	7.1	XXXX	0	Daily	GRAB	
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	Daily	GRAB	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	Daily	GRAB	
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX	XXXX	6.0	XXXX	XXXX	0	Daily	GRAB	
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	Daily	GRAB	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	Daily	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **Richard E. Schatz**  
 OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*

TELEPHONE: **215-699-3127**

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) **PERMIT EXPIRES 06/30/2010** **SUBMIT RENEWAL BY 12/31/2009**

PERMITTEE NAME ADDRESS (include Facility Name / Location if different)  
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 PRIMARY FACILITY: NORTH WALES BORO STP  
 DISCHARGE MONITORING REPORT (DMR)

CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PERMIT NUMBER: PA0022586  
 MONITORING PERIOD: YEAR 2006 MO 02 DAY 01 TO YEAR 2006 MO 02 DAY 28  
 DISCHARGE NUMBER: 001

Southeast Region  
 Facsimile

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	~	XXXX	XXXX	~	XXXX	MG/L	—	—	—
	Permit Requirement	17	XXXX	XXXX	2.5	XXXX	MG/L	0	1/WEEK	24 HC
	Sample Measurement	20	XXXX	LB/DAY	XXXX	4.3	XXXX	MG/L	0	1/WEEK
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Permit Requirement	45	XXXX	XXXX	6.5	XXXX	MG/L	0	1/WEEK	24 HC
	Sample Measurement	11	XXXX	LB/DAY	XXXX	2.35	MG/L	0	1/WEEK	24 HC
	Permit Requirement	11	XXXX	XXXX	XXXX	1.84	MG/L	0	1/WEEK	24 HC
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Permit Requirement	8.8	XXXX	LB/DAY	XXXX	~	MG/L	—	—	—
	Sample Measurement	8.8	XXXX	XXXX	~	~	MG/L	—	—	—
	Permit Requirement	8.8	XXXX	XXXX	XXXX	~	MG/L	—	—	—
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX	XXXX	XXXX	DAILY MAX. MONITOR/REPORT	MG/L	0	1/QUARTER	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	~	MG/L	—	—	—
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	~	MG/L	—	—	—
COPPER, TOTAL (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX	XXXX	XXXX	DAILY MAX. MONITOR/REPORT	MG/L	0	1/MONTH	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	~	MG/L	—	—	—
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	~	MG/L	—	—	—
LEAD, TOTAL (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX	XXXX	XXXX	DAILY MAX. MONITOR/REPORT	MG/L	0	1/QUARTER	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	~	MG/L	—	—	—
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	~	MG/L	—	—	—


NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: RICHARD E. SCHARTZ OPERATOR  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]  
 TELEPHONE: 215-699-9277  
 PERMIT EXPIRES: 06/30/2010  
 SUBMIT RENEWAL BY: 12/31/2009

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)



PA0022586  
 PERMIT NUMBER  
 MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 2006 02 01 2006 02 28  
 DISCHARGE NUMBER  
 001

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS				
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	~	~	MG/L	—	—	1/QUARTER	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	—	—	1/QUARTER	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	~	~	MG/L	—	—	1/QUARTER	24 HC
IRON, DISSOLVED (ISSUANCE thru YR 3)	Sample Measurement	39	XXXX	XXXX	XXXX	8.21	MG/L	0	1/30	24 HC	24 HC
	Permit Requirement	MONITOR/REPORT	XXXX	LB/DAY	XXXX	MONITOR/REPORT	MG/L	—	1/MONTH	24 HC	24 HC
	Sample Measurement	MONITOR/REPORT	XXXX	XXXX	XXXX	MONITOR/REPORT	MG/L	—	1/MONTH	24 HC	24 HC
(NO2+NO3)-N	Sample Measurement	MONITOR/REPORT	XXXX	XXXX	XXXX	MONITOR/REPORT	MG/L	—	1/MONTH	24 HC	24 HC
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	XXXX	MONITOR/REPORT	MG/L	—	1/MONTH	24 HC	24 HC
	Sample Measurement	MONITOR/REPORT	XXXX	XXXX	XXXX	MONITOR/REPORT	MG/L	—	1/MONTH	24 HC	24 HC
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER RICHARD E. SCHWITZ OPERATOR TYPE OR PRINT I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)											
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  TELEPHONE 25-699-3127											

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PERMIT EXPIRES 06/30/2010 SUBMIT RENEWAL BY 12/31/2009

3

DATE	TOTAL DAILY FLOW	D.O.	P.H.	SETT. SOLIDS	CLA	SUPP. SOLIDS	NH-N	BOD	FT-AL	AIR TEMP	DAILY WEATHER
2/1/06	498,000	7.2	7.22	7.13	0.01					38°	Cloudy
2/2/06	541,000	7.1	7.19	7.16	0.01					40°	Sunny
2/3/06	641,000	7.3	7.20	7.15	0.01					44°	Rain
2/4/06	892,000	7.1	7.27	7.21	0.01					43°	Partly Sunny
2/5/06	595,000	7.4	7.30	7.22	0.01					43°	Partly Sunny
2/6/06	550,000	7.1	7.25	7.17	0.01					36°	Sunny
2/7/06	508,000	7.3	7.21	7.16	0.01					34°	Sunny
2/8/06	493,000	7.3	7.28	7.20	0.01					36°	Sunny
2/9/06	469,000	7.1	7.27	7.18	0.01					36°	Sunny
2/10/06	478,000	7.4	7.26	7.20	0.01					31°	Cloudy
2/11/06	436,000	7.3	7.31	7.25	0.01					39°	Cloudy
2/12/06	504,000	7.1	7.24	7.17	0.01					38°	Sunny 12"
2/13/06	511,000	7.1	7.25	7.16	0.01					36°	Sunny
2/14/06	506,000	7.3	7.20	7.13	0.01					33°	Sunny
2/15/06	688,000	7.3	7.28	7.21	0.01					34°	Sunny
2/16/06	688,000	7.4	7.21	7.13	0.01					34°	Sunny
2/17/06	1,210,000	7.2	7.19	7.14	0.01					51°	Clear
2/18/06	675,000	7.3	7.28	7.21	0.01					34°	Cloudy
2/19/06	572,000	7.4	7.31	7.20	0.01					37°	Sunny
2/20/06	513,000	7.2	7.25	7.18	0.01					38°	Sunny
2/21/06	490,000	7.2	7.19	7.14	0.01					34°	Sunny
2/22/06	469,000	7.4	7.27	7.20	0.01					34°	Cloudy
2/23/06	456,000	7.4	7.30	7.24	0.01					40°	Cloudy
2/24/06	431,000	7.2	7.32	7.21	0.01					33°	Cloudy
2/25/06	488,000	7.5	7.30	7.21	0.01					33°	Cloudy
2/26/06	434,000	7.3	7.26	7.18	0.01					34°	Partly Sunny
2/27/06	411,000	7.5	7.25	7.20	0.01					34°	Sunny
2/28/06	413,000	7.5	7.20	7.14	0.01					38°	Sunny
15,962,000											
570,071											
175'											

County \_\_\_\_\_ State \_\_\_\_\_  
 Month \_\_\_\_\_ PA \_\_\_\_\_  
 DATE FEB. 2006  
 Permit # PA 002586-001



CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

PERMIT NUMBER: PA0022586  
 MONITORING PERIOD: 001  
 DISCHARGE NUMBER: 001

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

YEAR	MO	DAY	TO	YEAR	MO	DAY
2006	03	09		2006	03	31


NOTE: Read instructions before completing this form

DETERMINED  
 SOUTHEAST REGION  
 MAY 01 2006  
 Southeast Region  
 Facsimile

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
FLOW	Sample Measurement	327	488					0	CONT.	METER
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX		CONTINUOUS	METER
	Sample Measurement	XXXX	XXXX	XXXX	7.12	XXXX	7.26	0	DAILY	GRAB
pH	Permit Requirement	XXXX	XXXX	XXXX	6.0	XXXX	9.0		DAILY	GRAB
	Sample Measurement	~	~		XXXX	~				
	Permit Requirement	70	104	LB/DAY	XXXX	10	15			
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	9	13	LB/DAY	XXXX	3.3	5.6	0	1/7	24 HC
	Permit Requirement	139	209	LB/DAY	XXXX	20	30			
	Sample Measurement	18	44	LB/DAY	XXXX	6.6	14.5	0	1/7	24 HC
TOTAL SUSPENDED SOLIDS	Permit Requirement	209	313	LB/DAY	XXXX	30	45			
	Sample Measurement	XXXX	XXXX		XXXX	10	XXXX	0	1/7	24 HC
	Permit Requirement	XXXX	XXXX		XXXX	200	XXXX			
FECAL COLIFORM	Sample Measurement	XXXX	XXXX		XXXX	0.01	0.03	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX		XXXX	0.01	0.03			
	Sample Measurement	XXXX	XXXX		XXXX	0.01	0.03	0	DAILY	GRAB
TOTAL RESIDUAL CHLORINE	Permit Requirement	XXXX	XXXX		XXXX	6.0	XXXX			
	Sample Measurement	XXXX	XXXX		XXXX	XXXX	XXXX			
	Permit Requirement	XXXX	XXXX		XXXX	XXXX	XXXX			
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX		6.0	XXXX	XXXX			
	Sample Measurement	XXXX	XXXX		7.2	XXXX	XXXX	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX		6.0	XXXX	XXXX			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **Richard E. Schatz OPERATOR**

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 

TELEPHONE: 215-699-3127

PERMIT EXPIRES: 06/30/2010

SUBMIT RENEWAL BY: 12/31/2009

AREA CODE: 215

NUMBER: 699-3127

DATE: 06/04/07

PERMITTEE NAME ADDRESS (include Facility Name / Location if different)  
 PRIMARY FACILITY: NORTH WALES BORO STP

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

CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

PA0022586  
 PERMIT NUMBER  
 MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 2006 03 01 2006 03 31

001  
 DISCHARGE NUMBER  
 Southeast Region  
 Facsimile

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM					
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	✓	XXXXX	XXXXX	✓	XXXXX	MGL	0	1/WEEK	24 HC	
	Permit Requirement	17	XXXXX	XXXXX	2.5	XXXXX	MGL	0	1/WEEK	24 HC	
	Sample Measurement	46	XXXXX	XXXXX	1.7	XXXXX	MGL	0	1/WEEK	24 HC	
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	45	XXXXX	XXXXX	6.5	XXXXX	MGL	0	1/WEEK	24 HC	
	Permit Requirement	11	XXXXX	XXXXX	4.03	XXXXX	MGL	0	1/WEEK	24 HC	
	Sample Measurement	11	XXXXX	XXXXX	3.33	XXXXX	MGL	0	1/WEEK	24 HC	
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Sample Measurement	9	XXXXX	XXXXX	0.183	XXXXX	MGL	0	1/WEEK	24 HC	
	Permit Requirement	MONITOR/REPORT	XXXXX	XXXXX	0.183	XXXXX	MGL	0	1/WEEK	24 HC	
	Sample Measurement	XXXXX	XXXXX	XXXXX	0.0487	XXXXX	MGL	0	1/WEEK	24 HC	
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXXX	XXXXX	XXXXX	0.0487	XXXXX	MGL	0	1/WEEK	24 HC	
	Permit Requirement	XXXXX	XXXXX	XXXXX	0.0487	XXXXX	MGL	0	1/WEEK	24 HC	
	Sample Measurement	XXXXX	XXXXX	XXXXX	0.00500	XXXXX	MGL	0	1/WEEK	24 HC	
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXXX	XXXXX	XXXXX	0.00500	XXXXX	MGL	0	1/WEEK	24 HC	
	Permit Requirement	XXXXX	XXXXX	XXXXX	0.00500	XXXXX	MGL	0	1/WEEK	24 HC	
	Sample Measurement	XXXXX	XXXXX	XXXXX	0.00500	XXXXX	MGL	0	1/WEEK	24 HC	
LEAD, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXXX	XXXXX	XXXXX	0.00500	XXXXX	MGL	0	1/WEEK	24 HC	
	Permit Requirement	XXXXX	XXXXX	XXXXX	0.00500	XXXXX	MGL	0	1/WEEK	24 HC	
	Sample Measurement	XXXXX	XXXXX	XXXXX	0.00500	XXXXX	MGL	0	1/WEEK	24 HC	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Richard E. Schwartz OPERATOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	DATE
	TYPE OR PRINT									215-699-3127	06/30/2010

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PERMIT EXPIRES 06/30/2010 SUBMIT RENEWAL BY 12/31/2009



Southeast Region  
 Facsimile

CLIENT: **BOROUGH OF NORTH WALES**  
 ADDRESS: **300 SCHOOL STREET**  
**NORTH WALES, PA 19454**

MUNICIPALITY: **UPPER GWYNEDD TOWNSHIP**  
 COUNTY: **MONTGOMERY**

PA0022586  
 PERMIT NUMBER  
 MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 2006 03 01 2006 03 31

001  
 DISCHARGE NUMBER


NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.345	0.345	MG/L	0	1/90	24HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	0	1/90	24HC
	Sample Measurement	XXXX	XXXX	XXXX	0.119	0.119	MG/L	0	1/90	24HC
IRON, DISSOLVED (ISSUANCE thru YR 3)	Sample Measurement	19	XXXX	XXXX	6.88	XXXX	MG/L	0	1/30	24HC
	Permit Requirement	MONITOR/REPORT	XXXX	LB/DAY	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	0	1/MONTH	24HC
	Sample Measurement	XXXX	XXXX	XXXX	MONITOR/REPORT	XXXX	MG/L	0	1/MONTH	24HC
(NO2+N03)-N	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L	0	1/MONTH	24HC
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L	0	1/MONTH	24HC
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L	0	1/MONTH	24HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**RICHARD E. SCHWARTZ**  
*OPERATOR*

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

PERMIT EXPIRES **06/30/2010** SUBMIT RENEWAL BY **12/31/2009**

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
**215-699-3127**

DATE  
**06 04 27**

**BOROUGH OF NORTH WALES WASTEWATER TREATMENT PLANT**

County MONTG.

Date MARCH 2009

State PA.

Permit# PA 0022586-001

Date	Total Daily Flow	D.O.	P.H.		SETT. Solids		CL2	SUSP. SOLIDS		NH-N	E.C.O.D.		Fecal	Air Temp	Daily weather
			INF	EFF	INF	EFF		INF	EFF		INF	EFF			
3/1/09	350,000	7.5	7.21	7.13			0.01							35°	SUNNY
3/2/09	488,000	7.4	7.18	7.12			0.01							34°	RAIN
3/3/09	412,000	7.4	7.23	7.13			0.01							32°	SUNNY
3/4/09	397,000	7.2	7.33	7.24			0.01							38°	PT-SUNNY
3/5/09	336,000	7.4	7.29	7.25			0.01							42°	SUNNY
3/6/09	348,000	7.6	7.24	7.16			0.01							39°	SUNNY
3/7/09	332,000	7.3	7.20	7.14			0.01							37°	SUNNY
3/8/09	329,000	7.6	7.25	7.18			0.01							37°	SUNNY
3/9/09	329,000	7.2	7.19	7.15			0.01							46°	CLOUDY
3/10/09	367,000	7.4	7.18	7.12			0.01							60°	SUNNY
3/11/09	344,000	7.5	7.28	7.22			0.01							55°	SUNNY
3/12/09	444,000	7.5	7.32	7.27			0.01							53°	RAIN
3/13/09	369,000	7.3	7.26	7.18			0.01							56°	CLOUDY
3/14/09	354,000	7.2	7.21	7.13			0.01							57°	PT-CLOUDY
3/15/09	333,000	7.4	7.20	7.14			0.01							40°	CLOUDY
3/16/09	305,000	7.6	7.25	7.18			0.01							43°	SUNNY
3/17/09	348,000	7.4	7.29	7.23			0.01							40°	SUNNY
3/18/09	305,000	7.3	7.32	7.26			0.01							40°	SUNNY
3/19/09	289,000	7.6	7.33	7.22			0.01							41°	CLOUDY
3/20/09	287,000	7.4	7.25	7.20			0.01							56°	PT-SUNNY
3/21/09	289,000	7.2	7.20	7.17			0.01							34°	CLOUDY
3/22/09	280,000	7.5	7.20	7.13			0.01							37°	SUNNY
3/23/09	274,000	7.4	7.27	7.21			0.01							40°	PT-SUNNY
3/24/09	287,000	7.6	7.21	7.15			0.01							59°	CLOUDY
3/25/09	344,000	7.4	7.18	7.15			0.01							47°	CLOUDY, DRIZZLE, RAIN
3/26/09	303,000	7.5	7.29	7.21			0.01							44°	CLOUDY
3/27/09	273,000	7.5	7.30	7.19			0.01							42°	SUNNY
3/28/09	256,000	7.7	7.26	7.18			0.01							48°	CLOUDY
3/29/09	258,000	7.5	7.32	7.24			0.01							51°	SUNNY
3/30/09	244,000	7.4	7.25	7.17			0.01							53°	SUNNY
3/31/09	290,000	7.4	7.20	7.13			0.01							54°	SUNNY
	10,144,000														
	327,225														
	.327														

*Rudolf Schif*

OPERATOR



RECEIVED  
 SOUTHEAST REGION  
 MAY 3 Pacesville  
 Southeast Region

Parameter	QUANTITY OR LOADING	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FLOW	Sample Measurement		XXXX	XXXX	XXXX		1	CONTINUOUS	METER
	Permit Requirement	MONTHLY AVERAGE	XXXX	XXXX	XXXX				
pH	Sample Measurement		7.3	XXXX	7.34	STD UNITS	0	DAILY	GRAB
	Permit Requirement	DAILY AVERAGE	6.0	XXXX	9.0				
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement		XXXX	XXXX	15	MGL	0	1/WEEK	24 HC
	Permit Requirement	MONTHLY AVERAGE	XXXX	XXXX	1.4				
CBOD <sub>5</sub> (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement		XXXX	XXXX	30	MGL	0	1/WEEK	24 HC
	Permit Requirement	DAILY AVERAGE	XXXX	XXXX	45				
TOTAL SUSPENDED SOLIDS	Sample Measurement		XXXX	XXXX	189	MGL	0	1/WEEK	24 HC
	Permit Requirement	MONTHLY AVERAGE	XXXX	XXXX	20				
FECAL COLIFORM	Sample Measurement		XXXX	XXXX	30	MGL	0	1/WEEK	GRAB
	Permit Requirement	DAILY AVERAGE	XXXX	XXXX	200				
TOTAL RESIDUAL CHLORINE	Sample Measurement		XXXX	XXXX	0.01	MGL	0	DAILY	GRAB
	Permit Requirement	MONTHLY AVERAGE	XXXX	XXXX	0.03				
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Sample Measurement		XXXX	XXXX	7.3	MGL	0	DAILY	GRAB
	Permit Requirement	DAILY AVERAGE	XXXX	XXXX	6.0				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **RICHARD E. SCHATZ OPERATOR**

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*

TELEPHONE: 215-699-3127

PERMIT EXPIRES: 06/30/2010

SUBMIT RENEWAL BY: 12/31/2009

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

PRIMARY FACILITY: NORTH WALES BORO STP  
 CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

PERMIT NUMBER: PA0022586  
 DISCHARGE NUMBER: 001  
 MONITORING PERIOD: YEAR 2006 MO 04 DAY 01 TO YEAR 2006 MO 04 DAY 30  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

Southeast Region  
 Facsimile

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM			
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	✓	XXXX	XXXX	✓	XXXX	—	—	—
	Permit Requirement	17	XXXX	XXXX	2.5	XXXX	—	1/WEERK	24 HC
	Sample Measurement	9.3	XXXX	XXXX	2.85	XXXX	0	1/7	24HC
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Permit Requirement	45	XXXX	XXXX	6.5	XXXX	—	1/WEERK	24 HC
	Sample Measurement	14.2	XXXX	XXXX	4.35	XXXX	0	1/7	24HC
	Permit Requirement	12.4	XXXX	XXXX	3.8	XXXX	0	1/7	24HC
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	—	1/WEERK	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	—	1/WEERK	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	—	1/WEERK	24 HC
ORTHOPHOSPHATE (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	—	1/WEERK	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	—	1/WEERK	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	—	1/WEERK	24 HC
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	—	1/WEERK	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	—	1/WEERK	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	—	1/WEERK	24 HC
COPPER, TOTAL (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	—	1/WEERK	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	—	1/WEERK	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	—	1/WEERK	24 HC
LEAD, TOTAL (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	—	1/WEERK	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	—	1/WEERK	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	—	1/WEERK	24 HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *Richard E. Schatz*  
 OPERATOR: *Richard E. Schatz*

PERMIT EXPIRES: 06/30/2010  
 SUBMIT RENEWAL BY: 12/31/2009

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*  
 TELEPHONE: 215-699-3127



CLIENT: **BOROUGH OF NORTH WALES**  
 ADDRESS: **300 SCHOOL STREET**  
 NORTH WALES, PA 19454  
 MUNICIPALITY: **UPPER GWYNEDD TOWNSHIP**  
 COUNTY: **MONTGOMERY**

PERMIT NUMBER: **PA0022586**  
 DISCHARGE NUMBER: **001**

MONITORING PERIOD  
 YEAR: **2006** MO: **04** DAY: **01**  
 TO YEAR: **2006** MO: **04** DAY: **30**

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS				
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	2/4	2/4	MGL	—	—	—
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL	—	1/QUARTER	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	2/4	2/4	MGL	—	—	—
IRON, DISSOLVED (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL	—	1/QUARTER	24 HC
	Sample Measurement	19.6	XXXX	XXXX	XXXX	6	XXXX	MGL	0	1/30	24 HC
	Permit Requirement	MONITOR/REPORT	XXXX	LB/DAY	XXXX	MONITOR/REPORT	XXXX	MGL	—	1/MONTH	24 HC
(NO2+NO3)-N	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Requirement										
	Sample Measurement										
	Permit Requirement										
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)											
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: <i>[Signature]</i>											
TELEPHONE: <b>215-699-3127</b>											
PERMIT EXPIRES: <b>06/30/2010</b>											
SUBMIT RENEWAL BY: <b>12/31/2009</b>											
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
TYPE OR PRINT: <b>REARND E SCHWITZ OPERATOR</b>											

Southeast Region  
 Facsimile



**BOROUGH OF NORTH HAVES WASTEWATER TREATMENT PLANT**

County \_\_\_\_\_  
 State \_\_\_\_\_

Month April

Date \_\_\_\_\_

Permit# PA 002586-001

April 2006

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	aa	ab	ac	ad	ae	af	ag	ah	ai	aj	ak	al	am	an	ao	ap	aq	ar	as	at	au	av	aw	ax	ay	az	ba	bb	bc	bd	be	bf	bg	bh	bi	bj	bk	bl	bm	bn	bo	bp	bq	br	bs	bt	bu	bv	bw	bx	by	bz	ca	cb	cc	cd	ce	cf	cg	ch	ci	cj	ck	cl	cm	cn	co	cp	cq	cr	cs	ct	cu	cv	cw	cx	cy	cz	da	db	dc	dd	de	df	dg	dh	di	dj	dk	dl	dm	dn	do	dp	dq	dr	ds	dt	du	dv	dw	dx	dy	dz	ea	eb	ec	ed	ee	ef	eg	eh	ei	ej	ek	el	em	en	eo	ep	eq	er	es	et	eu	ev	ew	ex	ey	ez	fa	fb	fc	fd	fe	ff	fg	fh	fi	fj	fk	fl	fm	fn	fo	fp	fq	fr	fs	ft	fu	fv	fw	fx	fy	fz	ga	gb	gc	gd	ge	gf	gg	gh	gi	gj	gk	gl	gm	gn	go	gp	gq	gr	gs	gt	gu	gv	gw	gx	gy	gz	ha	hb	hc	hd	he	hf	hg	hh	hi	hj	hk	hl	hm	hn	ho	hp	hq	hr	hs	ht	hu	hv	hw	hx	hy	hz	ia	ib	ic	id	ie	if	ig	ih	ii	ij	ik	il	im	in	io	ip	iq	ir	is	it	iu	iv	iw	ix	iy	iz	ja	jb	jc	jd	je	jf	jg	jh	ji	jj	jk	jl	jm	jn	jo	jp	jq	jr	js	jt	ju	jv	jw	jx	jy	jz	ka	kb	kc	kd	ke	kf	kg	kh	ki	kj	kk	kl	km	kn	ko	kp	kq	kr	ks	kt	ku	kv	kw	kx	ky	kz	la	lb	lc	ld	le	lf	lg	lh	li	lj	lk	ll	lm	ln	lo	lp	lq	lr	ls	lt	lu	lv	lw	lx	ly	lz	ma	mb	mc	md	me	mf	mg	mh	mi	mj	mk	ml	mm	mn	mo	mp	mq	mr	ms	mt	mu	mv	mw	mx	my	mz	na	nb	nc	nd	ne	nf	ng	nh	ni	nj	nk	nl	nm	nn	no	np	nq	nr	ns	nt	nu	nv	nw	nx	ny	nz	oa	ob	oc	od	oe	of	og	oh	oi	oj	ok	ol	om	on	oo	op	oq	or	os	ot	ou	ov	ow	ox	oy	oz	pa	pb	pc	pd	pe	pf	pg	ph	pi	pj	pk	pl	pm	pn	po	pp	pq	pr	ps	pt	pu	pv	pw	px	py	pz	qa	qb	qc	qd	qe	qf	qg	qh	qi	qj	qk	ql	qm	qn	qo	qp	qq	qr	qs	qt	qu	qv	qw	qx	qy	qz	ra	rb	rc	rd	re	rf	rg	rh	ri	rj	rk	rl	rm	rn	ro	rp	rq	rr	rs	rt	ru	rv	rw	rx	ry	rz	sa	sb	sc	sd	se	sf	sg	sh	si	sj	sk	sl	sm	sn	so	sp	sq	sr	ss	st	su	sv	sw	sx	sy	sz	ta	tb	tc	td	te	tf	tg	th	ti	tj	tk	tl	tm	tn	to	tp	tq	tr	ts	tt	tu	tv	tw	tx	ty	tz	ua	ub	uc	ud	ue	uf	ug	uh	ui	uj	uk	ul	um	un	uo	up	uq	ur	us	ut	uu	uv	uw	ux	uy	uz	va	vb	vc	vd	ve	vf	vg	vh	vi	vj	vk	vl	vm	vn	vo	vp	vq	vr	vs	vt	vu	vv	vw	vx	vy	vz	wa	wb	wc	wd	we	wf	wg	wh	wi	wj	wk	wl	wm	wn	wo	wp	wq	wr	ws	wt	wu	wv	ww	wx	wy	wz	xa	xb	xc	xd	xe	xf	xg	xh	xi	xj	xk	xl	xm	xn	xo	xp	xq	xr	xs	xt	xu	xv	xw	xx	xy	xz	ya	yb	yc	yd	ye	yf	yg	yh	yi	yj	yk	yl	ym	yn	yo	yp	yq	yr	ys	yt	yu	yv	yw	yx	yy	yz	za	zb	zc	zd	ze	zf	zg	zh	zi	zj	zk	zl	zm	zn	zo	zp	zq	zr	zs	zt	zu	zv	zw	zx	zy	zz	aa	ab	ac	ad	ae	af	ag	ah	ai	aj	ak	al	am	an	ao	ap	aq	ar	as	at	au	av	aw	ax	ay	az	ba	bb	bc	bd	be	bf	bg	bh	bi	bj	bk	bl	bm	bn	bo	bp	bq	br	bs	bt	bu	bv	bw	bx	by	bz	ca	cb	cc	cd	ce	cf	cg	ch	ci	cj	ck	cl	cm	cn	co	cp	cq	cr	cs	ct	cu	cv	cw	cx	cy	cz	da	db	dc	dd	de	df	dg	dh	di	dj	dk	dl	dm	dn	do	dp	dq	dr	ds	dt	du	dv	dw	dx	dy	dz	ea	eb	ec	ed	ee	ef	eg	eh	ei	ej	ek	el	em	en	eo	ep	eq	er	es	et	eu	ev	ew	ex	ey	ez	fa	fb	fc	fd	fe	ff	fg	fh	fi	fj	fk	fl	fm	fn	fo	fp	fq	fr	fs	ft	fu	fv	fw	fx	fy	fz	ga	gb	gc	gd	ge	gf	gg	gh	gi	gj	gk	gl	gm	gn	go	gp	gq	gr	gs	gt	gu	gv	gw	gx	gy	gz	ha	hb	hc	hd	he	hf	hg	hh	hi	hj	hk	hl	hm	hn	ho	hp	hq	hr	hs	ht	hu	hv	hw	hx	hy	hz	ia	ib	ic	id	ie	if	ig	ih	ii	ij	ik	il	im	in	io	ip	iq	ir	is	it	iu	iv	iw	ix	iy	iz	ja	jb	jc	jd	je	jf	jg	jh	ji	jj	jk	jl	jm	jn	jo	jp	jq	jr	js	jt	ju	jv	jw	jx	jy	jz	ka	kb	kc	kd	ke	kf	kg	kh	ki	kj	kk	kl	km	kn	ko	kp	kq	kr	ks	kt	ku	kv	kw	kx	ky	kz	la	lb	lc	ld	le	lf	lg	lh	li	lj	lk	ll	lm	ln	lo	lp	lq	lr	ls	lt	lu	lv	lw	lx	ly	lz	ma	mb	mc	md	me	mf	mg	mh	mi	mj	mk	ml	mm	mn	mo	mp	mq	mr	ms	mt	mu	mv	mw	mx	my	mz	na	nb	nc	nd	ne	nf	ng	nh	ni	nj	nk	nl	nm	nn	no	np	nq	nr	ns	nt	nu	nv	nw	nx	ny	nz	oa	ob	oc	od	oe	of	og	oh	oi	oj	ok	ol	om	on	oo	op	oq	or	os	ot	ou	ov	ow	ox	oy	oz	pa	pb	pc	pd	pe	pf	pg	ph	pi	pj	pk	pl	pm	pn	po	pp	pq	pr	ps	pt	pu	pv	pw	px	py	pz	qa	qb	qc	qd	qe	qf	qg	qh	qi	qj	qk	ql	qm	qn	qo	qp	qq	qr	qs	qt	qu	qv	qw	qx	qy	qz	ra	rb	rc	rd	re	rf	rg	rh	ri	rj	rk	rl	rm	rn	ro	rp	rq	rr	rs	rt	ru	rv	rw	rx	ry	rz	sa	sb	sc	sd	se	sf	sg	sh	si	sj	sk	sl	sm	sn	so	sp	sq	sr	ss	st	su	sv	sw	sx	sy	sz	ta	tb</
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CLIENT: **BOROUGH OF NORTH WALES** PA0022586 001  
 ADDRESS: **300 SCHOOL STREET** PERMIT NUMBER  
**NORTH WALES, PA 19454** MONITORING PERIOD  
 MUNICIPALITY: **UPPER GWYNEDD TOWNSHIP** YEAR MO DAY TO YEAR MO DAY  
**2006 05 01 2006 05 31**  
 COUNTY: **MONTGOMERY**

Southeast Region  
 Facility No

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
FLOW	Sample Measurement	318	627	XXXX	XXXX	XXXX	XXXX	0	CONTINUOUS	METER
	Permit Requirement	XXXX	XXXX	MOD	XXXX	XXXX	XXXX	0	DAILY	GRAB
pH	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	STD UNITS	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	DAILY	GRAB
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	14.5	14.5	XXXX	5.01	5.5	MG/L	0	1/7	24 HC
	Permit Requirement	70	104	LB/DAY	XXXX	10	WEEKLY AVG	0	1/7	24 HC
CBOD <sub>5</sub> (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	~	~	XXXX	~	~	MG/L	0	1/7	24 HC
	Permit Requirement	139	209	LB/DAY	XXXX	20	WEEKLY AVG	0	1/7	24 HC
TOTAL SUSPENDED SOLIDS	Sample Measurement	52.2	72.8	XXXX	18	23.3	MG/L	0	1/7	24 HC
	Permit Requirement	209	313	LB/DAY	XXXX	30	WEEKLY AVG	0	1/7	24 HC
FECAL COLIFORM	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	# COL/100 ML	0	1/7	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	GRAB
TOTAL RESIDUAL CHLORINE	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	DAILY	GRAB
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	7.5	XXXX	MG/L	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	6.0	XXXX	XXXX	0	DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **RICHARD E. SCHATZ**  
 OPERATOR  
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PERMIT EXPIRES **06/30/2010** SUBMIT RENEWAL BY **12/31/2009**  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*  
 AREA CODE: **215-699-3127** TELEPHONE NUMBER: **215-699-3127** DATE: **06 06 2009**



CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PERMIT NUMBER: PA0022586  
 MONITORING PERIOD: 06/05/01 TO 06/05/01  
 DISCHARGE NUMBER: 001

Parameter

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	4.6	XXXX	XXXX	1.58	XXXX	0	1/7	24 HC	
	Permit Requirement	17	XXXX	XXXX	2.5	XXXX	0	1/7	24 HC	
	Sample Measurement	✓	XXXX	XXXX	✓	XXXX	0	1/7	24 HC	
NH <sub>4</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	10.7	XXXX	XXXX	3.7	XXXX	0	1/7	24 HC	
	Permit Requirement	45	XXXX	XXXX	6.5	XXXX	0	1/7	24 HC	
	Sample Measurement	8.4	XXXX	XXXX	2.9	XXXX	0	1/7	24 HC	
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	24 HC	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	24 HC	
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	24 HC	
ORTHO PO <sub>4</sub> -P (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	24 HC	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	24 HC	
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	24 HC	
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	24 HC	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	24 HC	
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	24 HC	
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	24 HC	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	24 HC	
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	24 HC	
LEAD, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	24 HC	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	24 HC	
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/7	24 HC	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *Richard E. Schatz*  
 OPERATOR  
 TYPE OR PRINT  
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PERMIT EXPIRES: 06/30/2010  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*  
 AREA CODE: 215-699-3127  
 TELEPHONE: 215-699-3127  
 SUBMIT RENEWAL BY: 12/31/2009



PERMITTEE NAME ADDRESS (include Facility Name / Location if different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

CLIENT: **BOROUGH OF NORTH WALES** PA0022586 001  
 ADDRESS: **300 SCHOOL STREET** PERMIT NUMBER  
**NORTH WALES, PA 19454** MONITORING PERIOD  
 MUNICIPALITY: **UPPER GWYNEDD TOWNSHIP** YEAR MO DAY TO YEAR MO DAY  
 COUNTY: **MONTGOMERY** 2006 05 01 2006 05 31


NOTE: Read instructions before completing this form

Southwest Region  
 Pottsville

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM			
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0/4	0/4	—	—	—
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	MONITOR/REPORT	—	1/QUARTER	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	0/4	0/4	—	—	—
IRON, DISSOLVED (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	11.2	XXXX	0	1/30	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	MONITOR/REPORT	—	1/QUARTER	24 HC
	Sample Measurement	32.5	XXXX	XXXX	XXXX	XXXX	0	1/30	24 HC
(NO2+NO3)-N	Sample Measurement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	XXXX	—	1/MONTH	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	XXXX	—	—	—
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	—	—	—
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	—	—	—
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	—	—	—
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	—	—	—

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PERMIT EXPIRES **06/30/2010** SUBMIT RENEWAL BY **12/31/2009**

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **RICHARD E. SCHWARTZ OPERATOR**  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT:   
 TELEPHONE: **215-699-3127**  
 DATE: **06 06 26**

**BOROUGH OF NORTH WALES WASTEWATER TREATMENT PLANT**

County MONTG  
 State PA.

Date MAY 2006  
 Permit# PA 002586-001

Date	Total Daily Flow	D.O.	P.H.		SETT. Solids		CL2	SUSP. SOLIDS		NH-N	E.C.O.D.		Secal	Air Temp	Daily weather
			INF	EFF	INF	EFF		INF	EFF		INF	EFF			
1/10/06	352,000	7.5	7.27	7.17			0.01							55°	Sunny
2/10/06	350,000	7.7	7.25	7.20			0.01							50°	Sunny
3/10/06	338,000	7.7	7.20	7.14			0.01							56°	Sunny
4/10/06	322,000	7.8	7.22	7.15			0.01							61°	Sunny
5/10/06	317,000	7.6	7.21	7.15			0.01							71°	Sunny
6/10/06	329,000	7.6	7.29	7.21			0.01							67°	Partly Cloudy
7/10/06	279,000	7.8	7.31	7.25			0.01							60°	Sunny
8/10/06	290,000	7.9	7.26	7.19			0.01							55°	Cloudy
9/10/06	279,000	7.7	7.20	7.15			0.01							58°	Cloudy
10/10/06	261,000	7.8	7.19	7.14			0.01							62°	Sunny
11/10/06	507,000	7.8	7.18	7.15			0.01							59°	Cloudy / H Rain
12/10/06	378,000	7.7	7.24	7.17			0.01							64°	Sunny
13/10/06	407,000	7.6	7.20	7.15			0.01							65°	Sunny / Pm Rain
14/10/06	407,000	7.8	7.24	7.23			0.01							56°	Cloudy
15/10/06	627,000	7.7	7.27	7.18			0.01							52°	Rain
16/10/06	514,000	7.8	7.32	7.24			0.01							58°	Rain
17/10/06	404,000	7.8	7.25	7.18			0.01							63°	Sunny
18/10/06	391,000	7.7	7.20	7.14			0.01							60°	Sunny
19/10/06	429,000	7.9	7.22	7.15			0.01							52°	Rain
20/10/06	394,000	7.7	7.34	7.26			0.01							61°	Sunny
21/10/06	308,000	7.7	7.28	7.21			0.01							66°	Cloudy
22/10/06	320,000	7.8	7.35	7.24			0.01							53°	Cloudy
23/10/06	307,000	7.9	7.26	7.17			0.01							57°	Sunny
24/10/06	286,000	7.7	7.23	7.21			0.01							57°	Sunny
25/10/06	298,000	7.9	7.20	7.15			0.01							67°	Partly Sunny
26/10/06	316,000	8.0	7.30	7.24			0.01							65°	Cloudy
27/10/06	284,000	7.8	7.27	7.23			0.01							75°	Cloudy
28/10/06	275,000	7.8	7.25	7.18			0.01							77°	Sunny
29/10/06	261,000	7.9	7.20	7.17			0.01							80°	Sunny
30/10/06	266,000	7.7	7.18	7.15			0.01							78°	Sunny
31/10/06	255,000	7.9	7.17	7.15			0.01							74°	Sunny
10,748,000															
347,707															
,348															

*[Signature]*  
 OPERATOR



Facility Name / Location (if different): **PRIMARY FACILITY: NORTH WALES BORO STP**  
 CLIENT: **BOROUGH OF NORTH WALES**  
 ADDRESS: **300 SCHOOL STREET**  
**NORTH WALES, PA 19454**  
 MUNICIPALITY: **UPPER GWYNEDD TOWNSHIP**  
 COUNTY: **MONTGOMERY**

PERMIT NUMBER: **PA0022586** DISCHARGE NUMBER: **001**  
 MONITORING PERIOD: **YEAR 2006 MO 06 DAY 01** TO **YEAR 2006 MO 06 DAY 30**

NOTE: Read Instructions before completing this form

Southeast Region  
 Facility No.

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
FLOW	Sample Measurement	.544	2.085	XXXX	XXXX	XXXX	XXXX	6	CONTINUOUS	METER
	Requirement	XXXX	XXXX	MOD	XXXX	XXXX	XXXX	0	DAILY	GRAB
pH	Sample Measurement	8.4	7.6	XXXX	XXXX	XXXX	9.0	0	DAILY	GRAB
	Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	STD UNITS	0	DAILY	GRAB
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	70	104	LB/DAY	XXXX	XXXX	15	0	1/7	24 HC
	Requirement	139	209	LB/DAY	XXXX	XXXX	WEEKLY AVG	0	1/7	24 HC
CBOD <sub>5</sub> (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	47	53	LB/DAY	XXXX	XXXX	30	0	1/7	24 HC
	Requirement	209	313	LB/DAY	XXXX	XXXX	WEEKLY AVG	0	1/7	24 HC
FECAL COLIFORM	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	17	0	DAILY	GRAB
	Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	200	0	DAILY	GRAB
TOTAL RESIDUAL CHLORINE	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	0.01	0	DAILY	GRAB
	Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	0.03	0	DAILY	GRAB
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	7.5	0	DAILY	GRAB
	Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	6.0	0	DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **RICHARD E. SCHWARTZ**  
 TYPE OR PRINT: **OPERATOR**

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY KNOWLEDGE AND BELIEF, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

PERMIT EXPIRES: **06/30/2010** SUBMIT RENEWAL BY: **12/31/2009**

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*  
 AREA CODE: **215-699-3127**  
 TELEPHONE NUMBER: **06 07 27**  
 DATE: **06 07 27**



CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PERMIT NUMBER: PA0022586  
 MONITORING PERIOD: YEAR 06 MO 06 DAY 01 TO YEAR 06 MO 06 DAY 30  
 DISCHARGE NUMBER: 001

Southwest Region  
 Facsimile

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS					
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	3.1	XXXX	XXXX	0.69	XXXX	XXXX	0	1/7	24 HC		
	Permit Requirement	17	XXXX	LB/DAY	XXXX	2.5	XXXX	1	1 WEEK	24 HC		
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	45	XXXX	XXXX	6.5	XXXX	XXXX	0	1/7	24 HC		
	Permit Requirement	16.2	XXXX	LB/DAY	XXXX	3.59	XXXX	1	1 WEEK	24 HC		
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Sample Measurement	13.6	XXXX	XXXX	3	XXXX	XXXX	0	1/7	24 HC		
	Permit Requirement	MONITOR/REPORT	XXXX	LB/DAY	XXXX	MONITOR/REPORT	XXXX	1	1 WEEK	24 HC		
ORTHO PO <sub>4</sub> -P (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.174	0.174	0.174	0	1/90	24 HC		
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	MONITOR/REPORT	MONITOR/REPORT	1	1 QUARTER	24 HC		
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.0287	0.0287	0.0287	0	1/80	24 HC		
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	MONITOR/REPORT	MONITOR/REPORT	1	1 MONTH	24 HC		
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.00500	0.00500	0.00500	0	1/90	24 HC		
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	1	1 QUARTER	24 HC		
LEAD, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	1/90	24 HC		
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	1	1 QUARTER	24 HC		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Richard E. Schartz  
 TYPE OR PRINT: OPERATOR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]  
 PERMIT EXPIRES: 06/30/2010  
 SUBMIT RENEWAL BY: 12/31/2009  
 TELEPHONE: 20-699-3727  
 AREA CODE: 20-699-3727  
 NUMBER: 20-699-3727



CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PERMIT NUMBER: PA0022586  
 MONITORING PERIOD: YEAR 2006 MO 06 DAY 01 TO YEAR 2006 MO 06 DAY 30  
 DISCHARGE NUMBER: 001

Southwest Region  
 Paesimile

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS				
IRON, TOTAL (ISSUANCE thru YR 3)	Sample	XXXX	XXXX	XXXX	0.312	0.312	MGL	0	1/90	24HC	
	Measurement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL		1/QUARTER	24HC	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	0.0894	MGL	0	1/90	24HC	
	Sample Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL	0	1/30	24HC	
IRON, DISSOLVED (ISSUANCE thru YR 3)	Sample	57	XXXX	XXXX	12.55	XXXX	MGL		1/MONTH	24HC	
	Measurement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	XXXX	MGL				
	Permit Requirement										
	Sample Requirement										
(NO2+NO3)-N	Sample										
	Measurement										
	Permit Requirement										
	Sample Requirement										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: RICHARD E. SCHARTZ  
 TYPE OR PRINT: 06-29-2006

PERMIT EXPIRES: 06/30/2010  
 SUBMITT RENEWAL BY: 12/31/2009

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

TELEPHONE: 215-699-3127  
 AREA CODE: 215  
 NUMBER: 699-3127

**BOROUGH OF NORTH WALES WASTEWATER TREATMENT PLANT**

County MONTCO  
 State PENNA.

Date JUNE 2006  
 Permit# DA 0072586-001

Date	Total Daily Flow	D.O.	P.H.		SETT. Solids		CL2	SUSP. SOLIDS		NH3	A.C.D.			Secal	Air Temp	Daily weather
			INF	EFF	INF	EFF		INF	EFF		EFF					
1/1/06	490,000	7.7	7.21	7.17			0.01								75°	SUNNY / RAIN
2/1/06	905,000	7.9	7.28	7.20			0.01								68°	CLOUDY / H. RAIN
3/1/06	461,000	7.9	7.32	7.25			0.01								70°	E. RAIN / CLOUDY
4/1/06	387,000	7.8	7.26	7.20			0.01								64°	CLOUDY
5/1/06	340,000	7.7	7.21	7.17			0.01								65°	CLOUDY
6/1/06	316,000	7.8	7.19	7.18			0.01								74°	SUNNY
7/1/06	496,000	7.7	7.17	7.15			0.01								67°	RAIN
8/1/06	379,600	7.9	7.27	7.21			0.01								63°	CLOUDY
9/1/06	412,000	7.8	7.25	7.18			0.01								70°	SUNNY
10/1/06	367,000	7.8	7.31	7.24			0.01								63°	CLOUDY
11/1/06	307,000	7.9	7.22	7.18			0.01								62°	SUNNY
12/1/06	311,000	8.0	7.29	7.21			0.01								60°	CLOUDY
13/1/06	284,000	7.8	7.28	7.19			0.01								67°	SUNNY
14/1/06	403,000	7.9	7.22	7.16			0.01								70°	CLOUDY / RAIN
15/1/06	323,000	7.8	7.27	7.18			0.01								66°	SUNNY
16/1/06	315,000	7.8	7.26	7.19			0.01								68°	SUNNY
17/1/06	270,000	7.9	7.31	7.27			0.01								78°	SUNNY
18/1/06	252,000	7.9	7.28	7.20			0.01								80°	SUNNY
19/1/06	285,000	8.0	7.30	7.24			0.01								74°	SUNNY
20/1/06	266,000	7.8	7.25	7.18			0.01								73°	CLOUDY
21/1/06	244,000	7.9	7.27	7.22			0.01								71°	SUNNY
22/1/06	316,000	7.8	7.24	7.20			0.01								74°	CLOUDY / SHOWERS
23/1/06	421,000	7.8	7.19	7.15			0.01								76°	CLOUDY / RAIN
24/1/06	1,211,000	7.7	7.20	7.13			0.01								77°	RAIN
25/1/06	537,000	7.6	7.25	7.16			0.01								73°	RAIN
26/1/06	836,000	7.5	7.19	7.17			0.01								70°	RAIN
27/1/06	2,085,000	7.7	7.18	7.15			0.01								71°	RAIN / Hazy
28/1/06	1,547,000	7.8	7.23	7.14			0.01								75°	P. SUNNY
29/1/06	836,000	7.7	7.20	7.14			0.01								74°	SUNNY / RAIN
30/1/06	699,000	7.8	7.25	7.19			0.01								67°	SUNNY
	16,321,000															
	.544															

*R. S. Kelly*  
 OPERATOR



ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PERMIT NUMBER: PA0022586  
 MONITORING PERIOD: YEAR 2006 MO 07 DAY 01 TO YEAR 2006 MO 07 DAY 31  
 DISCHARGE NUMBER: 001

RECEIVED: 2006 AUG 29 2006  
 SOUTHEAST REGION, Southeast Region  
 Facsimile

NOTE: Read Instructions before completing this form

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS				
FLOW	Sample Measurement	535	1.017		XXXX	XXXX	XXXX	3	DAILY	1477R	
	Permit Requirement	MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXX	XXXX	XXXX		CONTINUOUS	METER	
pH	Sample Measurement	XXXX	XXXX		7.13	XXXX	7.25	0	DAILY	601S	
	Permit Requirement	XXXX	XXXX	XXXX	6.0	XXXX	9.0		DAILY	GRAB	
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	17.6	4/0		XXXX	3.95	4.7	0	DAILY	244C	
	Permit Requirement	70	104	LB/DAY	XXXX	10	15		WEEKLY	244C	
CBOD <sub>5</sub> (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	N	N		XXXX	N	N		WEEKLY	24 HC	
	Permit Requirement	139	209	LB/DAY	XXXX	20	30		WEEKLY	24 HC	
TOTAL SUSPENDED SOLIDS	Sample Measurement	29	37.6		XXXX	6.6	7.7	0	WEEKLY	24 HC	
	Permit Requirement	209	313	LB/DAY	XXXX	30	45		WEEKLY	24 HC	
FECAL COLIFORM	Sample Measurement	XXXX	XXXX		XXXX	42	XXXX	0	WEEKLY	601S	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	200	XXXX		WEEKLY	601S	
TOTAL RESIDUAL CHLORINE	Sample Measurement	XXXX	XXXX		XXXX	0.01	0.01	0	DAILY	601S	
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	0.01	0.03		DAILY	601S	
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX		7.5	XXXX	XXXX	0	DAILY	601S	
	Permit Requirement	XXXX	XXXX	XXXX	6.0	XXXX	XXXX		DAILY	601S	

NAME/TITLE: RICHARD E. SCHATZ  
 OPERATOR

PERMIT EXPIRES: 06/30/2010  
 SUBMIT RENEWAL BY: 12/31/2009

TELEPHONE: 215-699-3127

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*

AREA CODE: 215  
 NUMBER: 699-3127

DATE: 06/08/05

Facility Name / Location (if different): **NORTH WALES BORO STP**  
 PRIMARY FACILITY: **NORTH WALES BORO STP**  
 CLIENT: **BOROUGH OF NORTH WALES**  
 ADDRESS: **300 SCHOOL STREET**  
**NORTH WALES, PA 19454**  
 MUNICIPALITY: **UPPER GWYNEDD TOWNSHIP**  
 COUNTY: **MONTGOMERY**

PA0022586  
 PERMIT NUMBER  
 MONITORING PERIOD  
 YEAR: 2004  
 MO: 07  
 DAY: 01  
 TO YEAR: 2006  
 MO: 07  
 DAY: 31  
 DISCHARGE NUMBER: 001

Southeast Region  
 Facsimile

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	1	XXXX	XXXX	0.24	XXXX	MGL	0	1/7	24 HC
	Requirement	17	XXXX	LB/DAY	XXXX	2.5	MGL	—	1/WEEK	24 HC
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	~	XXXX	XXXX	~	XXXX	MGL	—	—	—
	Requirement	45	XXXX	LB/DAY	XXXX	6.5	MGL	—	1/WEEK	24 HC
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Sample Measurement	9.4	XXXX	XXXX	2.11	XXXX	MGL	0	1/7	24 HC
	Requirement	MONITOR/REPORT	XXXX	LB/DAY	XXXX	MONITOR/REPORT	MGL	—	1/WEEK	24 HC
ORTHO PO <sub>4</sub> -P (ISSUANCE thru YR 3)	Sample Measurement	7.8	XXXX	XXXX	1.75	XXXX	MGL	0	1/7	24 HC
	Requirement	MONITOR/REPORT	XXXX	LB/DAY	XXXX	MONITOR/REPORT	MGL	—	1/WEEK	24 HC
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.14	XXXX	MGL	—	—	—
	Requirement	XXXX	XXXX	XXXX	XXXX	MONITOR/REPORT	MGL	—	1/QUARTER	24 HC
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.054	XXXX	MGL	0	1/60	24 HC
	Requirement	XXXX	XXXX	XXXX	XXXX	MONITOR/REPORT	MGL	—	1/MONTH	24 HC
LEAD, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.14	XXXX	MGL	—	—	—
	Requirement	XXXX	XXXX	XXXX	XXXX	DAILY MAX. MONITOR/REPORT	MGL	—	1/QUARTER	24 HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **Richard E. Schartz**  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*  
 TELEPHONE NUMBER: **717-699-5127**  
 PERMIT EXPIRES: **06/30/2010**  
 SUBMIT RENEWAL BY: **12/31/2009**



CLIENT: **BOROUGH OF NORTH WALES** PERMIT NUMBER: **PA0022586** DISCHARGE NUMBER: **001**  
 ADDRESS: **300 SCHOOL STREET** NORTH WALES, PA 19454  
 MUNICIPALITY: **UPPER GWYNEDD TOWNSHIP** YEAR: **2006** MO: **07** DAY: **01** TO YEAR: **2006** MO: **07** DAY: **31**  
 COUNTY: **MONTGOMERY**

Southeast Region  
 Facsimile

NOTE: Read Instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0/4	0/4	MG/L	—	—	—
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	—	—	—
IRON, DISSOLVED (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0/4	0/4	MG/L	—	—	—
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	—	—	—
(NO2+NO3)-N	Sample Measurement	46.7	XXXX	XXXX	10.46	XXXX	MG/L	0	1/30	24 HC
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	XXXX	MG/L	—	1/MONTH	24 HC
Sample Measurement										
Permit Requirement										
Sample Measurement										
Permit Requirement										
Sample Measurement										
Permit Requirement										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **Richard E. Schwartz OPERATOR**  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*  
 TELEPHONE: **215-699-3127**  
 PERMIT EXPIRES: **06/30/2010** SUBMIT RENEWAL BY: **12/31/2009**





CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

PERMIT NUMBER: PA0022586  
 DISCHARGE NUMBER: 001

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

MONITORING PERIOD  
 YEAR: 2006 MO: 08 DAY: 01 TO YEAR: 2006 MO: 08 DAY: 31

USE PREPARED DISCHARGE PERMIT  
 SEP 29 2006  
 Southeast Region  
 Facsimile

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
FLOW	Sample Measurement	1,347	1,010	MGD	XXXX	XXXX	XXXX	1	CONT.	METER
	Permit Requirement	XXXX	XXXX	MGD	XXXX	XXXX	XXXX	0	CONTINUOUS	METER
	Sample Measurement	XXXX	XXXX	MGD	XXXX	XXXX	XXXX	0	DAILY	GRAB
pH	Permit Requirement	XXXX	XXXX	XXXX	6.0	XXXX	9.0	0	DAILY	GRAB
	Sample Measurement	15.9	35	XXXX	XXXX	5.5	12.3	0	DAILY	GRAB
	Permit Requirement	70	104	LB/DAY	XXXX	10	15	0	1/WEEK	24 HC
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	139	209	LB/DAY	XXXX	20	30	0	1/WEEK	24 HC
	Permit Requirement	21	34.6	LB/DAY	XXXX	7.2	10	0	1/WEEK	24 HC
	Sample Measurement	209	313	LB/DAY	XXXX	30	45	0	1/WEEK	24 HC
TOTAL SUSPENDED SOLIDS	Sample Measurement	XXXX	XXXX	MG/L	XXXX	10	XXXX	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	MG/L	XXXX	0.01	0.03	0	DAILY	GRAB
	Sample Measurement	XXXX	XXXX	MG/L	XXXX	0.01	0.03	0	DAILY	GRAB
FECAL COLIFORM	Sample Measurement	XXXX	XXXX	# COL/100 ML	XXXX	200	XXXX	0	1/WEEK	GRAB
	Permit Requirement	XXXX	XXXX	# COL/100 ML	XXXX	10	XXXX	0	1/WEEK	GRAB
	Sample Measurement	XXXX	XXXX	# COL/100 ML	XXXX	10	XXXX	0	1/WEEK	GRAB
TOTAL RESIDUAL CHLORINE	Sample Measurement	XXXX	XXXX	MG/L	XXXX	0.01	0.03	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	MG/L	XXXX	0.01	0.03	0	DAILY	GRAB
	Sample Measurement	XXXX	XXXX	MG/L	XXXX	0.01	0.03	0	DAILY	GRAB
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	MG/L	XXXX	7.3	XXXX	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	MG/L	XXXX	6.0	XXXX	0	DAILY	GRAB
	Sample Measurement	XXXX	XXXX	MG/L	XXXX	6.0	XXXX	0	DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **RICHARD E. SCHMIDT OPERATOR**

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*

TELEPHONE: 215-699-5127

PERMIT EXPIRES: 06/30/2010

SUBMIT RENEWAL BY: 12/31/2009

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME ADDRESS (include Facility Name / Location if different)  
 PRIMARY FACILITY: NORTH WALES BORO STP  
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PA0022586	PERMIT NUMBER	001	DISCHARGE NUMBER
2006	YEAR	08	MO
08	DAY	01	TO
2006	YEAR	08	MO
21	DAY	08	DAY

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	1.4	XXXX	XXXX	0.48	XXXX	MG/L	0	1/7	24 HC
	Permit Requirement	17	XXXX	XXXX	2.5	XXXX				
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	45	XXXX	XXXX	6.5	XXXX	MG/L	0	1/7	24 HC
	Permit Requirement	10.6	XXXX	XXXX	3.68	XXXX				
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Sample Measurement	9.1	XXXX	XXXX	3.15	XXXX	MG/L	0	1/7	24 HC
	Permit Requirement	9.1	XXXX	XXXX	3.15	XXXX				
ORTHO PO <sub>4</sub> -P (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L	0	1/7	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX				
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L	0	1/7	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX				
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L	0	1/30	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX				
LEAD, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	MG/L	0	1/30	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **Richard E. Schatz**  
 OPERATOR: **Richard E. Schatz**  
 TYPE OR PRINT: **Richard E. Schatz**  
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)


PERMIT EXPIRES: **06/30/2010**  
 SUBMIT RENEWAL BY: **12/31/2009**  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: **[Signature]**  
 TELEPHONE: **215-699-3127**  
 AREA CODE: **215**  
 NUMBER: **699-3127**  
 YEAR: **06**  
 MO: **09**  
 DAY: **26**



Parameter	QUANTITY OR LOADING	QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	INST. MINIMUM	MONTHLY AVERAGE				
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	2/19	2/14	—	—	
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	—	—	
IRON, DISSOLVED (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	2/14	2/14	—	—	
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	—	—	
(NO2+NO3)-N	Sample Measurement	39	XXXX	XXXX	1/3.6	XXXX	0	1/30 24 HC	
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	XXXX	0	1/MONTH 24 HC	
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									
Sample Measurement									
Permit Requirement									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: RICHARD E. SCHWARTZ OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 

TELEPHONE: 215-699-3127

PERMIT EXPIRES: 06/30/2010

SUBMIT RENEWAL BY: 12/31/2009

PERMITS AREA CODE: 215 NUMBER: 699-3127

YEAR: 06 MO: 09 DAY: 26

BOROUGH OF NORTH VALES WASTEWATER TREATMENT PLANT

County

North

State

Pa.

Date

August 2006

Permit#

PA 0072586-001

Date	Time	Temp	D.O.	pH	SPT. SOLIDS	SUSP. SOLIDS	MLSS	MLV5	B.O.D.	Sec-PI	Air Temp	Daily weather	Total flow	
													3	4
8/1/06	7:19	7.7	7.25	7.19	0.01	0.01	0.01	0.01	0.01	0.01	81	Sunny	459,000	7.7
8/2/06	7:20	7.5	7.20	7.17	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	433,000	7.5
8/3/06	7:19	7.5	7.19	7.15	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	403,000	7.5
8/4/06	7:21	7.6	7.21	7.16	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	415,000	7.6
8/5/06	7:28	7.6	7.28	7.21	0.01	0.01	0.01	0.01	0.01	0.01	83	Sunny	348,000	7.6
8/6/06	7:30	7.8	7.30	7.25	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	313,000	7.8
8/7/06	7:25	7.7	7.25	7.19	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	402,000	7.7
8/8/06	7:24	7.8	7.24	7.20	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	350,000	7.8
8/9/06	7:21	7.8	7.21	7.15	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	319,000	7.8
8/10/06	7:19	7.6	7.19	7.13	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	332,000	7.6
8/11/06	7:18	7.5	7.18	7.13	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	341,000	7.5
8/12/06	7:25	7.7	7.25	7.18	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	268,000	7.7
8/13/06	7:20	7.6	7.20	7.15	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	264,000	7.6
8/14/06	7:19	7.8	7.19	7.15	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	263,000	7.8
8/15/06	7:25	7.7	7.25	7.18	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	256,000	7.7
8/16/06	7:22	7.5	7.22	7.17	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	238,000	7.5
8/17/06	7:18	7.5	7.18	7.13	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	215,000	7.5
8/18/06	7:20	7.7	7.20	7.12	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	274,000	7.7
8/19/06	7:28	7.6	7.28	7.20	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	302,000	7.6
8/20/06	7:22	7.5	7.22	7.14	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	240,000	7.5
8/21/06	7:14	7.5	7.14	7.15	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	242,000	7.5
8/22/06	7:19	7.4	7.19	7.16	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	242,000	7.4
8/23/06	7:25	7.4	7.25	7.16	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	251,000	7.4
8/24/06	7:20	7.5	7.20	7.15	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	246,000	7.5
8/25/06	7:18	7.4	7.18	7.14	0.01	0.01	0.01	0.01	0.01	0.01	80	Sunny	221,000	7.4
8/26/06	7:29	7.3	7.29	7.18	0.01	0.01	0.01	0.01	0.01	0.01	80	Partly cloudy	158,000	7.3
8/27/06	7:19	7.5	7.19	7.19	0.01	0.01	0.01	0.01	0.01	0.01	80	Partly cloudy	377,000	7.5
8/28/06	7:20	7.4	7.20	7.12	0.01	0.01	0.01	0.01	0.01	0.01	80	Partly cloudy	524,000	7.4
8/29/06	7:15	7.3	7.15	7.18	0.01	0.01	0.01	0.01	0.01	0.01	80	Cloudy / Windy	1010,000	7.3
8/30/06	7:22	7.5	7.22	7.16	0.01	0.01	0.01	0.01	0.01	0.01	80	Cloudy	550,000	7.5
8/31/06	7:21	7.7	7.21	7.21	0.01	0.01	0.01	0.01	0.01	0.01	80	Cloudy	415,000	7.7
													10,744,000	
													346,580	
													347	

*Handwritten signature*

OPERATOR



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

PERMITTEE NAME ADDRESS (include Facility Name / Location if different)  
 PRIMARY FACILITY: NORTH WALES BORO STP  
 CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PA0022586  
 PERMIT NUMBER: 2006 09 01  
 MONITORING PERIOD: 2006 09 01  
 DISCHARGE NUMBER: 001  
 YEAR MO DAY YEAR MO DAY  
 2006 09 01 2006 09 30

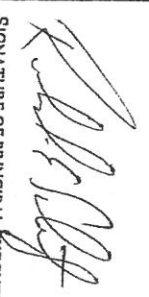
Seethurst Region  
 Facsimile

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
FLOW	Sample Measurement	1657	8161	XXXX	XXXX	XXXX	XXXX	3	CONTINUOUS	METER
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	DAILY	GRAB
	Sample Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	0	DAILY	GRAB
pH	Sample Measurement	81.4	84.4	6.0	XXXX	9.0	STD UNITS	0	DAILY	GRAB
	Permit Requirement	70	104	XXXX	10	15	WEEKLY AVG	0	1/7	24 HC
	Sample Requirement	70	104	XXXX	10	15	WEEKLY AVG	0	1/7	24 HC
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	24.4	57.3	LB/DAY	XXXX	4.45	30	0	1/7	24 HC
	Permit Requirement	139	209	LB/DAY	XXXX	20	WEEKLY AVG	0	1/7	24 HC
	Sample Requirement	139	209	LB/DAY	XXXX	20	WEEKLY AVG	0	1/7	24 HC
TOTAL SUSPENDED SOLIDS	Sample Measurement	24.4	57.3	LB/DAY	XXXX	4.45	45	0	1/7	24 HC
	Permit Requirement	209	313	LB/DAY	XXXX	30	WEEKLY AVG	1	1/7	24 HC
	Sample Requirement	209	313	LB/DAY	XXXX	30	WEEKLY AVG	1	1/7	24 HC
FECAL COLIFORM	Sample Measurement	XXXX	XXXX	XXXX	XXXX	28	XXXX	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	200	GEOMETRIC MEAN	0	DAILY	GRAB
	Sample Requirement	XXXX	XXXX	XXXX	XXXX	200	GEOMETRIC MEAN	0	DAILY	GRAB
TOTAL RESIDUAL CHLORINE	Sample Measurement	XXXX	XXXX	XXXX	XXXX	0.01	0.01	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	0.01	0.03	0	DAILY	GRAB
	Sample Requirement	XXXX	XXXX	XXXX	XXXX	0.01	0.03	0	DAILY	GRAB
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	XXXX	7.4	XXXX	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	6.0	XXXX	0	DAILY	GRAB
	Sample Requirement	XXXX	XXXX	XXXX	XXXX	6.0	XXXX	0	DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 RICHARD E. SCHATZ  
 OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE: 715-699-3127

PERMIT EXPIRES: 06/30/2010

SUBMIT RENEWAL BY: 12/31/2009

AREA CODE: 715-699-3127

DATE: 06/10/09

DAY: 25

EPA FORM 3320-1 (Rev 9 - 88) previous edition may be used (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

Page 1 of 6

PERMITTEE NAME ADDRESS (include Facility Name / Location if different)  
 PRIMARY FACILITY: NORTH WALES BORO STP  
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PA0022586  
 PERMIT NUMBER  
 001  
 DISCHARGE NUMBER

MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 2006 09 01 2006 09 30

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	3.9	XXXX	XXXX	0.72	XXXX	MG/L	0	1/7	24 HC
	Requirement Permit	17	XXXX	XXXX	2.5	XXXX	MG/L		1/WEERK	24 HC
	Sample Requirement Permit	2	XXXX	XXXX	2	XXXX	MG/L		1/WEERK	24 HC
NH <sub>4</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	45	XXXX	XXXX	6.5	XXXX	MG/L	0	1/7	24 HC
	Requirement Permit	11.8	XXXX	XXXX	2.15	XXXX	MG/L	0	1/7	24 HC
	Sample Requirement Permit	10.4	XXXX	XXXX	1.89	XXXX	MG/L	0	1/7	24 HC
ORTHOPHOSPHATE (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.1	XXXX	MG/L	0	1/90	24 HC
	Requirement Permit	XXXX	XXXX	XXXX	0.1	XXXX	MG/L	0	1/90	24 HC
	Sample Requirement Permit	XXXX	XXXX	XXXX	0.0187	XXXX	MG/L	0	1/30	24 HC
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.00500	XXXX	MG/L	0	1/MONTH	24 HC
	Requirement Permit	XXXX	XXXX	XXXX	0.00500	XXXX	MG/L	0	1/MONTH	24 HC
	Sample Requirement Permit	XXXX	XXXX	XXXX	0.00500	XXXX	MG/L	0	1/MONTH	24 HC
LEAD, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.00500	XXXX	MG/L	0	1/MONTH	24 HC
	Requirement Permit	XXXX	XXXX	XXXX	0.00500	XXXX	MG/L	0	1/MONTH	24 HC
	Sample Requirement Permit	XXXX	XXXX	XXXX	0.00500	XXXX	MG/L	0	1/MONTH	24 HC
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER RICHARD E. SCHARTZ OPERATOR TYPE OR PRINT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE 215-699-3127 AREA CODE NUMBER DATE 06/10/09										

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PERMIT EXPIRES 06/30/2010 SUBMIT RENEWAL BY 12/31/2009



PERMITTEE NAME ADDRESS (include Facility Name / Location if different)  
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 PRIMARY FACILITY: NORTH WALES BORO STP  
 DISCHARGE MONITORING REPORT (DMR)

CLIENT: **BOROUGH OF NORTH WALES**  
 ADDRESS: **300 SCHOOL STREET**  
**NORTH WALES, PA 19454**

MUNICIPALITY: **UPPER GWYNEDD TOWNSHIP**  
 COUNTY: **MONTGOMERY**

PA0022586  
 PERMIT NUMBER  
 MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 2006 09 01 2006 09 30

001  
 DISCHARGE NUMBER

Southeast Region  
 Facsimile

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX		XXXX	0.192	0.192		0	1/90	24HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL		1/QUARTER	24 HC
	Sample Measurement	XXXX		XXXX	0.0889	0.0889		0	1/90	24 HC
IRON, DISSOLVED (ISSUANCE thru YR 3)	Sample Measurement	XXXX		XXXX	11			0	1/30	24HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL		1/QUARTER	24 HC
	Sample Measurement	XXXX		XXXX					1/MONTH	24 HC
(NO2+NO3)-N	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Sample Measurement									
	Permit Requirement									
	Sample Measurement									

Richard E. Schatz  
 OPERATOR

Richard E. Schatz  
 OPERATOR

TYPE OR PRINT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMIT EXPIRES 06/30/2010

SUBMIT RENEWAL BY 12/31/2009

TELEPHONE 215-699-3127

DATE 06 10 25

**BOROUGH OF NORTH WALES WASTEWATER TREATMENT PLANT**

County MONTC.  
 State PA.

Date SEPT. 2006  
 Permit# PA 0022586-001

Date	Total Daily Flow	D.O.	P.E.		SETT. Solids		CL2		SUSP. SOLIDS		NH-N	B.O.D.		fecal	Air Temp	Daily weather
			INF	EFF	INF	EFF	INF	EFF	INF	EFF						
1/06	831,000	7.5	7.22	7.16			0.01								61°	Cloudy w/ Rain
2/06	2,161,000	7.4	7.19	7.14			0.01								63°	RAIN
3/06	818,000	7.6	7.24	7.17			0.01								71°	Cloudy
4/06	562,000	7.5	7.31	7.23			0.01								80°	SUNNY
5/06	787,000	7.4	7.25	7.18			0.01								64°	RAIN
6/06	613,000	7.5	7.28	7.23			0.01								64°	Cloudy
7/06	535,000	7.7	7.20	7.14			0.01								62°	SUNNY
8/06	502,000	7.9	7.28	7.19			0.01								64°	SUNNY
9/06	404,000	7.6	7.27	7.21			0.01								71°	SUNNY
10/06	502,000	7.5	7.18	7.13			0.01								66°	SUNNY
11/06	391,000	7.9	7.32	7.24			0.01								63°	(Cloudy)
12/06	395,000	7.8	7.24	7.19			0.01								57°	SUNNY
13/06	468,000	7.6	7.27	7.22			0.01								62°	(Cloudy)
14/06	1,487,000	7.8	7.17	7.13			0.01								63°	RAIN
15/06	1,669,000	7.6	7.19	7.14			0.01								68°	RAIN
16/06	831,000	7.9	7.17	7.11			0.01								67°	(Cloudy)
17/06	683,000	7.6	7.21	7.16			0.01								62°	SUNNY
18/06	603,000	7.8	7.18	7.13			0.01								63°	SUNNY
19/06	547,000	7.8	7.29	7.21			0.01								70°	SUNNY
20/06	506,000	7.9	7.34	7.25			0.01								57°	SUNNY
21/06	449,000	7.6	7.30	7.21			0.01								53°	SUNNY
22/06	458,000	7.7	7.28	7.20			0.01								57°	SUNNY
23/06	513,000	7.5	7.30	7.24			0.01								64°	RAIN
24/06	416,000	7.7	7.26	7.19			0.01								79° N	Cloudy
25/06	390,000	7.5	7.22	7.14			0.01								62°	SUNNY
26/06	366,000	7.4	7.20	7.14			0.01								57°	SUNNY
27/06	556,000	7.6	7.25	7.19			0.01								60°	P. SUNNY
28/06	546,000	7.6	7.28	7.20			0.01								62°	Cloudy w/ Rain
29/06	406,000	7.7	7.30	7.22			0.01								57°	Cloudy
30/06	504,000	7.7	7.22	7.14			0.01								53°	SUNNY
	19,698,000															
	1,256,600															
	.657															

*[Handwritten Signature]*


OPERATOR



Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
FLOW	Sample Measurement	1,513	1,323	MGD	XXXX	XXXX	XXXX	4	CONTINUOUS	METER
	Permit Requirement	XXXX	XXXX	MGD	XXXX	XXXX	XXXX	0	DAILY	GRAB
pH	Sample Measurement	XXXX	XXXX	XXXX	7.11	XXXX	9.0	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	6.0	XXXX	9.0	0	DAILY	GRAB
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	17.7	43.4	LB/DAY	XXXX	4.13	5.3	0	1/7	24 HC
	Permit Requirement	70	104	LB/DAY	XXXX	10	15	0	1/7	24 HC
CBOD <sub>5</sub> (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	✓	✓	LB/DAY	XXXX	✓	✓	0	1/7	24 HC
	Permit Requirement	139	209	LB/DAY	XXXX	20	30	0	1/7	24 HC
TOTAL SUSPENDED SOLIDS	Sample Measurement	22.2	43.4	LB/DAY	XXXX	5.2	5.3	0	1/7	24 HC
	Permit Requirement	209	313	LB/DAY	XXXX	30	45	0	1/7	24 HC
FECAL COLIFORM	Sample Measurement	XXXX	XXXX	XXXX	XXXX	38	XXXX	0	1/7	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	200	XXXX	0	1/7	GRAB
TOTAL RESIDUAL CHLORINE	Sample Measurement	XXXX	XXXX	XXXX	XXXX	0.01	0.01	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	0.01	0.03	0	DAILY	GRAB
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	7.3	XXXX	XXXX	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	6.0	XXXX	XXXX	0	DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Richard E. Schartz  
 OPERATOR

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
 215-699-3127

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 PERMIT EXPIRES 06/30/2010  
 SUBMIT RENEWAL BY 12/31/2009

PERMITTEE NAME ADDRESS (include Facility Name / Location if different)  
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 PRIMARY FACILITY: NORTH WALES BORO STP  
 DISCHARGE MONITORING REPORT (DMR)

CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PERMIT NUMBER: PA0022586  
 MONITORING PERIOD: 2006 10 01 TO 2006 10 31  
 DISCHARGE NUMBER: 001

NOTE: Read instructions before completing this form

Southeast Region  
 Facsimile

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	3	XXXX	XXXX	0.70	XXXX	MGL	0	1/7	24 HC
	Permit Requirement	17	XXXX	XXXX	2.5	XXXX	MGL	—	1/WEEK	24 HC
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	45	XXXX	XXXX	6.5	XXXX	MGL	—	1/WEEK	24 HC
	Permit Requirement	11.8	XXXX	XXXX	2.75	XXXX	MGL	0	1/7	24 HC
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Sample Measurement	6.2	XXXX	XXXX	1.44	XXXX	MGL	0	1/WEEK	24 HC
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	XXXX	MGL	—	1/WEEK	24 HC
ORTHO PO <sub>4</sub> -P (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	N/A	XXXX	MGL	—	1/QUARTER	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	XXXX	MGL	—	1/QUARTER	24 HC
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.0400	XXXX	MGL	—	1/30	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	XXXX	MGL	—	1/MONTH	24 HC
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	N/A	XXXX	MGL	—	1/QUARTER	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	XXXX	MGL	—	1/QUARTER	24 HC
LEAD, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	N/A	XXXX	MGL	—	1/QUARTER	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	XXXX	MGL	—	1/QUARTER	24 HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Richard E. Schartz  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT:   
 PERMIT EXPIRES: 06/30/2010  
 SUBMIT RENEWAL BY: 12/31/2009

TELEPHONE: 215-699-3127  
 AREA CODE: 215  
 NUMBER: 699-3127



CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PA0022586  
 PERMIT NUMBER  
 001  
 DISCHARGE NUMBER  
 MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 2006 10 01 2006 10 31

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS			
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	2/4	2/4	MG/L	—	—	—
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	—	1/QUARTER	24 HC
	Sample Measurement	XXXX	XXXX	XXXX	2/4	2/4	MG/L	—	—	—
IRON, DISSOLVED (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MG/L	—	1/QUARTER	24 HC
	Sample Measurement	48.6	XXXX	XXXX	11.35	XXXX	MG/L	0	1/30	24 HC
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	XXXX	MG/L	0	1/MONTH	24 HC
(NO2+NO3)-N	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Requirement									
	Sample Measurement									
	Permit Requirement									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: RICHARD E. SCHAFER  
 OPERATOR  
 TYPE OR PRINT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]  
 PERMIT EXPIRES: 06/30/2010  
 SUBMIT RENEWAL BY: 12/31/2009  
 TELEPHONE AREA CODE NUMBER: 215-699-3127  
 EPA FORM 3320-1 (Rev 9 - 88) previous edition may be used (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)  
 Re 30 (AR04W/QM)351-13e Page 3 of 6

**BOROUGH OF NORTH WALES WASTEWATER TREATMENT PLANT**

County MONTG  
 State PA

Date OCTOBER 2006  
 Permit# DA 002586-001

DATE	Total Daily Flow	D.O.		P.H.		SETT. Solids		CL2		SUSP. SOLIDS		NH-N	B.O.D.		Fer-al	Air Temp	Daily weather
		INF	EFF	INF	EFF	INF	EFF	INF	EFF	INF	EFF		INF	EFF			
11/06	260,000	7.6	7.21	7.14				0.01								72°	Partly Cloudy
12/06	349,000	7.7	7.19	7.16				0.01								52°	SUNNY
13/06	334,000	7.7	7.18	7.13				0.01								60°	SUNNY
14/06	352,000	7.5	7.24	7.17				0.01								64°	SUNNY w/RAIN
15/06	310,000	7.8	7.29	7.21				0.01								59°	P.CLOUDY
16/06	472,000	7.7	7.25	7.20				0.01								51°	RAIN
17/06	385,000	7.7	7.29	7.23				0.01								59°	CLOUDY
18/06	392,000	7.6	7.21	7.14				0.01								63°	SUNNY
19/06	297,000	7.6	7.19	7.13				0.01								65°	SUNNY
20/06	304,000	7.7	7.17	7.11				0.01								59°	SUNNY
21/06	600,000	7.5	7.19	7.14				0.01								63°	CLOUDY w/RAIN
22/06	396,000	7.7	7.24	7.17				0.01								64°	RAIN CLOUDY
23/06	339,000	7.6	7.20	7.15				0.01								40°	SUNNY
24/06	331,000	7.6	7.29	7.23				0.01								55°	SUNNY
25/06	311,000	7.5	7.31	7.24				0.01								51°	SUNNY
26/06	266,000	7.8	7.26	7.17				0.01								41°	SUNNY
27/06	1132,000	7.9	7.20	7.15				0.01								53°	RAIN
28/06	509,000	7.7	7.18	7.13				0.01								69°	CLOUDY
29/06	803,000	7.5	7.17	7.13				0.01								60°	CLOUDY RAIN
30/06	983,000	7.5	7.20	7.14				0.01								61°	RAIN
1/07	505,000	7.4	7.32	7.24				0.01								60°	CLOUDY
2/07	480,000	7.5	7.24	7.19				0.01								58°	CLOUDY
3/07	424,000	7.4	7.26	7.20				0.01								48°	SUNNY
4/07	361,000	7.6	7.22	7.15				0.01								44°	P.CLOUDY
5/07	335,000	7.3	7.18	7.12				0.01								42°	SUNNY
6/07	308,000	7.5	7.19	7.11				0.01								43°	SUNNY
7/07	1323,000	7.6	7.21	7.14				0.01								41°	CLOUDY w/RAIN
8/07	1253,000	7.4	7.28	7.21				0.01								60°	RAIN
9/07	637,000	7.4	7.30	7.24				0.01								63°	P.SUNNY/windy
10/07	547,000	7.6	7.22	7.15				0.01								48°	SUNNY
11/07	504,000	7.6	7.18	7.17				0.01								54°	SUNNY
16,904,000																	
.513																	

*Richard E. Schif*  
 OPERATOR



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

PERMITTEE NAME ADDRESS (include Facility Name / Location if different)  
PRIMARY FACILITY: NORTH WALES BORO STP  
CLIENT: BOROUGH OF NORTH WALES  
ADDRESS: 300 SCHOOL STREET  
NORTH WALES, PA 19454  
MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
COUNTY: MONTGOMERY

PA0022586	PERMIT NUMBER	001	DISCHARGE NUMBER
YEAR	MO	DAY	TO
2006	11	01	YEAR
MO	DAY	YEAR	MO
11	01	2006	11
DAY	DAY	DAY	DAY
30	30	30	30

Southwest Region  
Pottsville  
1-5-07  
NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
FLOW	Sample Measurement	829	2260		XXXX	XXXX	XXXX	10	CONTINUOUS	METER
	Permit Requirement	MONTHLY AVERAGE	DAILY MAXIMUM	MGD	XXXX	XXXX	XXXX	0	DAILY	METER
	Sample Measurement	XXXX	XXXX		6.78	XXXX	7.25	0	DAILY	GRAB
pH	Sample Measurement	XXXX	XXXX		6.0	XXXX	9.0	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX		XXXX	XXXX	XXXX	0	DAILY	GRAB
	Sample Measurement	70	104	LB/DAY	XXXX	10	15	0	DAILY	GRAB
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	61	137	LB/DAY	XXXX	88	16	0	1/7	24 HC
	Permit Requirement	139	209	LB/DAY	XXXX	20	30	0	1/7	24 HC
	Sample Measurement	58	113	LB/DAY	XXXX	8.4	13.2	0	1/7	24 HC
TOTAL SUSPENDED SOLIDS	Sample Measurement	209	313	LB/DAY	XXXX	30	45	0	1/7	24 HC
	Permit Requirement	XXXX	XXXX		XXXX	33	XXXX	0	1/7	24 HC
	Sample Measurement	XXXX	XXXX		XXXX	200	XXXX	0	DAILY	GRAB
FECAL COLIFORM	Sample Measurement	XXXX	XXXX		XXXX	XXXX	XXXX	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX		XXXX	0.01	0.03	0	DAILY	GRAB
	Sample Measurement	XXXX	XXXX		XXXX	0.01	0.03	0	DAILY	GRAB
TOTAL RESIDUAL CHLORINE	Sample Measurement	XXXX	XXXX		XXXX	XXXX	XXXX	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX		XXXX	XXXX	XXXX	0	DAILY	GRAB
	Sample Measurement	XXXX	XXXX		XXXX	XXXX	XXXX	0	DAILY	GRAB
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX		6.9	XXXX	XXXX	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX		6.0	XXXX	XXXX	0	DAILY	GRAB
	Sample Measurement	XXXX	XXXX		6.0	XXXX	XXXX	0	DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **Richard E. Schatz**  
OPERATOR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*  
PERMIT EXPIRES: **06/30/2010**  
SUBMIT RENEWAL BY: **12/31/2009**

PERMITTEE NAME ADDRESS (include Facility Name / Location if different)  
 PRIMARY FACILITY: NORTH WALES BORO STP

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

CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454

PA0022586  
 PERMIT NUMBER  
 MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 2006 11 01 2006 11 30

001  
 DISCHARGE NUMBER  
 Southeast Region  
 Facsimile

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	~	XXXX	XXXX	~	XXXX	MGL	—	—	—
	Permit Requirement	17	XXXX	XXXX	2.5	XXXX	MGL	—	1/WEEK	24 HC
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Sample Measurement	8.6	XXXX	XXXX	1.25	XXXX	MGL	0	1/7	24HC
	Permit Requirement	45	XXXX	XXXX	6.5	XXXX	MGL	—	1/WEEK	24 HC
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Sample Measurement	11.2	XXXX	XXXX	1.62	XXXX	MGL	0	1/7	24HC
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	XXXX	MGL	—	1/WEEK	24 HC
ORTHO PO <sub>4</sub> -P (ISSUANCE thru YR 3)	Sample Measurement	9.7	XXXX	XXXX	1.4	XXXX	MGL	0	1/7	24HC
	Permit Requirement	MONITOR/REPORT	XXXX	XXXX	MONITOR/REPORT	XXXX	MGL	—	1/WEEK	24 HC
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	1/4	XXXX	MGL	—	—	—
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL	—	—	—
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	0.0177	0.0177	MGL	0	1/QUARTER	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL	—	1/MONTH	24 HC
LEAD, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	1/4	1/4	MGL	—	—	—
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL	—	1/QUARTER	24 HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *Richard E. Schartz OPERATOR*  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *[Signature]*

TELEPHONE: 215-699-3127

PERMIT EXPIRES: 06/30/2010

SUBMIT RENEWAL BY: 12/31/2009

DATE: 06/12/09



PERMITTEE NAME ADDRESS (include Facility Name / Location if different)  
 PRIMARY FACILITY: NORTH WALES BORO STP  
 CLIENT: BOROUGH OF NORTH WALES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALES, PA 19454  
 MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

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

PA0022586  
 PERMIT NUMBER  
 001  
 DISCHARGE NUMBER

Southeast Region  
 Facsimile

MONITORING PERIOD			DISCHARGE PERIOD		
YEAR	MO	DAY	YEAR	MO	DAY
2006	11	01	2006	11	30

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
IRON, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	N/A	N/A	MGL	—	—	—
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL	—	—	1/QUARTER
	Sample Measurement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL	—	—	1/QUARTER
IRON, DISSOLVED (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL	—	—	1/QUARTER
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL	—	—	1/QUARTER
	Sample Measurement	XXXX	XXXX	XXXX	MONITOR/REPORT	DAILY MAX. MONITOR/REPORT	MGL	—	—	1/QUARTER
(NO2+NO3)-N	Sample Measurement	59.8	XXXX	LB/DAY	XXXX	MONITOR/REPORT	MGL	0	1/30	24 HC
	Permit Requirement	XXXX	XXXX	XXXX	MONITOR/REPORT	XXXX	MGL	—	—	1/MONTH
	Sample Measurement	XXXX	XXXX	XXXX	MONITOR/REPORT	XXXX	MGL	—	—	1/MONTH
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER RICHARD E. SCHARZ OPERATOR TYPE OR PRINT										

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 [Signature]  
 PERMIT EXPIRES 06/30/2010  
 SUBMIT RENEWAL BY 12/31/2009

**BOROUGH OF NORTH WALES WASTEWATER TREATMENT PLANT**

County MONTGOMERY  
 State PA

Date NOVEMBER 2006  
 Permit# DA 002586-001

Date	Total Daily Flow	D.O.	P.H.		SETT. Solids		CL2	SUSP. SOLIDS		NH-N 3	B.C.D.			Secal	Air Temp	Daily weather
			INF	EFF	INF	EFF		INF	EFF		INF	EFF	EFF			
11/1/06	632,000	7.5	7.26	7.17			0.01								60°	SUNNY
11/2/06	624,000	7.7	7.20	7.13			0.01								47°	RAINING/RAIN
11/3/06	497,000	7.5	7.19	7.15			0.01								43°	SUNNY
11/4/06	450,000	7.8	7.29	7.21			0.01								40°	SUNNY
11/5/06	519,000	8.0	7.33	7.25			0.01								50°	CLOUDY
11/6/06	425,000	7.7	7.24	7.18			0.01								45°	SUNNY
11/7/06	799,000	7.1	6.96	7.10			0.01								50°	PT SUNNY
11/8/06	2260,000	6.9	7.24	7.09			0.01								57°	RAIN
11/9/06	1,025,000	7.1	6.87	7.02			0.01								60°	SUNNY
11/10/06	686,000	7.0	7.14	7.12			0.01								58°	SUNNY
11/11/06	635,000	7.2	7.21	7.17			0.01								65°	SUNNY
11/12/06	722,000	6.9	6.98	7.02			0.01								61°	CLOUDY/PT RAIN
11/13/06	1351,000	7.5	7.16	7.05			0.01								54°	RAIN
11/14/06	840,000	7.3	6.81	6.94			0.01								59°	CLOUDY
11/15/06	725,000	7.1	7.13	6.98			0.01								60°	CLOUDY/PT RAIN
11/16/06	1,662,000	7.4	7.20	7.06			0.01								66°	CLOUDY
11/17/06	1,025,000	7.0	6.98	6.80			0.01								59°	SUNNY
11/18/06	885,000	7.2	7.10	7.01			0.01								49°	SUNNY
11/19/06	633,000	7.4	7.31	7.18			0.01								51°	PT CLOUDY
11/20/06	655,000	7.0	6.62	7.06			0.01								45°	CLOUDY
11/21/06	592,000	7.4	6.70	6.78			0.01								36°	SUNNY
11/22/06	1,139,000	7.2	7.08	7.09			0.01								32°	CLOUDY/PT RAIN
11/23/06	1,460,000	7.3	7.13	7.10			0.01								41°	PT RAIN
11/24/06	860,000	7.1	7.10	7.08			0.01								54°	SUNNY
11/25/06	746,000	7.2	6.84	6.98			0.01								47°	SUNNY
11/26/06	640,000	7.2	6.83	6.91			0.01								54°	SUNNY
11/27/06	631,000	7.1	6.94	6.90			0.01								48°	PT SUNNY
11/28/06	582,000	7.0	7.02	6.97			0.01								46°	SUNNY
11/29/06	558,000	7.1	7.08	7.02			0.01								53°	CLOUDY
11/30/06	548,000	7.3	7.19	7.09			0.01								59°	CLOUDY
	24,856,000															
	828,533															
	829															

*R. H. Elfy*  
 OPERATOR



PA0022586		001	
PERMIT NUMBER	MONITORING PERIOD		DISCHARGE NUMBER
YEAR	MO	DAY	TO YEAR MO DAY
2008	12	01	2008 12 31

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 Southeast Region  
 Facsimile  
 2-2-07  
 NOTE: Read Instructions before completing this form


Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
FLOW	Sample Measurement	1.504	1.118	MGD	XXXX	XXXX	XXXX	3	CONTINUOUS	METER
	Permit Requirement	XXXX	XXXX	MGD	XXXX	XXXX	XXXX	0	DAILY	GRAB
	Sample Measurement	XXXX	XXXX	MGD	6.82	XXXX	7.23	0	DAILY	GRAB
pH	Permit Requirement	XXXX	XXXX	XXXX	6.0	XXXX	9.0	0	DAILY	GRAB
	Sample Measurement	XXXX	XXXX	XXXX	XXXX	XXXX	15	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	XXXX	XXXX	XXXX	10	0	DAILY	GRAB
CBOD <sub>5</sub> (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	70	104	LB/DAY	XXXX	XXXX	10	0	WEEKLY	24 HC
	Permit Requirement	XXXX	XXXX	LB/DAY	XXXX	XXXX	10	0	WEEKLY	24 HC
	Sample Measurement	24	25	LB/DAY	XXXX	5.78	7.7	0	WEEKLY	24 HC
CBOD <sub>5</sub> (11-01 to 04-30) (ISSUANCE thru YR 3)	Permit Requirement	139	209	LB/DAY	XXXX	XXXX	20	0	WEEKLY	24 HC
	Sample Measurement	28	80	LB/DAY	XXXX	6.64	9.3	0	WEEKLY	24 HC
	Permit Requirement	209	313	LB/DAY	XXXX	30	45	0	WEEKLY	24 HC
TOTAL SUSPENDED SOLIDS	Sample Measurement	XXXX	XXXX	MG/L	XXXX	20	XXXX	0	WEEKLY	GRAB
	Permit Requirement	XXXX	XXXX	MG/L	XXXX	200	XXXX	0	WEEKLY	GRAB
	Sample Measurement	XXXX	XXXX	MG/L	XXXX	0.01	0.01	0	DAILY	GRAB
TOTAL RESIDUAL CHLORINE	Permit Requirement	XXXX	XXXX	MG/L	XXXX	0.01	0.03	0	DAILY	GRAB
	Sample Measurement	XXXX	XXXX	MG/L	XXXX	0.01	0.03	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	MG/L	XXXX	0.01	0.03	0	DAILY	GRAB
DISSOLVED OXYGEN (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX	MG/L	6.0	XXXX	XXXX	0	DAILY	GRAB
	Sample Measurement	XXXX	XXXX	MG/L	6.9	XXXX	XXXX	0	DAILY	GRAB
	Permit Requirement	XXXX	XXXX	MG/L	6.0	XXXX	XXXX	0	DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: **RICHARD E. SCHWARTZ OPERATOR**

PERMIT EXPIRES: **06/30/2010**

SUBMIT RENEWAL BY: **12/31/2009**

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 

TELEPHONE: **215-699-3127**

AREA CODE: **215**

NUMBER: **699-3127**

DATE: **07 1 22**

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

PERMITTEE NAME ADDRESS (include Facility Name/ Location if different)  
PRIMARY FACILITY: NORTH WALES BORO STP  
CLIENT: BOROUGH OF NORTH WALES  
ADDRESS: 300 SCHOOL STREET  
NORTH WALES, PA 19454

PA0022586	001					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2006	12	01		2006	12	31

Southeast Region  
Facsimile

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
COUNTY: MONTGOMERY

NOTE: Read instructions before completing this form

Parameter	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNITS					
NH <sub>3</sub> -N (05-01 to 10-31) (ISSUANCE thru YR 3)	Sample Measurement	~	XXXX	XXXX	XXXX	~	XXXX	MGL	-	-	-	-
	Permit Requirement	17	XXXX	LB/DAY	XXXX	2.5	XXXX	MGL	0	1/WEEK	24 HC	
	Sample Measurement	6.85	XXXX	LB/DAY	XXXX	1.63	XXXX	MGL	-	1/WEEK	24 HC	
NH <sub>3</sub> -N (11-01 to 04-30) (ISSUANCE thru YR 3)	Permit Requirement	45	XXXX	LB/DAY	XXXX	6.5	XXXX	MGL	-	1/WEEK	24 HC	
	Sample Measurement	11.2	XXXX	LB/DAY	XXXX	2.66	XXXX	MGL	-	1/WEEK	24 HC	
	Permit Requirement	MONITOR/REPORT	XXXX	LB/DAY	XXXX	MONITOR/REPORT	XXXX	MGL	-	1/WEEK	24 HC	
TOTAL PHOSPHORUS as P (ISSUANCE thru YR 3)	Sample Measurement	11.3	XXXX	LB/DAY	XXXX	2.68	XXXX	MGL	-	1/WEEK	24 HC	
	Permit Requirement	MONITOR/REPORT	XXXX	LB/DAY	XXXX	MONITOR/REPORT	XXXX	MGL	-	1/WEEK	24 HC	
	Sample Measurement	XXXX	XXXX	LB/DAY	XXXX	0.100	XXXX	MGL	-	1/WEEK	24 HC	
ALUMINUM, TOTAL (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX	LB/DAY	XXXX	MONITOR/REPORT	XXXX	MGL	-	1/WEEK	24 HC	
	Sample Measurement	XXXX	XXXX	LB/DAY	XXXX	0.0207	XXXX	MGL	-	1/WEEK	24 HC	
	Permit Requirement	XXXX	XXXX	LB/DAY	XXXX	MONITOR/REPORT	XXXX	MGL	-	1/WEEK	24 HC	
COPPER, TOTAL (ISSUANCE thru YR 3)	Sample Measurement	XXXX	XXXX	LB/DAY	XXXX	0.00500	XXXX	MGL	-	1/WEEK	24 HC	
	Permit Requirement	XXXX	XXXX	LB/DAY	XXXX	MONITOR/REPORT	XXXX	MGL	-	1/WEEK	24 HC	
	Sample Measurement	XXXX	XXXX	LB/DAY	XXXX	0.00500	XXXX	MGL	-	1/WEEK	24 HC	
LEAD, TOTAL (ISSUANCE thru YR 3)	Permit Requirement	XXXX	XXXX	LB/DAY	XXXX	MONITOR/REPORT	XXXX	MGL	-	1/WEEK	24 HC	
	Sample Measurement	XXXX	XXXX	LB/DAY	XXXX	0.00500	XXXX	MGL	-	1/WEEK	24 HC	
	Permit Requirement	XXXX	XXXX	LB/DAY	XXXX	MONITOR/REPORT	XXXX	MGL	-	1/WEEK	24 HC	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *Richard E. Schmitz*  
OPERATOR: *R. Schmitz*  
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

PERMIT EXPIRES: 06/30/2010 SUBMIT RENEWAL BY: 12/31/2009  
TELEPHONE: 215-699-3127  
AREA CODE: 215 NUMBER: 699-3127



CLIENT: BOROUGH OF NORTH WALLEES  
 ADDRESS: 300 SCHOOL STREET  
 NORTH WALLEES, PA 19454

MUNICIPALITY: UPPER GWYNEDD TOWNSHIP  
 COUNTY: MONTGOMERY

PERMIT NUMBER: PA0022586  
 MONITORING PERIOD: YEAR 2009, MO 12, DAY 01  
 DISCHARGE NUMBER: 001  
 YEAR 2009, MO 12, DAY 31

Parameter: IRON, TOTAL (ISSUANCE thru YR 3)

Sample Measurement Permit Requirement XXXX  
 MONTHLY AVERAGE WEEKLY AVERAGE UNITS INST. MINIMUM MONTHLY AVERAGE INST. MAXIMUM UNITS NO. EX FREQUENCY OF ANALYSIS SAMPLE TYPE  
 1/90 24HC

Sample Measurement Permit Requirement XXXX  
 MONTHLY AVERAGE WEEKLY AVERAGE UNITS INST. MINIMUM MONTHLY AVERAGE INST. MAXIMUM UNITS NO. EX FREQUENCY OF ANALYSIS SAMPLE TYPE  
 1/90 24HC

Sample Measurement Permit Requirement XXXX  
 MONTHLY AVERAGE WEEKLY AVERAGE UNITS INST. MINIMUM MONTHLY AVERAGE INST. MAXIMUM UNITS NO. EX FREQUENCY OF ANALYSIS SAMPLE TYPE  
 1/30 24HC

Sample Measurement Permit Requirement XXXX  
 MONTHLY AVERAGE WEEKLY AVERAGE UNITS INST. MINIMUM MONTHLY AVERAGE INST. MAXIMUM UNITS NO. EX FREQUENCY OF ANALYSIS SAMPLE TYPE  
 1/30 24HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: *Richard E. Schatz*  
 OPERATOR  
 TYPE OR PRINT  
 I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)

PERMIT EXPIRES: 06/30/2010  
 SUBMIT RENEWAL BY: 12/31/2009

**BOROUGH OF NORTH WALES WASTEWATER TREATMENT PLANT**

County Montb.  
 State PA

Date December 2006  
 Permit# DA 0027586-001

Date	Total Daily Flow	D.O.	P.H.		SETT. Solids		CL2		SUSP. SOLIDS		NH <sub>3</sub> -N	B.O.D.			Secal Temp	Air Temp	Daily weather
			INF	EFF	INF	EFF	INF	EFF	INF	EFF		EFF					
11/06	657,000	7.0	7.09	6.88			0.01								64°	Cloudy / 1/2 PM	
12/06	473,000	7.1	6.98	6.94			0.01								44°	Sunny	
13/06	517,000	6.9	7.02	6.95			0.01								41°	Sunny	
14/06	477,000	7.2	7.18	7.07			0.01								38°	Sunny	
15/06	465,000	7.1	7.09	6.98			0.01								31°	Sunny	
16/06	435,000	7.0	7.21	7.10			0.01								33°	Sunny	
17/06	411,000	7.1	7.03	6.96			0.01								46°	Sunny	
18/06	446,000	7.0	7.11	7.03			0.01								24°	Sunny	
19/06	371,000	6.9	6.94	7.01			0.01								37°	Sunny	
20/06	375,000	7.1	7.05	6.97			0.01								49°	Sunny	
21/06	368,000	7.0	6.96	6.90			0.01								46°	Pt Cloudy	
22/06	343,000	7.0	7.10	7.04			0.01								46°	Sunny	
23/06	434,000	7.2	7.15	7.07			0.01								50°	Rain	
24/06	352,000	6.9	6.95	6.87			0.01								47°	Cloudy / Fog	
25/06	391,000	7.4	7.04	6.82			0.01								49°	Cloudy	
26/06	340,000	7.1	7.15	7.08			0.01								49°	Sunny	
27/06	351,000	7.6	7.04	6.89			0.01								46°	Cloudy	
28/06	326,000	7.2	7.13	7.04			0.01								51°	Pt. cloudy	
29/06	331,000	7.2	7.22	7.10			0.01								42°	Cloudy	
30/06	317,000	7.3	7.19	7.06			0.01								33°	Sunny	
1/07	293,000	7.0	7.05	6.93			0.01								42°	Cloudy	
2/07	1,034,000	6.9	6.98	6.90			0.01								42°	Cloudy	
3/07	465,000	6.9	7.04	6.96			0.01								48°	Rain	
4/07	505,000	7.1	7.19	7.07			0.01								52°	Blow Cloudy	
5/07	1,011,000	6.9	7.21	7.12			0.01								47°	Sunny	
6/07	723,000	7.1	7.38	7.23			0.01								43°	Cloudy	
7/07	570,000	7.3	7.31	7.04			0.01								42°	cloudy/fog	
8/07	486,000	6.9	7.02	6.93			0.01								37°	Sunny	
9/07	581,000	7.0	7.12	7.03			0.01								33°	Sunny	
10/07	454,000	7.2	7.10	7.07			0.01								32°	Sunny	
11/07	1,118,000	7.1	7.03	6.97			0.01								43°	Pt Sunny	
	16,625,000														37°	Sunny	
	504																

Richard Selby  
 OPERATOR