

Pennsylvania Department of Environment Protection Discharge Monitoring Report (DMR)

FACILITY: NEW KENSINGTON STP **PERMIT NUMBER:** PA0027111 **REGION:** EP Sw Rgnl Off Pittsburgh
 NEW KENSINGTON CITY MUNI
PERMITTEE: SANI AUTH WESTMORELAND **OUTFALL:** 001 **COUNTY:** Westmoreland
 CN **CITY:** NEW KENSINGTON
 120 LOGANS FERRY RD **From: 2011-04-01** **NO DISCHARGE FROM**
 NEW KENSINGTON, PA **To: 2011-04-30** **SITE:** ()
ADDRESS: 15068-2004 **MONITORING PERIOD:**

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Value	Value		Value	Value	Value				
pH Parameter Code: 00400 Stage Code: 1	Sample Measurement	*****	*****		7.1	*****	7.4	S.U.	0	1/day	Grab
	Permit Requirement	*****	*****		6.0 Minimum	*****	9.0 Maximum				
Total Suspended Solids Parameter Code: 00530 Stage Code: 1	Sample Measurement	1412	2113	lbs/day	*****	16	23	mg/L	0	1/day	24-Hr Composite
	Permit Requirement	1501 Average Monthly	2252 Weekly Average		*****	30 Average Monthly	45 Weekly Average				
Flow (mgd) Parameter Code: 50050 Stage Code: 1	Sample Measurement	10.04	14.80	MGD	*****	*****	*****		0	Continuous	Recorded
	Permit Requirement	Report Average Monthly	Report Daily Maximum		*****	*****	*****				
Total Residual Chlorine (TRC) Parameter Code: 50060 Stage Code: 1	Sample Measurement	*****	*****		*****	0.71	1.8	mg/L	0	1/day	Grab
	Permit Requirement	*****	*****		*****	1.0 Average Monthly	3.3 Instantaneous Maximum				
Fecal Coliform Parameter Code: 74055 Stage Code: 1	Sample Measurement	*****	*****		*****	189	373	CFU/100 mL	0	1/day	Grab
	Permit Requirement	*****	*****		*****	2000 Geometric Mean	10000 Instantaneous Maximum				
CBOD5 Parameter Code: 80082 Stage Code: 1	Sample Measurement	1276	1547	lbs/day	*****	15	17.1	mg/L	1	1/day	24-Hr Composite
	Permit Requirement	1251 Average Monthly	1877 Weekly Average		*****	25 Average Monthly	37.5 Weekly Average				

Name/Title of Principal Executive Officer Or Authorized Agent	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	Signature of Principal Executive Officer Or Authorized Agent	Telephone No	Date
				2011-06-02

Report all violations during the reporting period on a Non-Compliance Reporting Form, as an attachment to your eDMR submission.