

August 19, 2020

Allegheny County Health Department
Office of the Director
542 Fourth Avenue
Pittsburgh PA 15219

RE: NPDES Permit No. PAG046311

Dear Sir/Madam:

This letter is in response to your letter dated July 28, 2020 regarding the inspection dated July 15, 2020 for the subject permit.

Regarding **25Pa.Code92a.46-Violation of Part C permit condition(s):** Section IV. Treatment Unit Cleaning Requirement – For 5+ years the owner has not provided any proof of inspection, pumping or cleaning. The owner has not properly filled out the Annual Maintenance Report Annual Inspection and Maintenance Section especially concerning the service provider's signature. "All septic tanks must be pumped and cleaned at least once every 3 years..."

We have reviewed Part C, Section IV of the NPDES permit and acknowledge the compliance issue.

The septic tank was cleaned on August 18, 2020 by RMC Sanitation (copy of the invoice is attached) and the service provider signed for certification. The septic tank cleaning will be placed on a 3-year cleaning and certification schedule.

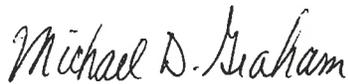
The chlorinator lid has been replaced and the chlorine tablets placed in the chlorinator and will be checked weekly (see attached photo of the new chlorinator lid and invoice).

Enclosed is the signed service provider section of the Annual Inspection and Maintenance Section of the AMR as well as the service provider's invoice for the tank cleaning.

This letter is requesting an appeal of the violation based on the actions taken, acknowledgement of the violation and the fact that the warehouse we have only one full time employee.

Please consider this request.

Sincerely,



Michael D. Graham
President

CC: Mark Burik

RECEIVED

AUG 25 2020

DIRECTOR'S
OFFICE

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

July 28, 2020

New Century Energy, Inc.
1851 North Road
McDonald, PA 15057

ATTENTION: Michael Graham

**RE: COMPLIANCE EVALUATION INSPECTION
OAKDALE WAREHOUSE SEWAGE TREATMENT PLANT
NPDES PERMIT NO. PAG046311
NORTH FAYETTE TOWNSHIP**

Dear Sir:

On July 15, 2020, Brian Buttacavoli of the Health Department's Water Pollution Control & Solid Waste Management Program performed an inspection at the above-referenced facility.

As a result of conditions noted at the time of inspection and a review of records and reports submitted to this Department, there was a violation of the Pennsylvania Clean Streams Law, Act 394, approved June 22, 1937, P.L. 1987, Sections 201 and 202, as amended, 25 P.S. ("Clean Streams Law") and of the plant's National Pollutant Discharge Elimination System (NPDES) Permit No. PAG046311:

25Pa.Code92a.46- Violation of Part C permit condition(s):

Section IV. Treatment Unit Cleaning Requirement- For 5+ years the owner has not provided any proof of inspection, pumping, or cleaning. The owner has not properly filled out the Annual Maintenance Report Annual Inspection and Maintenance section especially concerning the service provider's signature. "All septic tanks must be pumped and cleaned at least once every 3 years..."

Pursuant to Article XI entitled "Hearings and Appeals", you are hereby notified that you have thirty (30) days in which to file an appeal after issuance of this letter. The notice of appeal shall be filed in the Office of the Director, 542 Fourth Avenue, Pittsburgh, PA 15219. In the event that an appeal is not filed within thirty (30) days after issuance of this letter, the within action shall become final.

Enclosed is a copy of the Department's inspection for your records. If you have any questions, please call Brian Buttacavoli at 412-578-8381, or email at brian.buttacavoli@alleghenycounty.us.

Sincerely,

Mark Bunk, Water Pollution Control Supervisor
Water Pollution Control & Solid Waste Management

BB/ge
Enclosure

cc: Stacey Greenwald, PADEP Clean Water program
North Fayette Township



DEBRA BOGEN, MD, DIRECTOR
ALLEGHENY COUNTY HEALTH DEPARTMENT

WATER POLLUTION CONTROL & SOLID WASTE MANAGEMENT
3901 PENN AVENUE • BUILDING 5 • PITTSBURGH, PA 15224-1318
PHONE: 412.578.8040 • FAX: 412.578.8053
WWW.ALLEGHENYCOUNTY.US/HEALTHDEPARTMENT



The Allegheny County Health Department
 Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

NPDES/WQM Permit No. PAG046311	Mo/Day/Year 07/15/2020	Entry Time 1215	Exit time 1230	Inspection Type CEI	eFACTS Inspection ID 3055672
Facility Name: Oakdale Warehouse SFSTP			Permittee Name: New Century Energy Inc.		
Physical Location/Directions: 1851 North Road, McDonald, PA 15057				Permit Expiration Date: N/A	
Municipality: North Fayette		County: Allegheny		Permit Renewal Application Due: N/A	
Facility type: <input type="checkbox"/> Municipal <input type="checkbox"/> Major <input checked="" type="checkbox"/> Non-Municipal <input checked="" type="checkbox"/> Minor		Treatment Process: <input type="checkbox"/> Ext Aeration <input type="checkbox"/> Contact Stabilization <input type="checkbox"/> SBR <input type="checkbox"/> RBC <input type="checkbox"/> MBR <input type="checkbox"/> MBBR/IFAS <input type="checkbox"/> TRICKLING FILTER <input type="checkbox"/> Lagoon <input checked="" type="checkbox"/> Other: ISF			
Design flow: _____ MGD					
Responsible Official: Michael Graham		Does the facility have an Operator in Responsible Charge: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Title: President		Operator Name: _____			
Permittee Address: same as above		Circuit Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Client ID: _____ License Expiration Date: _____			
		Class-Subclass(es): _____			
		Operator properly certified for treatment process type: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Phone: 724-693-9266		Business Phone:			
Cell Phone:		Cell Phone:			
Email: newcentury1851@gmail.com		Email:			
24-Hour Emergency Contact Person / Phone / Email:					
VIOLATIONS:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> None Identified During Inspection <input type="checkbox"/> Pending Sample Results			
25Pa.Code92a.46- Violation of Part C permit condition(s):					
Section IV. Treatment Unit Cleaning Requirement- For 5+ years the owner has not provided any proof of inspection, pumping, or cleaning. The owner has not properly filled out the Annual Maintenance Report Annual Inspection and Maintenance section especially concerning the service provider's signature. "All septic tanks must be pumped and cleaned at least once every 3 years..."					
Recommendations:					
Please review Part C, section IV, of your NPDES permit and have the septic tank cleaned and maintained, then have the service provider sign the appropriate Annual Inspection and Maintenance section of the AMR.					
Person Interviewed:		Date:		Inspector:	
				Brian Buttacavoli	
Signature:		Phone No:		Date: 07/15/2020	
				Inspector Signature: 412-578-8381	
Title:		Title: EHS2			
Email:		Email: brian.buttacavoli@alleghenycounty			
This document is official notification that a representative of the Allegheny County Health Department (ACHD) inspected the above referenced facility. The findings of this inspection are shown above and on any attached pages. Any violations that were noted during the inspection are indicated. Violations may also be discovered upon examination of the results of laboratory analyses and review of ACHD records.					

The Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

COMMENTS

SFTF had no flow. Marci Michalski, Office Manager, was in the office.

The Allegheny County Health Department
 Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

**Monitoring, Reporting and Recordkeeping
 (NPDES Permit Part A / WQM Permit)**

On-site laboratory: Registered Accredited Accreditation By Rule Not Registered/Accredited N/A

On-site analyses: pH DO TRC All NPDES parameters None
Other(s)

DEP Lab Registration/Accreditation #:

Lab Supervisor:

Lab Supervisor Client ID

License Expiration Date:

Comments:

Contract Laboratory Name: Microbac Laboratories, Inc. - Erie

DEP Lab Accreditation # 25-00067

Address & Phone: 1962 Wagner Road, Erie, PA 16509

Parameters Analyzed: TSS, CBOD5, Temp., Total Chlorine, pH, FC

Comments:
814-825-8533

Sample Collection: Influent sampling prior to any treatment: Yes No Location:

Influent sampled prior to all process return piping:

Yes No

Influent sampled prior to flow from septage receiving station:

Yes No N/A

Effluent sampling after all treatment: Yes No Location:

Location(s) adequate for representative samples:

Yes No N/A

Parameters analyzed, sample frequencies and sample types meet permit requirements:

Yes No N/A

Samples properly preserved during collection, storage and shipping:

Yes No N/A

Sampler or sample temperature is recorded using NIST traceable thermometer:

Yes No N/A

Comments:

Influent samples: Being collected: Yes No N/A Samples are: Grab 8-hour comp 24-hour comp Other

Samples are: Flow Proportional Time Proportional Not flow proportional N/A

Sampler controlled by: Flow Meter Timed Collection N/A Other _____

Minimum aliquot volume at least 100 ml: Yes No N/A Composite sampler temperature during inspection _____

Comments:

Effluent samples: Being collected: Yes No N/A Samples are: Grab 8-hour comp 24-hour comp Other

Samples are: Flow Proportional Time Proportional Not flow proportional N/A

Sampler controlled by: Flow Meter Timed Collection N/A Other _____

Minimum aliquot volume at least 100 ml: Yes No N/A Composite sampler temperature during inspection _____

Comments:

Sample records: Available for inspection: Yes No Retained for at least three years: Yes No

Includes: Collector name: Yes No Collection date/time: Yes No Collection location: Yes No

Analyst name: Yes No Analyst date/time: Yes No Analyst location: Yes No

Analytical methods & quantitation limits: Yes No Chain of custody forms: Yes No

Comments:

Bench sheets: Data is consistent with data on the DMR: Yes No Month(s)/year checked:

Comments:

The Allegheny County Health Department
 Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

**Monitoring, Reporting and Recordkeeping
 (NPDES Permit A /WQM Permit)**

Field Testing: Completed within required hold time: Yes No N/O
 Equipment is calibrated as required: pH: Yes No N/O DO: Yes No N/O
 pH Buffers current: Yes No TRC Meter checked against standards: Yes No
 Calibration records maintained: Yes No N/O Calibration records up to date: Yes No N/O
 Comments:

DMR Submittal: DMRs are submitted as required: Yes No N/O eDMR User: Yes No
 All Supplemental Reports are submitted as required: Yes No N/O
 DMRs include all sample results collected and analyzed using approved methods: Yes No N/O
 Comments: Annual Maintenance Report filed. Service Provider sign-off section missing again.

**Flow Measurement
 (NPDES Permit A /WQM Permit)**

Primary flow meter and recorder: Operable: Yes No Properly Maintained: Yes No
 Measuring device type: Flume Weir Full Pipe Open Channel Other _____
 Meter type: Ultrasonic Magnetic Meter Bubbler Other _____
 Flow measurement location(s): Influent Effluent
 Meter location: _____
 Recorder Type: Totalizer Daily Chart 7-Day Chart SCADA/Electronic Other _____
 Flow meter capable of recording hydraulic design capacity: Yes No Calibration Range: _____
 Inspection frequency: Daily Weekly Other _____
 Issues note with measurement and/or recording of flow: Yes No N/A
 Influent flow is measured before all return lines: Yes No Influent flow is measured after hauled-in wastes: Yes No
 Effluent flow is measured after all withdraws: Yes No
 Comments: NO FLOW METER

Flumes: Flow is uniform across the channel: Yes No N/A Flume is free of debris and deposits: Yes No N/A
 Maximum flow capable of measurement with flume: _____ MGD
 Comments:

Weirs: Clean with a visible air space below the nappe: Yes No N/A
 Maximum flow capable of measurement with weir: _____ MGD
 Comments:

Treatment Plant (NPDES Permit B /WQM Permit)

Treatment plant bypass: Since last inspection: Yes No N/O Reported to ACHD/PA DEP? Yes No
 Location/cause:

Major equipment repair/replacement: Since last inspection: Yes No N/O
 Repair list:

Stand-by power: Emergency generator Dual power feed None Other _____
 System operable: Yes No Exercise frequency _____ Maintenance frequency _____
 Unit exercised under load: Yes No N/A
 Comments:

The Allegheny County Health Department
 Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Treatment Plant
 (NPDES Permit B /WQM Permit)

Alarms: None SCADA Auto Dialer PLC Other _____
 System operable: Yes No N/O Test frequency: _____
 Alarm triggers:

Staff scheduling: 24/7 Weekday hours: 0700 to 1530 Weekend/holiday hours: _____ to _____
 Other:

On site Logs: Facility maintains a daily operations log: Yes No N/O Daily log up-to-date: Yes No N/O
 Daily Log contains: Visual observations Process adjustments Problems and concerns
 Repair log maintained: Yes No Routine maintenance log maintained: Yes No N/O
 Comments: AMR

Spare parts inventory: maintained: Yes No N/O Standby units available: Yes No
 Comments:

Facility Process Control Plan required: Yes No N/A Is the plan implemented: Yes No N/A N/O
 System specific management plan available:
 Comments:

Process Control
 (NPDES Permit B /WQM Permit)

Parameter	Frequency of Testing	Current Testing Methods
<input type="checkbox"/> Settleability		
<input type="checkbox"/> Dissolved Oxygen		
<input type="checkbox"/> Alkalinity		
<input type="checkbox"/> Sludge Blanket		
<input type="checkbox"/> Mixed Liquor Suspended Solids (MLSS)		
<input type="checkbox"/> Mixed Liquor Volatile Suspended Solids (MLVSS)		
<input type="checkbox"/> Microscopic exam of mixed Liquor		
<input checked="" type="checkbox"/> Color <input checked="" type="checkbox"/> Odor		
<input type="checkbox"/> Other:		

Operators

Total Number of Available Operators at this facility:
 Does a non-certified operator make process control decisions at this facility: Yes No N/O
 Does facility have a written SOP to direct non-certified operator activities: Yes No N/A N/O
 Available Operator interviewed has reviewed a copy of the facility NPDES permit: Yes No N/O
 Comments

The Allegheny County Health Department
 Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Other Requirements
 (NPDES Permit C /WQM Permit)

Special Conditions: Next submission/action: _____ Due Date: _____

None
 WETT:
 TRE/TIE:
 EPA Pretreatment Program
 Stormwater requirements:
 Permit Schedule:
 TMDL:
 Other:
 Comments:

PPC Plan: on-site: Yes No N/A N/O Last updated: _____
 Comments:

Compliance History

Effluent Violation in the last 12 months: Yes No N/O
Recent Compliance Actions: Yes No
 Comments:

Legal Agreement: Consent Order and Agreement, consent Decree or Order: Yes No N/O Date Executed: _____
 In compliance with legal agreement: Yes No Could not confirm during field inspection
 Obligation due next: _____
 Comments:

Sewage Treatment Plant

Treatment Plant Design Capacity: Hydraulic (MGD): _____ Organic (PPD): _____

High Flow Management / Maintenance Plan available: Yes No N/A Plan implemented at: _____ MGD

Hauled in wastes: Facility accepts hauled in wastes: Yes No Reported to DEP on proper forms: Yes No N/A N/O
 Flow at which facility stops accepting hauled in waste (MGD): _____ N/A N/O
 Comments:

Solids Management: Disposal records available: Yes No N/O Retained for at least five years: Yes No
 Production for calendar year: _____
 Production estimated using EPA Composite Correction Approach: Yes No Disposal within 15% of estimate: Yes No
 Hauler: _____
 Disposal location: _____
 Comments:

The Allegheny County Health Department
 Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Collection System

Chapter 94 Report: Submitted Yes No N/A N/O Hydraulic or Organic Overload: Yes No N/A N/O
 Comments:

Permitted facility receives flow from contributing systems owned/maintained by others: Yes No N/O
 Comments:

Sanitary Sewer Overflows: Since last inspection: Yes No Reported to DEP: Yes No
 Location/cause:

Collection system: Owned by: Permittee Other:____
 Maintained by: Permittee Other:____
 Maintenance performed: Regularly scheduled As problems occur None N/A

Type of maintenance: Televised:
Jetted/Root Cutting:
Smoke Testing:
Other:
Sewer Shed metering:
Sewers repaired/replaced:

Inflow and infiltration: Facility reports influences of: Inflow Infiltration
 Detail I & I Detection work performed since last inspection:

Detail I & I Removal work performed since last inspection:

Comments:

Pump Stations: Total number: _____ Inspection frequency: _____
 Operator Name: _____ Client ID: _____ Class-Subclasses _____ License Exp. Date: _____
 Flow measurement Metered Estimated Other
 Pump stations monitored with alarm systems: Yes No N/A N/O
 Pump stations capable of operation with backup auxiliary power: Yes No N/A N/O
 Comments:

The Allegheny County Health Department
 Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Effluent / Receiving Water Evaluation

Outfall Number(s) 001	Stream Name: Fink Run				
DEP Collector# 0099	Field Measurements	Upstream	Outfall	Downstream	Units
Sample Date/Time: N/A	Flow				MGD
Sample collection:	pH				S.U.
	Conductivity				umhos/cm
	Dissolved Oxygen				mg/L
	Total/Free Chlorine Residual				mg/L
	Temperature				°

Upstream Observations:
 Not Observed clear

Outfall Observations:
 Not Observed clear

Downstream Observations:
 Not Observed clear

Outfall Number(s)	Stream Name:				
DEP Collector#	Field Measurements	Upstream	Outfall	Downstream	Units
Sample Date/Time:	Flow				MGD
Sample collection:	pH				S.U.
	Conductivity				umhos/cm
	Dissolved Oxygen				mg/L
	Total/Free Chlorine Residual				mg/L
	Temperature				°

Upstream Observations:
 Not Observed

Outfall Observations:
 Not Observed

Downstream Observations:
 Not Observed

Outfall Number(s)	Stream Name:				
DEP Collector#	Field Measurements	Upstream	Outfall	Downstream	Units
Sample Date/Time:	Flow				MGD
Sample collection:	pH				S.U.
	Conductivity				umhos/cm
	Dissolved Oxygen				mg/L
	Total/Free Chlorine Residual				mg/L
	Temperature				°

Upstream Observations:
 Not Observed

Outfall Observations:
 Not Observed

Downstream Observations:
 Not Observed

Allegheny County Health Department
Bureau of Environmental Health, Water Pollution Control and Solid Waste Mgmt.
SEWAGE COMPLIANCE INSPECTION REPORT

Additional Comments/Photos

[Empty box for additional comments or photos]

SERVICE PROVIDER CERTIFICATION

I certify under penalty of law that I have personally performed the inspection of the SFTF named herein. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Name of Inspector
RICH CREPS

Signature
[Handwritten Signature]

Telephone No.
724-947-9008

Date
8-17-20

Company Name (if applicable)
RMC SANITATION

DEP # 63005

PERMITTEE CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Responsible Official Name
Michael D. Graham MICHAEL D. GRAHAM

Signature
[Handwritten Signature]

Telephone No.
724-693-9266

Date
8-20-2020

Mail this completed Annual Maintenance Report to your local municipality (if required by the permit) and the appropriate DEP office or county health department:

County Where SFTF Is Located:

Bucks, Chester, Delaware, Montgomery, and Philadelphia
Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne and Wyoming
Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, and York
Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga and Union
Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington, and Westmoreland
Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, Warren
Allegheny
Erie

DEP Office Where AMR Should Be Mailed:

DEP SERO, Clean Water Program 2 E. Main Street Norristown, PA 19401-4915
DEP NERO, Clean Water Program 2 Public Square, Wilkes-Barre, PA 18701-1915
DEP SCRO, Clean Water Program 909 Elmerton Ave., Harrisburg, PA 17110
DEP NCRO, Clean Water Program 208 West Third St., Suite 101, Williamsport, PA 17701
DEP SWRO, Clean Water Program 400 Waterfront Dr., Pittsburgh, PA 15222
DEP NWRO, Clean Water Program 230 Chestnut St., Meadville, PA 16335
ACHD, Frank B. Clack Health Center Building #5, 40th St. & Penn Avenue Pittsburgh, PA 15224-1347
ECDH, Environmental Health Services 606 West Second St., Erie, PA 16507



P.O. BOX 288, BURGETTSTOWN, PA 15021 (724) 947-9008

WORK TICKET

JOB NUMBER

APPROVAL NUMBER

8/15/20

ADDITIONAL INFORMATION			CUSTOMER NAME & ADDRESS		DELIVERY DATE
AFE #			New Century Energy		8-18-20
PROPERTY #					BOX / TRUCK #
WELL #					TIME IN / TIME OUT
WELL NAME					24 HR CONTACT IN CASE OF EMERGENCY RICH CREPS #724-947-9008
RATE	QUANTITY	gals/units/lbs miles**	SERVICE DESCRIPTION	UNIT ID NUMBER	JOB #
	gallon		<input checked="" type="checkbox"/> SEPTIC TANK PUMP OUT <input type="checkbox"/> PORTA JON RENTAL <input type="checkbox"/> GREASE TRAP WASTE <input type="checkbox"/> HOLDING TANK RENTAL <input checked="" type="checkbox"/> ROLL OFF RENTAL (circle) 20 / 30 / 40 <input type="checkbox"/> RV TANK CLEANING <input type="checkbox"/> FRESH WATER <input type="checkbox"/> POTABLE WATER <input type="checkbox"/> DELIVERY CHARGE** <input type="checkbox"/> SET-UP FEE(S) <input type="checkbox"/> EXTRA CLEANING <input type="checkbox"/> VACUUM TRUCK RENTAL <input type="checkbox"/> CONTAINMENT LINER <input type="checkbox"/> OTHER (describe)	693-9266 1511 Ave @	
1851 North Rd			# 240 # 240		
I hereby certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the DOT and EPA.			GENERATOR SIGNATURE <i>Michael K...</i>		
			GENERATOR NAME (PRINT)		
			PHONE NUMBER		DATE 8-18-20

TRANSPORTER

RMC SANITATION P.O. BOX 288, BURGETTSTOWN, PA 15021	TRANSPORTER PHONE NUMBER 724-947-9008	PA DEPT # 63005
	VEHICLE IDENTIFICATION NUMBER:	WV DEPT # WVSG20000
I hereby certify that the above named materials were accepted for transportation at the generator's site for delivery to the waste facility listed above.	DRIVER SIGNATURE <i>[Signature]</i>	DATE 8-18-20

PROCESSING OR DISPOSAL FACILITY

COMPANY NAME & ADDRESS <i>Rich has...</i>	FACILITY PHONE NUMBER	TICKET #
COMMENTS		





416 Chicora Road
 Butler, Pa. 16001
 Phone: 724-287-1964
 Fax: 724-287-3070
 www.keyprecastsupply.com

INVOICE

Invoice 127841
 Invoice Date: Aug 14, 2020
 Page: 1

Bill To:

NEW CENTURY ENERGY
 1851 NORTH ROAD
 MCDONALD, PA 15057

JOB	Payment Terms	Due Date
DIRECT SHIP	Net 30 Days	8/14/20

Quantity	Description	Unit Price	Amount
1	PART # 1050020 JET MODEL 100 CHLORINATOR TABLET FEEDER LID	33.65	33.65

FAX:

Subtotal	33.65
Sales Tax	2.02
Total Invoice Amount	52.06
Freight Amount	16.39
Payment/Credit	
TOTAL	52.06

Check/Credit Memo No:

Thank you for your business.