Fiscal Oversight Committee

Monday, October 19, 2026 9:00 AM
High School Auditorium, 35 Church Hill Road, Kintnersville, PA 18930

1. **Committee Members**
2. **Meeting Participation**
   Access to Livestream
3. **Meeting Opening**
   Call to Order
4. **Community Survey Panorama Education detailed invoice - periodic**
5. **S&P Bond Rating - periodic**
6. **BCIU Homestead/Farmstead agreement - annual**
7. **Wastewater Treatment Plant change order #6 - periodic**
8. **Marching Band Trailer - periodic**
9. **2026-2027 Investment Plan - Amended**
10. **Act 1 Budget Calendar - annual**
11. **UBCTS Budget Update - annual**
12. **Quarterly Financial Report - quarterly**
13. **Review of Financial Reports - September 2026**
14. **Prior Month Expenditures to Date Summary - September**
15. **Charter School Update - September**
16. **Right to Know Request Report**
17. **Budget Transfers**
18. **Discussion - Fitness Center**
19. **Economic Update**
20. **Public Comment (limit to 3 minutes)**
21. **Next Scheduled Meeting will be November 16, 2026, at 9:00 AM**
22. **Adjournment**
23. **Minutes**

Community Survey - Timeline
October 19, 2026 - Fiscal Committee

January 20, 2026 - Fiscal Committee Minutes

Public Comment:
Director Beerer asked for an update on progress on using a third party to conduct a community survey. In February the committee will review a draft RFP to establish the audience and purpose for the survey and scope of work of the third party vendor. Costs will not be known until the RFPs are received by the district.

February 17, 2026 - Fiscal Committee Minutes

Discussion F: Community Survey RFP Review
Presented by Bridget O'Connell. Committee would like to see a climate survey, which includes internal employees only and another to include the entire community including employees, students, parents, etc. Cost for both options. The total cost section now reads:

1. Total cost (inclusive of all licensing, translation, and presentation fees). Please break the total cost into two options. The first including survey of district staff only and the second including the three stakeholder groups.

March 13, 2026 - RFP Issued on March 13, 2026 with submission date of April 10, 2026

March 16, 2026 - Fiscal Committee Minutes

Informational

A. Community Survey RFP - April proposals are due.

May 18, 2026 - Fiscal Committee Minutes

Discussion B: Community Climate Survey RFP results and recommendation - Bridget O'Connell reviewed the vendors that submitted proposals in response to the RFP for Community Climate Survey Services. The following two vendors with the lowest rates and met all requirements set forth in the RFP.

Panorama Education - vendor with the lowest rate for all stakeholders = $9,210. The rate for all district staff = $7,210

Question Pro - vendor with the lowest rate for district staff only = $6,500. The rate for all stakeholders = $10,500

Committee recommendation: The committee recommends adding a discussion item to the May 20th Board meeting whether or not to proceed with a third party vendor to conduct a community survey for approximately $10,000.

May 20, 2026 - Regular Board meeting

7. Discussion item
The Board of Directors agreed to add the $10,000 for the Community Climate Survey into the 26/27 budget

Summer 2026 - Superintendent Goal

Community: Develop and deploy an anonymous third-party organizational survey to the school community including employees and parents to establish a baseline of school culture and identify specific areas for improvement regarding safety, engagement, and academic preparedness. The superintendent will present baseline findings and recommendations to the Board.

June 22, 2026

Dr. O'Connell requested that Panorama Education hold their pricing until the end of October 2026. They agreed.

October 5, 2026

Dr. O'Connell and Dr. Donnelly met with Panorama Education to secure a detailed invoice for October Fiscal meeting. The detailed invoice was reviewed by the solicitor.

October 19, 2026 - Fiscal Committee

Panorama Education detailed invoice and proposal on agenda for discussion. If approved, the invoice will appear on the October 21, 2026 agenda for full board consideration.

SERVICE ORDER

Palisades School District (PA)
39 Thomas Free Dr
Kintnersville / PA / 18930

Panorama Education, Inc.
24 School St, Second Floor
Boston, MA 02108
Contact:
For submitting POs or questions about billing:
finance@panoramaed.com
For general questions about Panorama:
contact@panoramaed.com

Primary Contact Name: *Bridget O'Connell*
Primary Contact Phone Number: *(610)847-5131*
Primary Contact Email Address: *boconnell@palisadessd.org*

Invoiced on Effective Date, Net 30
Pricing Valid Through: 11/05/2026

(1) Description of Services and (2) Fees **Effective Date: Date agreement is counter-signed by all parties.** **Contract Term: 12 Months**		
Licenses/Services		**Fees Over Term**
Panorama Survey Platform: Family Surveys;Student Surveys;Teacher and Staff Surveys		**$ 6,960.00**
Limited Foundations Teaching & Learning Package (Virtual): Unlimited access to Panorama Academy, for on-demand tutorials and training; Access to exclusive Panorama Community professional development events; facilitation of 1 virtual PD sessions up to 90 minutes in length for up to 50 participants (larger groups are supported for webinar-style facilitation). Required support for Panorama Student Success.	**1 included**	**$ 750.00**
Executive Briefing: Personalized support provided for district or school level leadership teams to understanding survey level data and data trends. A Panorama Teaching and Learning team member will guide the leadership team through an summarized analysis of survey data, present key insights from the results, and recommend relevant actions to drive continuous improvement. A formal virtual presentation will be provided to summarize these findings and recommend actions in areas.	**1 included**	**$ 1,500.00**
Panorama Support Services: Dedicated Point of Contact – An assigned partner to lead planning, coordination, and		

execution of key milestones, serving as a strategic guide from initial setup through full adoption. Technical Support Access – Phone and email support for product questions and troubleshooting, with the option to schedule support calls. Complex issues resolved through direct access to Panorama's technical experts. Self-Guided Learning & Resources – 24/7 access to Panorama Academy (self-paced training) and the Panorama Playbook (evidence-based implementation strategies) to support continuous learning and long-term success.	
Subtotal Over Contract Term:	**$ 9,210.00**
Estimated Sales Tax:	**$ 0.00**
Total Contract Value:	**$ 9,210.00**

(3) Agreement

The entire agreement by and between Client and Panorama ("Agreement") consists of (i) the terms set forth in this Service Order ("SO")'; (ii) the terms attached as Exhibit A to, and hereby incorporated by reference into, this SO ("Terms"); and (iii) if applicable, a data privacy agreement executed between Client and Panorama, on or following the Effective Date, which by mutual execution (or execution by Client and submission to Panorama of an NDPA Exhibit E) shall hereby be incorporated by reference into this SO.

(4) Supplemental Terms and Conditions (if any)

(5) Client Accounts Payable Information

Accounts Payable Contact Name	Bridget O'Connell
Accounts Payable Phone Number	(610)847-5131
Accounts Payable Email Address	boconnell@palisadessd.org
Will Client Be Submitting Purchase Order?	YES [X] NO [ ]

Authorization

By signing below, Client and Panorama ACCEPT AND AGREE TO the Agreement as of the Effective Date.

Client Signature:	Print Name, Title:	Date:

Panorama Signature:	Print Name, Title:	Date:

BACKGROUND

Panorama is an education technology company that provides a cloud-based platform-as-a-service and related support services to enable schools and school districts to improve how they support students and families across academics, behavior, attendance, and life skills ("Platform"). The client named on the Service Order attached hereto ("Client") and Panorama have entered into an agreement consisting of the attached Service Order, including any exhibits attached thereto, ("SO"), these terms ("Terms" and collectively with the SO, "Agreement"). From time to time hereafter, Client and Panorama may enter into additional service orders pursuant to which Client may purchase additional rights to use the Platform and receive additional services, provided that these Terms will be incorporated by reference into and apply to each such additional service order to create a separate agreement that governs each such additional service order, in each case to the exclusion of any other terms or conditions that either party seeks to impose or incorporate or that are implied by course of dealing.

1 RIGHT TO USE PLATFORM

1.1 Platform. Subject to this Agreement, Panorama hereby grants Client (including Client's students, employees, and parents and authorized guardians of Client's students, all as applicable and described in the relevant SO, ("Authorized Users")), the limited, nonexclusive, nontransferable, non-sublicenseable right to access and use the Platform via the Internet during the Term solely for Client's use, in accordance with applicable laws and regulations and the Platform's intended uses as communicated to Client by Panorama.

1.2 Limitations. Except as expressly permitted in the Agreement, Client will not and will not authorize or allow any third party to: (a) provide access to the Platform to any person who is not an Authorized User or (b) reverse engineer, decompile, disassemble or otherwise attempt to discover the source code, object code or underlying structure, ideas or algorithms of the Platform; (c) modify, translate or create derivative works based on the Platform; (d) copy, rent, lease, distribute, pledge, assign or otherwise transfer or allow any lien, security interest or other encumbrance on the Platform; (e) use the Platform for timesharing or service bureau purposes or otherwise for the benefit of a third party; (f) hack, manipulate, interfere with or disrupt the integrity or performance of or otherwise attempt to gain unauthorized access to the Platform or its related systems, hardware or networks or any content or technology incorporated in any of the foregoing; or (g) remove or obscure any proprietary notices or labels of Panorama or its suppliers on the Platform or on any printed or digital materials provided by Panorama.

1.3 Compliance with Laws. Panorama is responsible for compliance with federal, state local laws and regulations to the extent they govern Panorama's activities, including providing the Platform to Client. Client is responsible for compliance with federal, state and local laws and regulations to the extent they govern Client's activities, including but not limited to the use by Client of the Platform to collect, record, retain, use and disclose any individual's information. Without limiting the foregoing, each party is responsible for determining its own obligations, including but not limited to notice and consent obligations, under the Family Educational Right to Privacy Act and its implementing regulations ("FERPA") and the Protection of Pupil Rights Act and its implementing regulations ("PPRA"). The parties agree that they intend for the collection and use of personally identifiable information (as defined under FERPA) for only legitimate educational purposes and other purposes allowed under relevant laws, including but not limited to FERPA and PPRA. Client hereby gives its consent to Panorama on behalf of parents (as defined under FERPA, PPRA and the Children's Online Privacy Protection Act ("COPPA")) of children from whom any personal information (as defined under COPPA) may be gathered in connection with this Agreement and the Platform. Panorama shall not be obligated to obtain consents from parents directly.

2 INTELLECTUAL PROPERTY; PRIVACY; SECURITY

2.1 Client Data. As between Client and Panorama, Client owns data input into the Platform, or otherwise provided to Panorama, by Client and Authorized Users, that constitutes personally identifiable information (as defined under FERPA), such as student survey responses reported on an individual level, ("Client PII") and (b) any other data and content input into the Platform, or otherwise provided to Panorama, by Client and Authorized Users or on their behalf, such as survey questions, ("Non-PII" and together with PII "Client Data"). Client hereby grants Panorama a nonexclusive, worldwide, royalty-free, fully paid up, sublicenseable (through multiple tiers): (i) right and license during the Term to copy, distribute, display, create derivative works of and use Client Data to perform Panorama's obligations under this Agreement; (ii) perpetual, irrevocable right and license to copy, modify and use Client PII to create aggregated, non-personally identifiable data sets ("Blind Data") and copy, distribute, display, create derivative works of and use Blind Data for benchmarking, research or development purposes, including published research; and (iii) perpetual, irrevocable right and license to copy, distribute, display, create derivative works of and use Non-PII, for any and all purposes, in any form, media or manner. Client reserves any and all right, title and interest in and to Client Data other than the licenses therein expressly granted to Panorama under this Agreement.

2.2 Panorama Intellectual Property. "Intellectual Property" means domestic and foreign intellectual property rights, including: (a) inventions, patents, applications for patents and reissues, divisions, continuations, re-examinations, renewals, extensions and continuations-in-part of patents or patent applications; (b) copyrights, copyright registrations and applications for copyright registration; (c) mask works, mask work registrations and applications for mask work registrations; (d) designs and similar rights, design registrations, design registration applications, and integrated circuit topographies and similar rights; (e) trade names, business names, corporate names, domain names, website names and world wide web addresses, common law trademarks, trademark registrations, trademark applications, trade dress and logos, and the goodwill associated with any of the foregoing; and (f) trade secrets, confidential information and know-how.

Panorama retains all right, title and interest in and to the Platform, and all Intellectual Property rights relating thereto including but not limited to all products provided under this

Agreement, all deliverables, support and maintenance services, additional features or functionality including customizations requested by Client, learning content, teaching materials, survey questions, underlying research and methodologies (by whomever produced except to the extent Client produced such material), and all copies and parts of any of the foregoing, and all Intellectual Property rights therein. Panorama grants no, and reserves any and all, rights other than the rights expressly granted to Client under this Agreement with respect to the Platform.

2.3 Client Feedback. Client may from time to time provide suggestions, comments for enhancements or functionality or other feedback ("Feedback") to Panorama with respect to the Platform. Panorama has full discretion to determine whether to proceed with development of the requested enhancements, features or functionality. Client hereby grants Panorama a royalty-free, fully paid-up, worldwide, transferable, sublicenseable, irrevocable, perpetual license to: (a) copy, distribute, transmit, display, perform, and create derivative works of the Feedback in whole or in part; and (b) use the Feedback in whole or in part, including without limitation, the right to develop, manufacture, have manufactured, market, promote, sell, have sold, offer for sale, have offered for sale, import, have imported, rent, provide and lease products or services that practice or embody, or are configured for use in practicing, the Feedback in whole or in part.

2.4 Panorama Privacy Policy. Panorama's Privacy Statement, as may be amended from time to time, is available at https://www.panoramaed.com/privacy.

2.5 Data Security and Privacy.

(a) Panorama will implement and maintain an information security program that is consistent with industry recognized practices, which include using commercially reasonable administrative, physical and technical safeguards designed to protect the Platform from unauthorized access that could compromise the security, confidentiality or integrity of Client PII. Panorama shall: (i) use reasonable efforts to secure physical premises where Client PII will be processed and/or stored and (ii) take reasonable precautions with respect to the employment of, access given to, and education and training of personnel engaged by Panorama to perform its obligations under this Agreement.

(b) Client will and will instruct its Authorized Users to: (i) use the Platform to collect, record, retain, use and disclose personally identifiable information only to the extent necessary for its legitimate educational purposes; (ii) otherwise provide Panorama with personally identifiable information only to the extent necessary for Panorama to provide the Platform and perform its obligations under the Agreement; (iii) input personally identifiable information into the Platform only as prescribed by Panorama and only in the fields designated by Panorama ("Structured Fields"); (iv) use reasonable efforts to prevent unauthorized access to or use of the Platform; and (v) notify Panorama promptly of any known or suspected unauthorized access or use. Client will assist Panorama in all efforts to investigate and mitigate the effects of any such incident.

(c) If during the Term or upon termination of this Agreement Client requests in writing, Panorama will delete or otherwise render unrecoverable Client PII in Panorama's possession in a manner consistent with media sanitization practices described under industry recognized standards.

(d) Panorama shall not be responsible for any personally identifiable information input into the Platform in a manner not prescribed by Panorama or in a field that is not a Structured Field.

3 FEES; PAYMENT TERMS

3.1 Fees; Payment Terms. Unless otherwise indicated on the SO, Client will pay all fees within thirty (30) days of the invoice date. If payment of any fee is not made when due and payable, a late fee will accrue at the rate of the lesser of one and one-half percent (1.5%) per month or the highest legal rate permitted by law and Client will pay all reasonable expenses of collection. In addition, if any past due payment has not been received by Panorama within thirty (30) days from the time such payment is due, Panorama may upon written notice to Client suspend access to the Platform until such payment is made.

3.2 Taxes; Tax Exemption. All amounts payable by Client to Panorama hereunder are exclusive of any sales, use and other taxes or duties, however designated, including without limitation, withholding taxes, royalties, know-how payments, customs, privilege, excise, sales, use, value-added and property taxes (collectively "Taxes"). To the extent applicable, Client will be solely responsible for payment of all Taxes and will not withhold any Taxes from any amounts due Panorama. For the avoidance of doubt, Taxes do not include taxes based on Panorama's income. Client is responsible for determining whether it qualifies for any tax exemption, and if Client claims it is tax-exempt, it will, upon request from Panorama, provide documentation evidencing its tax-exempt status.

4 TERM, TERMINATION

4.1 Term. The term of the Agreement will commence on the Effective Date and, unless earlier terminated in accordance with this Section 4, will continue through the date set forth on the SO ("Term").

4.2 Expiration; Termination. In addition to any other remedies it may have, either party may terminate the Agreement prior to expiration if the other party breaches any part of the Agreement and fails to cure such breach within thirty (30) days after receiving notice thereof. Upon expiration or any termination for any reason of the Agreement: (a) Client will pay in full for use of the Platform up to and including the last day on which the Platform is provided; (b) Panorama may, without notice to Client, delete or otherwise render unrecoverable Client PII in Panorama's possession in a manner consistent with media sanitization practices described under industry recognized standards; and (c) all rights granted to Client and all obligations of Panorama will immediately terminate and Client will promptly cease use of the Platform.

4.3 Survival. Upon expiration or termination for any reason of the Agreement, Sections 2 (Intellectual Property; Privacy; Security), 3 (Fees; Payment Terms), 4.2 (Termination; Effect of Termination), 4.3 (Survival), 5 (Confidentiality), 6.2

(Disclaimer), 7 (Limitations of Liability; Indemnification), and 8 (General) will survive.

5 CONFIDENTIALITY

5.1 As used herein, "Confidential Information" means, subject to the exceptions set forth in the following sentence, any information or data that is not Client PII, regardless of whether it is in tangible form, disclosed by either party ("Disclosing Party") that Disclosing Party has either marked as confidential or proprietary, or has identified in writing as confidential or proprietary within thirty (30) days of disclosure to the other party ("Receiving Party"); provided, however, that a Disclosing Party's business plans, strategies, technology, research and development, current and prospective clients and customers, billing records, and products or services will be deemed Confidential Information of Disclosing Party even if not so marked or identified. Panorama's Confidential Information includes, without limitation, the Platform and this Agreement. Information will not be deemed Confidential Information" if such information: (a) is known to the Receiving Party prior to receipt from Disclosing Party directly or indirectly from a source other than one having an obligation of confidentiality to Disclosing Party; (b) becomes known (independently of disclosure by Disclosing Party) to the Receiving Party directly or indirectly from a source other than one having an obligation of confidentiality to Disclosing Party; or (c) becomes publicly known or otherwise ceases to be secret or confidential, except through a breach of this Agreement by the Receiving Party. Each party acknowledges that certain Confidential Information may constitute valuable trade secrets and proprietary information of a party, and each party agrees that it will use the Confidential Information of the other party solely in accordance with the provisions of this Agreement and will not disclose, or permit to be disclosed, the same directly or indirectly, to any third party without the other party's prior written consent, except as otherwise permitted hereunder. Each party will use reasonable measures to protect the confidentiality and value of the other party's Confidential Information. Notwithstanding any provision of this Agreement, either party may disclose the terms of the Agreement, in whole or in part (i) to its employees, officers, directors, professional advisers (e.g., attorneys, auditors, financial advisors, accountants and other professional representatives), existing and prospective investors or acquirers contemplating a potential investment in or acquisition of a party, sources of debt financing, acquirers and/or subcontractors who have a need to know and are legally bound to keep such Confidential Information confidential by confidentiality obligations or, in the case of professional advisors, are bound by ethical duties to keep such Confidential Information confidential consistent with the terms of this Agreement; and (ii) as reasonably deemed by a party to be required by law (in which case each party will provide the other with prior written notification thereof, will provide such party with the opportunity to contest such disclosure, and will use its reasonable efforts to minimize such disclosure to the extent permitted by applicable law). Each party agrees to exercise due care in protecting the Confidential Information from unauthorized use and disclosure. In the event of actual or threatened breach of the provisions of this Section, the non-breaching party will be entitled to seek immediate injunctive and other equitable relief, without waiving any other rights or remedies available to it. Each party will promptly notify the other in writing if it becomes aware of any violations of the confidentiality obligations set forth in the Agreement. Upon Disclosing Party's written request, Receiving Party will either promptly return to Disclosing Party Disclosing Party's Confidential Information, and all embodiments thereof, that is in Receiving Party's possession and certify such return or use reasonable efforts to delete or otherwise render inaccessible such Confidential Information and certify the same.

6 REPRESENTATIONS, WARRANTIES AND DISCLAIMER

6.1 Representations and Warranties. Each party represents and warrants to the other party that (a) such party has the required power and authority to enter into this Agreement and to perform its obligations hereunder, (b) the execution of this Agreement and performance of its obligations thereunder do not and will not violate any other agreement to which it is a party or any law or regulation applicable to it, and (c) this Agreement constitutes a legal, valid and binding obligation when signed by both parties. Client further represents and warrants that it has the right to provide Client Data to Panorama as well as the licenses and rights therein and thereto for the purposes contemplated by this Agreement.

6.2 Disclaimer. EXCEPT AS EXPRESSLY SET FORTH HEREIN, THE PLATFORM IS PROVIDED ON AN "AS-IS" BASIS AND PANORAMA DISCLAIMS ANY AND ALL WARRANTIES. EXCEPT AS OTHERWISE EXPRESSLY PROVIDED IN THIS AGREEMENT, NEITHER PARTY MAKES ANY ADDITIONAL REPRESENTATION OR WARRANTY OF ANY KIND, WHETHER EXPRESS, IMPLIED (EITHER IN FACT OR BY OPERATION OF LAW), OR STATUTORY, AS TO ANY MATTER WHATSOEVER. ALL OTHER EXPRESS OR IMPLIED CONDITIONS, REPRESENTATIONS AND WARRANTIES ARE HEREBY EXCLUDED TO THE EXTENT ALLOWED BY APPLICABLE LAW. EACH PARTY EXPRESSLY DISCLAIMS ALL IMPLIED WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, QUALITY, ACCURACY, TITLE, AND NON-INFRINGEMENT. NEITHER PARTY WARRANTS AGAINST INTERFERENCE WITH THE ENJOYMENT OF THE PRODUCTS OR SERVICES PROVIDED BY SUCH PARTY OR AGAINST INFRINGEMENT. NEITHER PARTY WARRANTS THAT THE PRODUCTS OR SERVICES PROVIDED BY SUCH PARTY ARE ERROR-FREE OR THAT OPERATION OF SUCH PARTY'S PRODUCTS OR SERVICES WILL BE SECURE OR UNINTERRUPTED. NEITHER PARTY WILL HAVE THE RIGHT TO MAKE OR PASS ON ANY REPRESENTATION OR WARRANTY ON BEHALF OF THE OTHER PARTY TO ANY THIRD PARTY.

7 LIMITATIONS OF LIABILITY; INDEMNIFICATION

7.1 Disclaimer of Consequential Damages. THE PARTIES HERETO AGREE THAT, NOTWITHSTANDING ANY OTHER PROVISION IN THIS AGREEMENT, EXCEPT FOR LIABILITY ARISING OUT OF (A) CLIENT'S USE OF THE PLATFORM OTHER THAN EXPRESSLY PERMITTED BY SECTION 1 (RIGHT TO USE PLATFORM), (B) EITHER PARTY'S BREACH OF SECTION 5 (CONFIDENTIALITY), AND (C) A PARTY'S INDEMNIFICATION OBLIGATIONS SET FORTH IN SECTION 7.4 AND 7.5 BELOW, AS

APPLICABLE, IN NO EVENT WILL EITHER PARTY BE LIABLE TO THE OTHER FOR ANY SPECIAL, INDIRECT, RELIANCE, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, LOST OR DAMAGED DATA, LOST PROFITS OR LOST REVENUE, WHETHER ARISING IN CONTRACT, TORT (INCLUDING NEGLIGENCE), OR OTHERWISE, EVEN IF A PARTY HAS BEEN NOTIFIED OF THE POSSIBILITY THEREOF.

7.2 General Cap on Liability. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, EXCEPT FOR LIABILITY ARISING OUT OF (A) CLIENT'S USE OF THE PLATFORM OTHER THAN EXPRESSLY PERMITTED BY SECTION 1 (RIGHT TO USE PLATFORM), (B) EITHER PARTY'S BREACH OF SECTION 5 (CONFIDENTIALITY), AND (C) A PARTY'S INDEMNIFICATION OBLIGATIONS SET FORTH IN SECTION 7.4 AND 7.5 BELOW, AS APPLICABLE, UNDER NO CIRCUMSTANCES WILL EITHER PARTY'S LIABILITY FOR ALL CLAIMS ARISING UNDER OR RELATING TO THIS AGREEMENT (INCLUDING BUT NOT LIMITED TO WARRANTY CLAIMS), REGARDLESS OF THE FORUM AND REGARDLESS OF WHETHER ANY ACTION OR CLAIM IS BASED ON CONTRACT, TORT, OR OTHERWISE, EXCEED THE AGGREGATE FEES PAID BY CLIENT TO PANORAMA UNDER THIS AGREEMENT DURING THE TWELVE (12) MONTH PERIOD PRECEDING THE EVENT OR CIRCUMSTANCES GIVING RISE TO SUCH LIABILITY. THIS LIMITATION OF LIABILITY IS CUMULATIVE AND NOT PER INCIDENT.

7.3 Independent Allocations of Risk. EACH PROVISION OF THIS AGREEMENT THAT PROVIDES FOR A LIMITATION OF LIABILITY, DISCLAIMER OF WARRANTIES, OR EXCLUSION OF DAMAGES IS TO ALLOCATE THE RISKS OF THIS AGREEMENT BETWEEN THE PARTIES. EACH OF THESE PROVISIONS IS SEVERABLE AND INDEPENDENT OF ALL OTHER PROVISIONS OF THIS AGREEMENT, AND EACH OF THESE PROVISIONS WILL APPLY EVEN IF THEY HAVE FAILED OF THEIR ESSENTIAL PURPOSE.

7.4 Indemnification by Panorama. Except for liability for which Client is responsible under Section 7.5, Panorama will indemnify, defend and hold Client and the officers, directors, agents, and employees of Client ("Client Indemnified Parties") harmless from settlement amounts and damages, liabilities, penalties, costs and expenses ("Liabilities") that are payable to any third party or incurred by the Client Indemnified Parties (including reasonable attorneys' fees) arising from any third party claim, demand or allegation that the use of the Platform in accordance with the terms and conditions of this Agreement infringes such third party's copyright or results in a misappropriation of such third party's trade secrets. Panorama will have no liability or obligation under this Section 7.4 if such Liability is caused in whole or in part by (a) modification of the Platform by any party other than Panorama without Panorama's express consent; (b) the combination, operation, or use of the Platform with other product(s), data or services not provided by Panorama where the Platform would not by itself be infringing; or (c) unauthorized or improper use of the Platform. If the use of the Platform by Client has become, or in Panorama's opinion is likely to become, the subject of any claim of infringement, Panorama may at its option and expense (i) procure for Client the right to continue using the Platform as set forth hereunder; (ii) replace or modify the Platform to make it non-infringing so long as the Platform has at least equivalent functionality; (iii) substitute an equivalent for the Platform or (iv) if options (i)-(iii) are not available on commercially reasonable terms, terminate the Agreement. This Section 7.4 states Panorama's entire obligation and Client's sole remedies in connection with any claim regarding the intellectual property rights of any third party.

7.5 Indemnification by Client. Client will indemnify, defend and hold Panorama and the officers, directors, agents, and employees of Panorama ("Panorama Indemnified Parties") harmless from Liabilities that are payable to any third party or incurred by the Panorama Indemnified Parties (including reasonable attorneys' fees) arising from any third party claim, demand or allegation arising from or related to any use by Client or Authorized Users of the Platform or Client Data in violation of the Agreement or any applicable federal, state or local law or regulation.

7.6 Indemnification Procedure. If a Client Indemnified Party or a Panorama Indemnified Party (each, an "Indemnified Party") becomes aware of any matter it believes it should be indemnified under Section 7.4 or Section 7.5, as applicable, involving any claim, action, suit, investigation, arbitration or other proceeding against the Indemnified Party by any third party (each an "Action"), the Indemnified Party will give the other party ("Indemnifying Party") prompt written notice of such Action. Indemnified Party will cooperate, at the expense of Indemnifying Party, with Indemnifying Party and its counsel in the defense and Indemnified Party will have the right to participate fully, at its own expense, in the defense of such Action with counsel of its own choosing. Any compromise or settlement of an Action will require the prior written consent of both parties hereunder, such consent not to be unreasonably withheld or delayed.

8 GENERAL

8.1 Artificial Intelligence. Certain Panorama products involve generative AI software which uses large language models and therefore is to be used for informational purposes only. Panorama disclaims any and all responsibility for inaccuracies, omissions, or errors in the AI-generated content, and in no event will Panorama be liable for any damages, including, without limitation, direct, indirect, incidental, special, consequential, or punitive damages, arising in connection with any use of the AI-generated content. Client is solely responsible for its use of the AI-generated content as well as to any third party with whom it shares the AI-generated content. Client is granted a limited license to access and use the AI-generated content generated from authorized use of Panorama's services solely for non-commercial use, provided that Client and its Authorized Users keep any and all copyright or other proprietary notices intact. ***Panorama is not a medical health provider. By accessing AI-generated content, Client understands and agrees that Panorama is not providing, or intending to provide, health care, or attempting to diagnose, identify, treat, prevent, or cure any physical, mental, or emotional issue, disease, or condition.***

8.2 International. Client may not remove or export from, or use from outside, the United States or allow the export or re-export of the Platform or anything related thereto, or any direct product thereof in violation of any restrictions, laws or regulations of the United States Department of Commerce, the United States Department of Treasury Office of Foreign Assets Control, or any other United States or foreign agency or authority.

8.3 Relationship. No agency, partnership, joint venture, or employment is created as a result of the Agreement and a party does not have any authority of any kind to bind the other party in any respect whatsoever.

8.4 Publicity. Each party agrees that it will not, without prior written consent of the other, issue a press release regarding their business relationship. Notwithstanding anything herein to the contrary, Panorama may identify Client and the relationship between Panorama and Client in Panorama's marketing collateral, website, and other promotional, proposal and marketing materials.

8.5 Assignment. Neither party may assign the Agreement by operation of law or otherwise or assign or delegate its rights or obligations under the Agreement without the other party's prior written consent; provided however, that either party may assign the Agreement to an acquirer of or successor to all or substantially all of its business or assets to which the Agreement relates, whether by merger, sale of assets, sale of stock, reorganization or otherwise. Any assignment or attempted assignment by either party otherwise than in accordance with this Section 8 will be null and void.

8.6 Equitable Relief. In any action or proceeding to enforce rights under the Agreement, the prevailing party will be entitled to recover costs and attorneys' fees. Client acknowledges that any unauthorized use of the Platform will cause irreparable harm and injury to Panorama for which there is no adequate remedy at law. In addition to all other remedies available under the Agreement, at law or in equity, Client further agrees that Panorama will be entitled to injunctive relief in the event Client uses the Platform in violation of the limited license granted herein or uses the Platform in any way not expressly permitted by the Agreement.

8.7 Force Majeure. Each party will be excused from performance for any period during which, and to the extent that, it is prevented from performing any obligation or service, in whole or in part, as a result of a cause beyond its reasonable control and without its fault or negligence, including, but not limited to, acts of God, acts of war, epidemics, fire, communication line failures, power failures, earthquakes, floods, blizzard, or other natural disasters (but excluding failure caused by a party's financial condition or any internal labor problems (including strikes, lockouts, work stoppages or slowdowns, or the threat thereof)) ("Force Majeure Event"). Delays in performing obligations due to a Force Majeure Event will automatically extend the deadline for performing such obligations for a period equal to the duration of such Force Majeure Event. Except as otherwise agreed upon by the parties in writing, in the event such non-performance continues for a period of thirty (30) days or more, either party may terminate the Agreement by giving written notice thereof to the other party. Upon the occurrence of any Force Majeure Event, the affected party will give the other party written notice thereof as soon as reasonably practicable of its failure of performance, describing the cause and effect of such failure, and the anticipated duration of its inability to perform.

8.8 Governance. This Agreement will be governed by the laws of the Commonwealth of Massachusetts without regard to its conflict of laws provisions. For all disputes relating to this Agreement, each party submits to the exclusive jurisdiction of the state and federal courts located in Boston, Massachusetts and waives any jurisdictional, venue, or inconvenient forum objections to such courts.

8.9 Agreement. Both parties agree that the Agreement is the complete and exclusive statement of the mutual understanding of the parties and supersedes and cancels all previous written and oral agreements, communications and other understandings relating to the subject matter of the Agreement, and that all waivers and modifications must be in a writing signed by both parties, except as otherwise provided herein. If any provision of the Agreement is found to be unenforceable or invalid, that provision will be limited or eliminated to the minimum extent necessary so that the Agreement will otherwise remain in full force and effect and enforceable. Any additional or different terms proposed by Client, including those contained in Client's procurement order, acceptance, vendor portal or website, shall not be valid or have any effect unless expressly incorporated into the SO and agreed upon in writing by Panorama. Neither Panorama's acceptance of Client's procurement order nor its failure to object elsewhere to any provisions of any subsequent document, website, communication or act of Client shall be deemed acceptance thereof or a waiver of any of the terms in these Terms. If any term of the SO, including any exhibit attached thereto, expressly conflicts with a term of these Terms, the term of the SO (or if applicable the exhibit) shall prevail. If terms within the SO, including any exhibit attached thereto, and these Terms appear merely inconsistent or ambiguous, all such terms shall be given effect to the extent reasonably possible, with a term that is more specific and detailed on a certain matter prevailing over a more general term or silence on that matter. Silence in the SO, or in any exhibit attached thereto, or in these Terms, on a matter that is addressed elsewhere in the Agreement shall not be deemed to present an express conflict, inconsistency or ambiguity.

8.10 Notices. All notices under the Agreement will be in writing and sent to the recipient's address set forth in the SO and will be deemed to have been duly given when received, if personally delivered; when receipt is electronically confirmed, if transmitted by facsimile or email; the day after it is sent, if sent for next day delivery by recognized overnight delivery service; and upon receipt, if sent by certified or registered mail, return receipt requested.

S&P Global
Ratings

55 Water Street, 38th Floor
New York, NY 10041-0003
tel 212-438-2000
reference no.: 1938776

October 6, 2026

Palisades School District
39 Thomas Free Drive
Kintnersville, PA 18930
Attention: Chris Berdnik, Business Administrator

Re: ***US$5,635,000 Palisades School District, Pennsylvania, General Obligation Bonds, Series 2026, dated: Date of Delivery, due: October 1, 2044***

Dear Chris Berdnik

Pursuant to your request for an S&P Global Ratings rating on the above-referenced obligations, S&P Global Ratings has assigned a rating of "AA". S&P Global Ratings views the outlook for this rating as stable. A copy of the rationale supporting the rating is enclosed.

This letter constitutes S&P Global Ratings' permission for you to disseminate the above-assigned ratings to interested parties in accordance with applicable laws and regulations. However, permission for such dissemination (other than to professional advisors bound by appropriate confidentiality arrangements or to allow the Issuer to comply with its regulatory obligations) will become effective only after we have released the ratings on standardandpoors.com. Any dissemination on any Website by you or your agents shall include the full analysis for the rating, including any updates, where applicable. Any such dissemination shall not be done in a manner that would serve as a substitute for any products and services containing S&P Global Ratings' intellectual property for which a fee is charged.

To maintain the rating, S&P Global Ratings must receive all relevant financial and other information, including notice of material changes to financial and other information provided to us and in relevant documents, as soon as such information is available. Relevant financial and other information includes, but is not limited to, information about direct bank loans and debt and debt-like instruments issued to, or entered into with, financial institutions, insurance companies and/or other entities, whether or not disclosure of such information would be required under S.E. C. Rule 15c2-12. You understand that S&P Global Ratings relies on you and your agents and advisors for the accuracy, timeliness and completeness of the information submitted in connection with the rating and the continued flow of material information as part of the surveillance process. Please send all information via electronic delivery to: pubfin_statelocalgovt@spglobal.com. If SEC rule 17g-5 is applicable, you may post such information on the appropriate website. For any information not available in electronic format or posted on the applicable website,

Please send hard copies to:
S&P Global Ratings
Public Finance Department
55 Water Street
New York, NY 10041-0003

The rating is subject to the Terms and Conditions, if any, attached to the Engagement Letter applicable to the rating. In the absence of such Engagement Letter and Terms and Conditions, the rating is subject to the attached Terms and Conditions. The applicable Terms and Conditions are incorporated herein by reference.

S&P Global Ratings is pleased to have the opportunity to provide its rating opinion. For more information please visit our website at www.standardandpoors.com. If you have any questions, please contact us. Thank you for choosing S&P Global Ratings.

Sincerely yours,

S&P Global Ratings
a division of Standard & Poor's Financial Services LLC

tm
enclosures

cc: ***Colleen Gartland***
Sarah Bede

S&P Global
Ratings

S&P Global Ratings
Terms and Conditions Applicable To Public Finance Credit Ratings

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No Third Party Beneficiaries. Nothing in any credit rating engagement, or a credit rating when issued, is intended or should be construed as creating any rights on behalf of any third parties, including, without limitation, any recipient of a credit rating. No person is intended as a third party beneficiary of any credit rating engagement or of a credit rating when issued.

Research Update:

Palisades School District, PA Series 2026 GO Bonds Assigned 'AA' Rating

October 6, 2026

Overview

- S&P Global Ratings assigned its 'AA' long-term rating to Palisades School District, Pennsylvania's $5.635 million series 2026 general obligation (GO) bonds.
- At the same time, we affirmed our 'AA' rating on the district's existing GO debt.
- The outlook is stable.

Primary Contact

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Secondary Contact

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mona.elfar
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Rationale

Security

The district's full-faith-and-credit pledge, subject to Act 1 Index limitations, secures the series 2026 bonds. The Act 1 Index under Pennsylvania commonwealth statute restricts a district's ability to raise the tax levy higher than a certain index, which is set by the Pennsylvania Department of Education. Certain series of the district's GO debt are subject to the index, and other series of existing debt are not. We rate the district's limited-tax GO debt at the same level as our view of the district's general creditworthiness because we see no significant limitations on the district's fungibility of resources.

Management will use the series 2026 bond proceeds to fund various renovations and capital improvements throughout the district, highlighted by a middle school auditorium and a wastewater treatment plant renovation.

Credit highlights

The rating reflects the maintenance of available reserves over 50% of revenues over recent years, coupled with above-average economic indicators and a manageable debt burden. This is offset by the anticipated use of available reserves in fiscal years 2026 and 2027 for one-time capital projects and an elevated pension liability.

The district encompasses about 100 square miles in northern Bucks County, and its boundaries are coterminous with the townships of Bridgeton, Durham, Nockamixon, Springfield, and Tinicum

as well as the entire borough of Riegelsville. Enrollment has declined by 4.2% since fiscal 2023, totaling 1,314 students in fiscal 2027. Officials project enrollment declines over the next decade, albeit at a slightly slower pace. As a result, the district is considering closing a building and renting it to the Bucks County Intermediate Unit starting in fiscal 2028, which would result in approximately $700,000 of annual expenditure savings.

Available fund balance has exceeded 50% of operating revenues in recent years, and in fiscal 2025 it increased to $26.9 million, or 54.9%. Officials attribute the district's strong finances to conservative budgeting and properly managing finances. Estimated fiscal 2026 general fund results show a $1.99 million use of general fund reserves (4% of revenue) to fund various one-time capital projects. The fiscal 2027 general fund budget totals $59.6 million, using $10.1 million to balance the budget, which was done as part of the district's conservative budgeting practices. Officials also budgeted approximately $3 million of one-time capital projects, which is the size of fund balance the district expects to use by year-end. Despite the use of reserves, we expect available reserves will remain healthy, but if this trend continues beyond our two-year outlook horizon, the rating could be pressured. However, management plans to keep a relatively stable available reserve starting in fiscal 2028.

The 'AA' rating further reflects our view of:

- Incomes are above average, and district residents have access to Allentown, New Jersey, and Philadelphia. The tax base remains very diverse, and major taxpayers and employers have remained stable.
- Available fund balance is expected to decrease to approximately $21.9 million, or 44.2% of budgeted fiscal 2027 general fund revenue, for planned uses of reserves to cash-fund ongoing capital projects, but we expect they will remain healthy over our outlook horizon. Local sources remain the district's leading revenue source, making up 75.4% of general fund revenue, while state aid accounted for 23.8% in fiscal 2025.
- Management budgets conservatively, incorporating four to five years of historical revenue and expenditure trends into the budgetary process. The budget can be amended as needed, and the board receives a monthly budget-to-actual report. The district has formal five-year financial and capital plans, which are updated annually. The district has its own investment policy and provides monthly investment reports to the board. Officials do not have a formal debt policy but adhere to state guidelines. There is a formal reserve policy setting a minimum of unassigned fund balance at 4% and a maximum at 8% operating expenses. The district's cyber risk mitigation measures align with our view of its overall risk management policies and practices.
- We expect the district's debt burden to remain manageable given no additional debt plans over the outlook.
- Pension costs are elevated and pension plans are poorly funded at the state level, although the state provides support for approximately half of the district's annual pension costs, which we have accounted for in our analysis. The current discount rate is 7%, indicating some risk of cost escalation due to market volatility, which we view as a credit weakness due to the high net pension liability. For more information, see "Pension Spotlight: Pennsylvania," July 19, 2022.
- The district's institutional framework assessment is in line with those of state peers. For more information on our institutional framework assessment for Pennsylvania school districts, see "Institutional Framework Assessment: Pennsylvania Local Governments," Sept. 9, 2024.

Outlook

The stable outlook reflects our expectation that the district will budget conservatively to maintain healthy available reserves, despite plans to use available reserves for capital in fiscal years 2026 and 2027. The lack of additional debt plans provides further stability.

Downside scenario

We could lower the rating if available reserves decrease beyond expectations to levels no longer commensurate with the rating, without a credible plan to rebuild them.

Upside scenario

With all else equal, we could raise the rating if the district's pension funded ratio improves while its liability moderates, economic metrics improve and are sustained at stronger levels, and budgetary performance remains positive.

Palisades School District, Pennsylvania--credit summary

Institutional framework (IF)	2
Individual credit profile (ICP)	2.21
Economy	2.0
Financial performance	3
Reserves and liquidity	1
Management	2.30
Debt and liabilities	2.75

Palisades School District, Pennsylvania--key credit metrics

	Most recent	2025	2024	2023
Economy				
Real GCP per capita as % of U.S.	--	--	87	86
County PCPI as % of U.S.	--	--	132	132
Market value ($000s)	2,889,413	2,877,257	2,576,703	2,566,101
Market value per capita ($)	--	186,689	166,615	165,705
Top 10 taxpayers as % of taxable value	--	1.5	--	--
County unemployment rate (%)	--	3.8	3.5	3.3
Local median household EBI as % of U.S.	--	131	136	136
Local per capita EBI as % of U.S.	--	139	148	141
Local population	--	15,412	15,465	15,486
Financial performance				
Operating fund revenue ($000s)	--	48,884	49,602	46,095
Operating fund expenditures ($000s)	--	48,546	49,159	45,506
Net transfers and other adjustments ($000s)	--	0	235	35
Operating result ($000s)	--	338	678	624
Operating result as % of revenue	--	0.7	1.4	1.4
Operating result three-year average %	--	1.1	1.6	0.1
Enrollment	--	1,327	1,314	1,372

Palisades School District, Pennsylvania--key credit metrics				
Reserves and liquidity				
Available reserves as % of operating revenue	--	54.9	53.1	55.2
Available reserves ($000s)	--	26,861	26,318	25,460
Debt and liabilities				
Debt service cost as % of revenue	--	1.5	4.6	4.9
Net direct debt per capita ($)	460	180	222	349
Net direct debt ($000s)	7,082	2,769	3,430	5,397
Direct debt 10-year amortization (%)	45	100	100	--
Pension and OPEB cost as % of revenue	--	14.3	13.6	14.5
NPLs per capita ($)	--	3,415	3,318	3,522
Combined NPLs ($000s)	--	52,635	51,314	54,540

Financial data may reflect analytical adjustments and are sourced from issuer audit reports or other annual disclosures. Economic data is generally sourced from S&P Global Market Intelligence, the Bureau of Labor Statistics, Claritas, and issuer audits and other disclosures. Local population is sourced from Claritas. Claritas estimates are point in time and not meant to show year-over-year trends. GCP--Gross county product. PCPI--Per capita personal income. EBI--Effective buying income. OPEB--Other postemployment benefits. NPLs--Net pension liabilities.

Ratings List	
New Issue Ratings	
US$5,635,000 Palisades School District, Pennsylvania, General Obligation Bonds, Series 2026, dated: Date of Delivery, due: October 1, 2044	
Long Term Rating	AA/Stable
New Rating	
Local Government	
Palisades Sch Dist, PA Unlimited Tax General Obligation	
Palisades School District, PA Limited Tax General Obligation	AA/Stable
Ratings Affirmed	
Local Government	
Palisades Sch Dist, PA Unlimited Tax General Obligation	AA/Stable

The ratings appearing below the new issues represent an aggregation of debt issues (ASID) associated with related maturities. The maturities similarly reflect our opinion about the creditworthiness of the U.S. Public Finance obligor's legal pledge for payment of the financial obligation. Nevertheless, these maturities may have different credit ratings than the rating presented next to the ASID depending on whether or not additional legal pledge(s) support the specific maturity's payment obligation, such as credit enhancement, as a result of defeasance, or other factors.

Certain terms used in this report, particularly certain adjectives used to express our view on rating relevant factors, have specific meanings ascribed to them in our criteria, and should therefore be read in conjunction with such criteria. Please see Ratings Criteria at https://disclosure.spglobal.com/ratings/en/regulatory/ratings-criteria for further information. A description of each of S&P Global Ratings' rating categories is contained in "S&P Global Ratings Definitions" at https://disclosure.spglobal.com/ratings/en/regulatory/article/-/view/sourceId/504352. Complete ratings information is available to RatingsDirect subscribers at www.capitaliq.com. All ratings referenced herein can be found on S&P Global Ratings' public website at www.spglobal.com/ratings.

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Bucks County
Intermediate Unit

705 N. Shady Retreat Rd.
Doylestown, PA 18901
Tel: 215-348-2940
www.BucksIU.org

HOMESTEAD/FARMSTEAD
DISTRICT AGREEMENT – 2026-2027

This Agreement is entered on **September 15, 2026** by and between the **BUCKS COUNTY INTERMEDIATE UNIT #22** located at 705 N. Shady Retreat Road, Doylestown, PA 18901, hereinafter referred to as the "Bucks IU" and **Palisades School District** located at 39 Thomas Free Drive, Kintnersville, PA 18930, hereinafter referred to as "District".

The district shall pay to the Bucks IU the actual cost per parcel, plus postage, and any other costs associated with the cooperative organization, printing, advertising, and mailing of the Homestead Exclusion Notices in December 2026. The Bucks IU has coordinated with the Bucks County Assessment Office and a third party in order to fulfill district responsibilities under Act 1. Estimated per parcel costs are as follows:

Processing Fee per Parcel:	$0.428
Postage Fee per Parcel:	0.65
IU Coordination Fee	0.05
Total Cost per Parcel	$1.128

PALISADES SCHOOL DISTRICT

_____
Silvia LeBlanc, President
Board of School Directors

_____
(Signature in Blue Ink)

Date: _____

BUCKS COUNTY INTERMEDIATE UNIT #22

_____
John D'Angelo, President
Bucks IU Board of School Directors

Attest:

_____
Michele Ruggiero, Secretary
Bucks IU Board of School Directors

Date: _____

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William D. Kee, PE *(Retired)*
Johann F. Szautner, PE/PLS *(Retired)*
Todd R. Myers, PLS *(Semiretired)*
Scott P. McMackin, PE
Charles R. Tomko, PE
Michael R. Smith, PE
Wayne V. Doyle, PE

VIA EMAIL: acrouthamel@palisadessd.org

October 5, 2026

Mr. Alan Crouthamel, Director of Facilities
Palisades School District
39 Thomas Free Drive
Kintnersville, PA 18930

Subject: Change Order #6
Sewage Treatment Plant Upgrade
Nockamixon Township
CAI 14673.25

Dear Al,

Twining Construction Company, Inc., has presented a change order for reimbursement for pumping in excess of the contract estimate. Description and justification for the requested amount is provided on the attached change order document.

A summary of the contract to date is provided below:

Original Contract Amount	$	686,963.54
Previously Approved Change Orders (1, 2, 4 & 5)	$	(6,091.04)
Change Order 6	$	48,520.71
Adjusted Contract Amount	**$**	**729,393.21**

Approval of the change orders will result in an increase of 6% of the original contract amount.

CAI has reviewed the requests and considers the change orders to be reasonable. We recommend the District consider approving the requests. The Contractor has completed work described in these requests to prevent delays to the project. I can be reached in my office at extension 116 or via e-mail at cbh@cowanassociates.com if there are any questions.

Sincerely,

COWAN ASSOCIATES, INC.
Sr. Project Engineer

Crystal B. Hessler, P.E

CBH:aew

Enclosures: Changes Orders #6

Cowan Building • 120 Penn-Am Drive • P.O. Box 949 • Quakertown, PA 18951
Phone: 215-536-7075 • 1-800-492-5649 • Fax: 215-536-1582 • E-mail: cowan@cowanassociates.com
Web Site: www.cowanassociates.com

CONTRACT CHANGE ORDER

CAI No.: 14673.25
Order No.: 6
Date: 10/5/2026
State: PA
County: Bucks

Contract For: Sewer Treatment Plant Upgrades

Owner: Palisades School District

To: Twining Construction Company, Inc.
(Contractor)

You are hereby requested to comply with the following changes from the contract plans and specifications:

Description of Changes (Supplemental Plans and Specifications Attached)	DECREASE in Contract Price	INCREASE in Contract Price
Reimbursement for Pumping Over Contract Estimate		$ 48,520.71
NET CHANGE IN CONTRACT PRICE		$ 48,520.71

JUSTIFICATION:

The Contract documents placed responsibility for hauling and disposal 376,500 gallons of sewage received at the plant during construction on the Contractor. The sewage hauler disposed of 517,650 gallons of sewage during the project. Twining Construction Company, Inc. (TCCI) is eligible for reimbursement for costs associated with the disposal in excess of the contract estimate.

The Specification anticipated 65 days of hauling for work to be completed. The work required an additional 14 days of hauling, due to Met-Ed's delay connecting the new electrical service.

Additionally, the hauling records suggest inflow and infiltration due to rain events impacted the average flow observed during the work. The average flow over the construction period was approximately 767 gallons per day higher than estimated. Estimated flow values were calculated by the Engineer prior to the work, based on plant records from summer months in 2022 through 2025.

TCCI supplied non-potable clean water to fill the treatment plant for start-up testing. Supplying water for start-up was the Owner's responsibility, as the plant was purchased outside the terms of the contract with TCCI. The on-site well was unable to supply an adequate amount of water to fill the plant in a timely manner. TCCI arranged delivery through their sewage hauler to avoid further delays. Reimbursement for these charges is included in the change order total.

CONTRACT VALUE:

Original Contract Sum		$	686,963.54
Net Change by Previous Change Order(s) numbered	1, 2, 4 & 5	$	(6,091.04)
Net Change by This Change Order		$	48,520.71
NEW CONTRACT AMOUNT		$	729,393.21

The Contract Total Including this and previous Change Orders Will Be: Seven Hundred Twenty-Nine Thousand, Three Hundred Ninety-Three Dollars and Twenty-One Cents ($729,393.21).

The contract period provided for completion will be: Unchanged

CONTRACT CHANGE ORDER CONT.

CAI No.: 14673.25
Order No.: 6
Date: 10/5/2026
State: PA
County: Bucks

Contract For: Sewer Treatment Plant Upgrades

Owner: Palisades School District

To: Twining Construction Company, Inc.
(Contractor)

This document will become a supplement to the contract and all provisions will apply hereto.

Requested:

(Owner) (Date)

Recommended:

(Owner's Engineer) 10/5/2026 (Date)

Accepted:

(Contractor) (Date)

Twining Construction Co., Inc.

Proposed Change Order Request

Project: Palisades Sewer Treatment Plant
COR Description: Pumping Overage
COR#: 6

COST BREAKDOWN

LABOR COST

Classification	Rate	OT Rate	Total Regular Hours	Total OT Hours	Regular Rate Total	OT Rate Total	Total
Carpenter	$85.00	$127.50			$ -	$ -	$ -
Laborer	$68.00	$102.00			$ -	$ -	$ -
Superintendent	$150.00	$225.00			$ -	$ -	$ -
Project Manager	$150.00	$225.00	1.5		$ 225.00	$ -	$ 225.00
Project Administrator	$50.00	$75.00	3		$ 150.00	$ -	$ 150.00
				Sub-Total			**$ 375.00**

On Base Labor Rate ONLY

Social Security @	6.20%	$ 23.25
Medicare @	1.45%	$ 5.44
Unemployment @	1.45%	$ 5.44
Workman's Compensation @	10.00%	$ 37.50
Public Liability Insurance @	2.00%	$ 7.50
	Sub-Total	**$ 79.13**
** Labor Markup	15.00%	$ 68.12
	TOTAL LABOR	**$ 522.24**

MATERIAL COST

Item	Quantity	Unit Cost	Sub Total	Tax	Total Cost
		$ -	$ -	6.00%	$ -
		$ -	$ -	6.00%	$ -
		$ -	$ -	6.00%	$ -
		$ -	$ -	6.00%	$ -
			Sub-Total		**$ -**

** Material Markup	15.00%	$ -
	MATERIAL TOTAL	**$ -**

EQUIPMENT/TOOL COST

Classification	Rate	Gallons	Total Cost
Pump Truck Overage	$ 0.27	141,150	$ 38,110.50
Water Supplied	$ 2,800.00	1	$ 2,800.00
	$ -		$ -
	$ -		$ -
	Sub-Total		**$ 40,910.50**

** Equipment Markup	15.00%	$ 6,136.58
	EQUIPMENT TOTAL	**$ 47,047.08**

SUBCONTRACT COST

Description	Price	Total Cost
		$ -

		$ -
		$ -
		$ -
	Sub-Total	**$ -**
	** Subcontract Markup 15.00%	$ -
	SUBCONTRACT TOTAL	**$ -**

Summary of Charges

Total Labor	**$**	**522.24**
Total Material	**$**	**-**
Total Equip./Tool	**$**	**47,047.08**
Total Subcontracts	**$**	**-**
Subtotal	**$**	**47,569.32**
Bond 2.00%	**$**	**951.39**
COR TOTAL:	**$**	**48,520.71**

An additional _____ day(s) will be required on contract time for this proposal.
Prices are subject to change if not accepted within 30 day(s).

Submitted By: Stephen McIntyre Date:	Accepted By: Date:

Gallons Per Contract:	376,500
Current Used:	517,650
Gallons Overage	-141,150

Invoice:	8536	
Date:	Gallons:	
6/10/2026		24,000
6/11/2026		15,500
6/12/2026		4,000
6/15/2026		18,500
6/16/2026		4,500
6/17/2026		6,000
6/18/2026		6,000
6/19/2026		8,000
	Total:	**86,500**

Invoice:	8537	
Date:	Gallons:	
6/22/2026		6,500
6/23/2026		11,000
6/26/2026		5,000
6/29/2026		23,250
6/30/2026		4,750
7/1/2026		4,750
	Total:	**55,250**

Invoice:	8539	
Date:	Gallons:	
7/1/2026		4,750
7/2/2026		1,500
7/2/2026		4,700
7/3/2026		4,750
7/6/2026		18,500
7/7/2026		14,250
7/8/2026		4,750
7/9/2026		4,750
7/10/2026		9,500
	Total:	**67,450**

Invoice:	8540	
Date:	Gallons:	
7/13/2026		9,500
7/14/2026		7,450

	7/15/2026	6,750
	7/16/2026	4,750
	7/17/2026	7,750
	Total:	**36,200**

Invoice:	**8535**		
	Date:	Gallons:	
	7/19/2026		4,750
	7/20/2026		7,750
	7/21/2026		2,500
	7/22/2026		4,750
	7/23/2026		2,250
	7/24/2026		4,750
	7/27/2026		16,750
		Total:	**43,500**

Invoice:	**8708**		
	Date:	Gallons:	
	7/28/2026		3,000
	7/29/2026		18,500
	7/30/2026		10,500
	7/31/2026		16,000
		Total:	**48,000**

Invoice:	**8709**		
	Date:	Gallons:	
	8/3/2026		14,500
	8/4/2026		13,500
	8/5/2026		3,000
	8/6/2026		6,000
	8/7/2026		2,600
	8/7/2026		13,900
		Total:	**53,500**

Invoice:	**8710**		
	Date:	Gallons:	
	8/10/2026		18,500
	8/11/2026		12,000
	8/12/2026		6,000
	8/13/2026		3,000
	8/14/2026		6,000
		Total:	**45,500**

Invoice:	**8711**	
Date:	Gallons:	
8/17/2026		14,250
8/18/2026		15,000
8/19/2026		9,000
8/20/2026		3,000
8/21/2026		10,000
	Total:	**51,250**

Invoice:	**8714**	
Date:	Gallons:	
8/24/2026		19,500
8/25/2026		3,000
8/26/2026		3,000
8/27/2026		5,000
	Total:	**30,500**

Brad S Nicholas
Septic tank cleaning
25 Brandon Way
Kintnersville Pa 18930
(610) 847-2555
DEP09017
PA042870
PSMA0919

April 13, 2026
Twining Construction
Palisades School District

Holding Tank Pump and Haul bid

We agree to pump and haul all the waste water from the holing tank at the Palisades school job for the entire duration of the job. This also includes our company to be available at all times, 24 hours per day to pump and haul every load to a dep licensed dumping facility and test every load before dumping as well as generating a dumping manifest. We will also be monitoring the high water alarm through our cellphone to ensure the tanks do not overfill.

The amount per gallon is .275 cents per gallon.

SFMC .27

Thank you
Brad S Nicholas

04/13/2026

BRAD S. NICHOLAS LLC

8716

SEPTIC TANKS • CESSPOOLS • HOLDING TANKS • PUMPED & CLEANED

25 Brandon Way Kintnersville, PA 18930
Phone: (610) 847-2555

PLEASE MAKE CHECKS PAYABLE TO BRAD S. NICHOLAS

CUSTOMER ORDER NO.	PHONE	DATE
		9-2-26

NAME Twining Construction

ADDRESS Palisades

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	

QTY	DESCRIPTION	PRICE	AMOUNT
8-24	Hauled + Pump Holding water From Tanks	#	2800.00
	$2800.00		
	PLEASE PAY WITHIN 30 DAYS		
	FROM INVOICE DATE	**TAX**	
		TOTAL	

RECEIVED BY emailed 9-2-26

All claims and returned goods
MUST be accompanied by this bill

Thank You

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Sch

Pick-up Address Sandhill P.
10611

Phone No. 610 847 5131

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-7-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Wilhelms Telephone 610 847 7055

Truck No. 127 License No. 75E5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-7-26 Time: 3:10 Signature _____

pH 7.07 std. units Sample ID 080726C19

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palgrader Bak

Pick-up Address San. Dist. Rt 611

Phone No. 610 847-5836

Waste Stream Identification and volume:

Holding 4000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 3-7-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Wilhelms Telephone 610-847-2555

Truck No. 127 License No. 7505604

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 3-7-26 Time: 1 29 PM Signature _____

pH 7.50 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name La Grades Inc

Pick-up Address Jenkins P.
1061

Phone No. 610 536-5191

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8/7 Time 1 Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Buck's Mowers Telephone 610-346-2555

Truck No. 189 License No. 75E5667

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/7 Time: 11:20 Signature _____

pH 7.92 std. units Sample ID 05071609

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palmerton

Pick-up Address Jacobsburg Rd

Bath

Phone No. 610 837-7171

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-7-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Wilson Pmps Telephone (610) 262-5[illegible]

Truck No. 127 License No. 25K5601

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-7-26 Time: 9:42 AM Signature _____

pH 7.63 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Applegate Rest

Pick-up Address Jenkins Rd

Quakertown

Phone No. 610 536-5131

Waste Stream Identification and volume:

3000

Holding XXX Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-7-23 Time 7:30 Signature_____

Customer Name_____

Pick-up Address_____

Phone No._____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name_____

Pick-up Address_____

Phone No._____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name_____

Pick-up Address_____

Phone No._____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Brad S Michaels Telephone 610 847-2[illegible]

Truck No. 127 License No. 7356604

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent_____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-7-23 Time: 7:30 AM Signature_____

pH 7.77 std. units Sample ID_____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Bob S Nicholas

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 1400 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-7-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Bob S Nicholas Telephone 610 847-2553

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-7-26 Time: 1170 Signature _____

pH 7.73 std. units Sample ID 080726.08

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Pipe School

Pick-up Address Jenkintown Rd

Ki 611

Phone No. 610 647-5151

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8.10.24 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Neal's Michaels Telephone 610 847-2751

Truck No. 187 License No. 2576264

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 08.10.24 Time: _____ Signature _____

pH 8.15 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Sr. Center

Pick-up Address Jensdale Rd
Quakertown

Phone No. 610-536-7551

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-10-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Mack Nichols Telephone 610 847 2551

Truck No. 127 License No. ZSE 5669

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-10-26 Time: 3:00 Signature _____

pH 2.24 std. units Sample ID 08102022

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Sig

Pick-up Address Temple PA

Phone No. 610-367-7191

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-10-26 Time 10:53 Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Buck's Waste Mgmt Telephone 610-367-7191

Truck No. 927 License No. ZJE5604

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-10-26 Time: 10:53 Signature _____

pH 7.63 std. units Sample ID 08102611

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Nicholas

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 3500 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 2-10-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name Boor Creek

Pick-up Address 1345 Flint Hill Rd

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic 1000 Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 2-10-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Nicholas Telephone 610-847-2585

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 2-10-26 Time: 2:10 Signature _____

pH 7.67 std. units Sample ID 08102619

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Rafsnyder Sch

Pick-up Address Sandbed Pl

Rt 611

Phone No. 610 847 5191

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-8-24 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Wiegman Telephone 610 847 2551

Truck No. 127 License No. 75E5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-10-24 Time:_____ Signature_____

pH 7.55 std. units Sample ID_____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company _____ Telephone _____

Truck No. _____ License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: _____ Time: _____ Signature _____

pH _____ std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades [illegible]

Pick-up Address [illegible]

Phone No. 610 847-7191

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-9 Time 26 Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company [illegible] Telephone 610 847 2[illegible]

Truck No. 177 License No. ZSE5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/11/26 Time: 745 Signature KW

pH 8.31 std. units Sample ID 08112602

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades

Pick-up Address Sandbed

Phone No. 610 536-3191

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-11-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Wilson Inc Telephone 610 847-7777

Truck No. 127 License No. 2315609

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-11-26 Time: 3:09 Signature _____

pH 7.86 std. units Sample ID 08112616

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Falcon Ins Co / Lehigh

Pick-up Address Terrace Ct

VA 011

Phone No. 610 [illegible] 9151

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8. 11. 26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company [illegible] Telephone 610 [illegible]

Truck No. 127 License No. 7565664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-11-26 Time: 1 20 PM Signature_____

pH 7.64 std. units Sample ID_____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades H.S. School

Pick-up Address Jericho Rd
Rt 611

Phone No. 610-847-5191

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8/11/26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Paul S Wilson Inc Telephone 610 847 2775

Truck No. 188 License No. 75E5004

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-11-26 Time: 7:40 Signature _____

pH 7.94 std. units Sample ID 08112606

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Valyrodes N. / Becker

Pick-up Address Seyedat. Pl.

VT 611

Phone No. 610 847-4191

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-12-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Brad S Mfg. LLC Telephone 610 847-2553

Truck No. 127 License No. 25E5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-12-26 Time: 3:00 PM Signature_____

pH 7.90 std. units Sample ID_____

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-12-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company _____ Telephone _____

Truck No. 107 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/12 Time: 0801 Signature _____

pH 7.94 std. units Sample ID 08122602

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Mfg

Pick-up Address Sewage Co
PO Box 11

Phone No. 610 847-5131

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-13-26 Time 0 Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Wetherhold Telephone 610 847 2377

Truck No. 127 License No. 29E 7664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-13-26 Time: 12:20 PM Signature_____

pH 8.06 std. units Sample ID_____

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palysades Plaza

Pick-up Address Penn. Dale Rd.
Rt 611

Phone No. 610 346-5191

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-14 Time 26 Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Fred S Nichols Inc Telephone 610 847-2095

Truck No. 127 License No. 78E5669

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-14-26 Time: 1:20 PM Signature_____

pH 7.74 std. units Sample ID_____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Pk. School

Pick-up Address Durham Rd
Rt 611

Phone No. 610 347 3131

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8/14/26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Nichols Telephone 610 367 7307

Truck No. 127 License No. Z5E5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-14-26 Time: 9 AM Signature _____

pH 7.66 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name: D.T. Contracting

Pick-up Address: 4955 Rt 412

Phone No.:

Waste Stream Identification and volume:

Holding: ____ Septic: 1000 Other: ____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date: 8-16-26 Time: ____ Signature: [signature]

Customer Name: Nicholas

Pick-up Address:

Phone No.:

Waste Stream Identification and volume:

Holding: 2250 Septic: ____ Other: ____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date: 8-16-26 Time: ____ Signature: [signature]

Customer Name: Emile Calonio

Pick-up Address: 8514 Easton Rd

Phone No.:

Waste Stream Identification and volume:

Holding: ____ Septic: 1250 Other: ____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date: 8-16-26 Time: ____ Signature: [signature]

Customer Name:

Pick-up Address:

Phone No.:

Waste Stream Identification and volume:

Holding: ____ Septic: ____ Other: ____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date: ____ Time: ____ Signature: ____

2. Hauler of Waste

Company: Bad's Nicholas Telephone: 610 517 2555

Truck No.: 121 License No.:

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

4500

Signature of Agent: [signature]

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/17/26 Time: ____ Signature: [signature]

pH: 8.03 std. units Sample ID: ____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palysades

Pick-up Address Long Lane
129 611

Phone No. 610 847-2731

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8/17/26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Whitehill Telephone 610 847 2535

Truck No. 187 License No. 736 W604

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/17 Time: 0801 Signature _____

pH 6.58 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name [illegible]

Pick-up Address [illegible]

[illegible] PA 611

Phone No. 610-536-5191

Waste Stream Identification and volume:

Holding 3,000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8/17/26 Time 26 Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company [illegible] Telephone 610 [illegible]

Truck No. 129 License No. [illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 10-7-26 Time: 9:30 AM Signature _____

pH 7.00 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company _____ Telephone _____

Truck No. _____ License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/17/26 Time: _____ Signature _____

pH 7.63 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades

Pick-up Address [illegible]

Phone No. [illegible]

Waste Stream Identification and volume:

Holding 1600 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-17-26 Time [illegible] Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company [illegible] Telephone [illegible]

Truck No. 127 License No. 75E5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-17-26 Time: 2:27 Signature _____

pH 7.82 std. units Sample ID 081726

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Rhodes

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 1500 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-18-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad's Rhodes Telephone 610-847-2855

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-18-26 Time: 1:50 Signature _____

pH 6.08 std. units Sample ID 08182609

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Bud's Rentals

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 1400 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-18-21 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Bud's Rentals Telephone 610-847-2853

Truck No. 191 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/18 Time: 1145 Signature _____

pH 8.26 std. units Sample ID 08187605

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Quakertown Hosp

Pick-up Address [illegible]

Phone No. 610 536 2131

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 5-15-26 Time 26 Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Michaels Telephone 610 847 2551

Truck No. 120 License No. 735706Y

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 5-15-26 Time: [illegible] Signature _____

pH 7.92 std. units Sample ID 051526-10

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name [illegible]

Pick-up Address [illegible]

Phone No. 610-847-5131

Waste Stream Identification and volume:

Holding 1000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 9-19-24 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company [illegible] Telephone [illegible]

Truck No. 107 License No. [illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 9-19-24 Time: 3:34 Signature _____

pH 7.73 std. units Sample ID 081261

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Valgardo Stiegel

Pick-up Address Sendale P.

Phone No. 610 847-5171

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 6-19-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Mitchell Jr Telephone 610 847 2355

Truck No. 07 License No. 75052A1

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 6-9-26 Time: 900 HH Signature _____

pH 6.0 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name [illegible]

Pick-up Address [illegible]

Phone No. [illegible]

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-11-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Michaels Telephone [illegible]

Truck No. 127 License No. [illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-11-26 Time: 11:15 Signature _____

pH 7.70 std. units Sample ID [illegible]

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palmyra Hyd Sch

Pick-up Address Swamp Rd

NT 611

Phone No. 610 536 5131

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-19-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Mellott Jr Telephone 610 367 7551

Truck No. 107 License No. 75E1604

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-19-26 Time: 8:10 Signature _____

pH 7.84 std. units Sample ID 65[illegible]509

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Valvoline Inc

Pick-up Address Ter. Dale Dr

1176 11

Phone No. 610-541 5191

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-30-24 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Nichols Telephone 610 847 7281

Truck No. 127 License No. 7553604

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-30-24 Time: 12:32 PM Signature_____

pH 5.08 std. units Sample ID_____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Rinaldis

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 1000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-21-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name JCAP

Pick-up Address Eagle Hill LC

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic 500 Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-21-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad's Nicholas Telephone 610-847-1885

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/21 Time: 1600 Signature _____

pH 7.90 std. units Sample ID 08212606

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades High School

Pick-up Address Jericho Rd. Upper Black Eddy

Phone No. 610-982-5131

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 5-21-26 Time_____ Signature_____

Customer Name_____

Pick-up Address_____

Phone No._____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name_____

Pick-up Address_____

Phone No._____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name_____

Pick-up Address_____

Phone No._____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Wiehe Inc Telephone 610 847 7553

Truck No. 127 License No. 2015069

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent_____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 5-21-26 Time: 11 Signature_____

pH 5.14 std. units Sample ID_____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Mart

Pick-up Address Heidelberg

PA 610

Phone No. 610 547 7131

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8.21.26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Bac (S Nicholls Telephone 610 847 2551

Truck No. 127 License No. 2256601

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/21/26 Time: 925 Signature _____

pH 8.19 std. units Sample ID 08212603

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Nicholes

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 1500 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-24-16 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Black S Nichols Telephone 610-847-2665

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-24-16 Time: 12:40 Signature _____

pH 8.04 std. units Sample ID 082416

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name [illegible]

Pick-up Address [illegible]

Phone No. 610-347-7151

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-24-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company [illegible] Telephone 610 307 2551

Truck No. 120 License No. [illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-24-26 Time: 10:12 AM Signature _____

pH 7.14 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Pipe School

Pick-up Address Jarrdale Dr

Quakertown

Phone No. 610-536-5191

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-24-16 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Paul S Wicks Telephone 610-847-2555

Truck No. 127 License No. 785 Tank

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/24/16 Time: 915 Signature KW

pH 6.99 std. units Sample ID 08241605

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Mid School

Pick-up Address Jericho Rd

Upper Black Eddy

Phone No. 610 982 5131

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-24-24 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Buck's Wells Inc Telephone 610 847 2555

Truck No. 107 License No. ASE7664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/27 Time: 0745 Signature _____

pH 7.16 std. units Sample ID 08272602

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades [illegible]

Pick-up Address Jericho Pl

PA 61

Phone No. 610 547 5131

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 6-24-26 Time_____ Signature_____

Customer Name [illegible]

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company [illegible] Telephone 610-[illegible]

Truck No. 107 License No. 25[illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 6-24-26 Time: 12:12 PM Signature _____

pH 7.23 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name [illegible]

Pick-up Address [illegible]

Phone No. 610 847 2151

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-26-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company [illegible] Telephone 610 847 2753

Truck No. 127 License No. [illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-25-26 Time: [illegible] Signature _____

pH 7.61 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Quakertown Vet Clinic

Pick-up Address Sandalwood Rd

Phone No. 610-536-7151

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-26-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Michaels Telephone 610 847-2557

Truck No. 12 License No. 2570881

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/26/26 Time: 840 Signature KW

pH 7.66 std. units Sample ID 082603

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Mini

Pick-up Address Glendale PS

Utica

Phone No. 610 667-5121

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-26 Time 26 Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Brad S Michaels Telephone 610 509 2553

Truck No. 127 License No. 2505604

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-26-26 Time: 1:30 Signature _____

pH 7.21 std. units Sample ID 08262616

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name La Casa Los Tres Amigos

Pick-up Address Sunday Dr

Upper Gwynedd PA 19454

Phone No. 610 540-5191

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8.27.26 Time 16 Signature_____

Customer Name_____

Pick-up Address_____

Phone No._____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name_____

Pick-up Address_____

Phone No._____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name_____

Pick-up Address_____

Phone No._____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Weiler Telephone 610 [illegible]

Truck No. 127 License No. 757566

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent_____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/27/26 Time: 1150 Signature KW

pH 7.53 std. units Sample ID 082726-14

Quakertown Wastewater Treatment Facility
Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Nicholls

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 2000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-27-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name Tom Sassaman

Pick-up Address 130 Maple Wood Rd

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic 1500 Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-27-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Nicholls Telephone 610-847-2685

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/27/26 Time: 1035 Signature _____

pH 7.90 std. units Sample ID 08272611

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 4500 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 6.22.26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Nicholas Telephone 610-847-2555

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 6.22.26 Time: 11:50 Signature _____

pH 7.96 std. units Sample ID 06222611

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Pgleasanter Inn

Pick-up Address Jem Co. Rt 611

Phone No. 610 847 5131

Waste Stream Identification and volume:

Holding 2000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 6-22-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Mitchell LLC Telephone 610 847 2[illegible]

Truck No. 025 License No. PA05756

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 6-22-26 Time: 8:32 AM Signature _____

pH 6.92 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Nitches

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 1500 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 6-23-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Nitches Telephone 610-847-2555

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 6-23-26 Time: 11:25 Signature _____

pH 4.03 std. units Sample ID 062326 05

RT 24

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: [illegible]

Pick-up Address: _____
(No.) (Street) (City) (State) (Zip)

Telephone Number: (___) _____ Approval Number _____

Waste Stream Identification

Holding Tank: 4600 Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: 4600 Gallons

Special Handling Instructions: _____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: 6-23-96 Time: _____ AM PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: Paul S. Mathews

Telephone Number: (610) 847-2655 Approval Number _____

Pick-up Date: 6-23-96 Time: _____ AM PM Truck No. 101 Lic.No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: 6/23 Time: 830 AM PM Signature: _____
(Name & Title)

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Hub

Pick-up Address Sandell P.
Perk

Phone No. 610-847-5131

Waste Stream Identification and volume:

Holding 2000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 6-23-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Mitchell Telephone 610 847 2535

Truck No. 023 License No. ZAD8256

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 6/23/26 Time: 8:20 Signature _____

pH 7.41 std. units Sample ID 06232601

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Villages Solar

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 5000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 6/26/26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Bio S Nichols Telephone 610-847-2838

Truck No. XX License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 6/26/26 Time: 940 Signature KW

pH 7.68 std. units Sample ID 06262602

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palesade Mgt Co

Pick-up Address San Dale Pl

PT Gil

Phone No. 610 847-9131

Waste Stream Identification and volume:

Holding 1750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-1-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Michaels Telephone 610 [illegible]

Truck No. 827 License No. ZSE5604

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-1-26 Time: _____ Signature _____

pH 7.50 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Pelgrosh Park

Pick-up Address Route 663

Phone No. 610-536-5131

Waste Stream Identification and volume:

Holding 4000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-1-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Paul S Mitchell's Telephone 610 562 7755

Truck No. 007 License No. 25E5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-2-26 Time: 4:34 Signature _____

pH 7.38 std. units Sample ID 070226-04

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 1500 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7.2.26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name Kyle Lombardi

Pick-up Address Dark Hollow Rd

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 2000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7.2.26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Nicholas Telephone 610-847-3885

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7.2.26 Time: 11:30 Signature _____

pH 7.62 std. units Sample ID 07022610

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company _____ Telephone _____

Truck No. _____ License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: _____ Time: _____ Signature _____

pH _____ std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades High School

Pick-up Address Jericho Rd

DT 61

Phone No. 610 847 5131

Waste Stream Identification and volume:

Holding 1750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-3 Time 26 Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Paul S Nicholas Telephone 610 847-8555

Truck No. 127 License No. ZSF5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7/6/26 Time: 705 Signature KW

pH 7.47 std. units Sample ID 07062601

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Hillsacks

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 1500 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-6-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Bob S Nicholas Telephone 610-847-2555

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7.85 Time: _____ Signature _____

pH 6/7/26 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name PAL SAUCES

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 1600 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-6-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company B&L's Disposals Telephone 610-847-2855

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7/6/26 Time: 1020 Signature _____

pH 7.79 std. units Sample ID 07062608

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Princeton Veg

Pick-up Address 1 Senda Ct Po

Ht 611

Phone No. 610 347-5131

Waste Stream Identification and volume:

Holding 4750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-6-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Miller Telephone 610 347 7275

Truck No. 007 License No. 78E3664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 6-9-26 Time: 8:51 Signature _____

pH 7.74 std. units Sample ID 07012103

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Y of Scouts

Pick-up Address Sen. Camp Rd
RD 6
Apt. Fm 18101

Phone No. _____

Waste Stream Identification and volume:

Holding 1750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7/6/26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Reed S Nicholls Telephone 610-847-2275

Truck No. 107 License No. 75E5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7/6/26 Time: 1050 Signature KW

pH 8.04 std. units Sample ID 07062609

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Lakeside Hall

Pick-up Address Senoda Pl
Dt 6U

Phone No. 610 541-3131

Waste Stream Identification and volume:

Holding 1750 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-7-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Brad S Wilcox LLC Telephone 610 340 7100

Truck No. 827 License No. 75E5604

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7/7/26 Time: 1240 Signature KW

pH 7.75 std. units Sample ID 07072606

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades High

Pick-up Address Forbes Rd

VT 61

Phone No. 610 847 5131

Waste Stream Identification and volume:

Holding 4756 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7.7.26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Rapid S Michaels Telephone 610 847 2755

Truck No. 127 License No. 75E5067

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7/7/26 Time: 1045 Signature KW

pH 7.95 std. units Sample ID 07072603

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Colorado Tech

Pick-up Address Jenkins Rd
1761

Phone No. 610 541 5191

Waste Stream Identification and volume:

Holding 1750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-7-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Paul S Wilson Jr Telephone 610 847 2555

Truck No. 927 License No. Z5E5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7/7/26 Time: 900 Signature KW

pH 7.92 std. units Sample ID 07072602

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Pelusale Pulb

Pick-up Address Sundale Dr
Dt 611

Phone No. 610 847. 9191

Waste Stream Identification and volume:

Holding 1750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7.8.26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Paul S Mullins Telephone 610 847-2551

Truck No. 127 License No. ZSE7664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7/8/26 Time: 750 Signature KJ

pH 7.74 std. units Sample ID 07082601

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisade Nightclub

Pick-up Address Swamp Rd. P.
Ft Ct

Phone No. 610-847-5131

Waste Stream Identification and volume:

Holding 4750 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-1-24 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Brad S Michaels Inc Telephone 610 847 2555

Truck No. 197 License No. ZSE5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-1-24 Time: 0535 Signature _____

pH 7.30 std. units Sample ID 07092601

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Falkinburg Hgts

Pick-up Address Pendula Dr
Upper

Phone No. 610 847-5131

Waste Stream Identification and volume:

Holding 4950 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-10-06 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Mack Jr Telephone 610 847 3??

Truck No. 127 License No. 25E7604

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7/10 Time: 0807 Signature _____

pH 7.82 std. units Sample ID 07101607

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Telesphore Pat Sr

Pick-up Address Landale Pa
1611

Phone No. 536 5117 591

Waste Stream Identification and volume:

Holding 1750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7.10.96 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company [illegible] S Mkln 1175 Telephone 610 54 2225

Truck No. 129 License No. 75E5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-10-96 Time: 3 12 PM Signature _____

pH 7.90 std. units Sample ID _____

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades High School

Pick-up Address Jericho Rd

Quakertown PA 18951

Phone No. 610 847-3151

Waste Stream Identification and volume:

Holding 1750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-13 Time 09 Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Mobile Disc Telephone 610 346 7355

Truck No. 027 License No. 7915764

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-13-26 Time: 10:30 Signature _____

pH 7.63 std. units Sample ID 07132607

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Lafayette Hill Sunoco

Pick-up Address Sundale Dr.
19611

Phone No. 610-847-5131

Waste Stream Identification and volume:

Holding 1750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-13-26 Time 6 Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Michaels Telephone 610-847-2535

Truck No. 827 License No. ZBE 5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7/13/26 Time: 745 Signature KW

pH 7.63 std. units Sample ID _____

PA-69

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: Palisades School

Pick-up Address: _____
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( ) _____ Approval Number _____

Waste Stream Identification

Holding Tank: 2700 Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: 2700 Gallons

Special Handling Instructions: _____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: 7-14-26 Time: 600 AM/PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: Brad Sanders

Telephone Number: ( ) _____ Approval Number _____

Pick-up Date: 7-14-26 Time: 600 AM/PM Truck No. _____ Lic.No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: 7.15 Time: 11:20 AM/PM Signature: _____
(Name & Title)

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name [illegible]

Pick-up Address [illegible]

Phone No. 610 [illegible]

Waste Stream Identification and volume:

Holding 1750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-14-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company [illegible] Telephone 610 [illegible]

Truck No. 027 License No. [illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7/14/26 Time: 815 Signature KW

pH 7.59 std. units Sample ID 07142602

P-1-69

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: Palisades School

Pick-up Address: Kintnersville
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( ) Approval Number

Waste Stream Identification

Holding Tank: 2000 Septic Tank: Other:

Sanitary: Industrial: Commercial:

Volume: 2000 Gallons

Special Handling Instructions:

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: 7-15 Time: 5:00 AM PM Signature:
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: Brad S. Nicholas

Telephone Number: (610) 847-2555 Approval Number

Pick-up Date: 7-15 Time: 5:00 AM PM Truck No. Lic.No.

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title:

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: 7/16/96 Time: 8:15 AM PM Signature:
(Name & Title)

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company _____ Telephone _____

Truck No. _____ License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: _____ Time: _____ Signature _____

pH _____ std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palegates Market

Pick-up Address Hardies
#761

Phone No. 610 847-7191

Waste Stream Identification and volume:

Holding 4750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-16 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Mark S Walters Telephone 610 367 2535

Truck No. 027 License No. 7825469

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7/16 Time: 1:15 Signature _____

pH 7.80 std. units Sample ID 07162607

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Quakertown Park Pool

Pick-up Address Rec Park Dr.
Upper Bucks

Phone No. 610-536-5134

Waste Stream Identification and volume:

Holding 4150 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7/17/26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Dan's Wildcats Telephone 610-847-2207

Truck No. 127 License No. ZSE7604

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-17-26 Time: 10:22 AM Signature _____

pH 7.30 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Mgt

Pick-up Address Tamanend Dr.

PA 611

Phone No. 610 847-2191

Waste Stream Identification and volume:

Holding 3060 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-17 Time 26 Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name Brandons

Pick-up Address Hay Creek Dr.

PA 563

Phone No. 215 536-3220

Waste Stream Identification and volume:

Holding 1750 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-17-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Mitchell Telephone 610 847 2557

Truck No. 197 License No. 75E5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-17-26 Time: 8 29 AM Signature_____

pH 7.57 std. units Sample ID_____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades

Pick-up Address High School

Phone No. _____

Waste Stream Identification and volume:

Holding 4750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7/9 Time 600 Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Nicholas Telephone 610-847-2553

Truck No. _____ License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-10-24 Time: _____ Signature _____

pH 5.10 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Mfg Pad

Pick-up Address Pad 1 P

Pad 11

Phone No. 610-536-9551

Waste Stream Identification and volume:

Holding 4000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Brad S Vickers Telephone 610 847 2550

Truck No. 071 License No. 25E3604

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-26-24 Time: 9:42 AM Signature_____

pH 7.60 std. units Sample ID_____

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades

Pick-up Address [illegible]

Phone No. [illegible]

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-20-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name [illegible]

Pick-up Address [illegible]

Phone No. [illegible]

Waste Stream Identification and volume:

Holding 1750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-20-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company [illegible] Telephone [illegible]

Truck No. 107 License No. [illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7/20/26 Time: 1215 Signature [illegible]

pH 7.76 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Nicholas

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 2500 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-21-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name Same Cooke

Pick-up Address 1501 River Rd

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic 1000 Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-21-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Bucks Nicholas Telephone 610 847-2365

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7/21/26 Time: 1030 Signature KW

pH 8.12 std. units Sample ID 07212603

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Schwenksville Pizza

Pick-up Address Evansburg Rd

Collegeville PA 19426

Phone No. 610 489-5131

Waste Stream Identification and volume:

Holding 1750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-22-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Bard's Wastewater Telephone 610 847-2370

Truck No. 937 License No. ZSE5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-22-26 Time: 12:40 PM Signature _____

pH 7.07 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Scenic View Apts

Pick-up Address Springfield

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic 2500 Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-23 Time 300 Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name Palisades School

Pick-up Address Kintnersville

Phone No. _____

Waste Stream Identification and volume:

Holding 2250 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-23 Time 500 Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Bros Nicholas Telephone 6108497255

Truck No. 197 License No. Z80 5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-24-24 Time: 8:27 Signature _____

pH 6.71 std. units Sample ID 07242604

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Pahuska Pizza Blend

Pick-up Address 1 Lee Dr Ste P

PX 611

Phone No. 610 536 3151

Waste Stream Identification and volume:

Holding 1750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7.24.26 Time 26 Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Paul J Nicholas Telephone 610-367-2511

Truck No. 187 License No. 2515604

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-24-26 Time: 12:42 (PM) Signature _____

pH 7.15 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Vet

Pick-up Address Jordan Rd. Rt 611

Phone No. 610 847-2131

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-21-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Hall's Waterwits Telephone 610 847-2577

Truck No. 127 License No. ZSE5607

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-27-26 Time: 2:14 Signature _____

pH 7.81 std. units Sample ID 07272622

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palmer Inc / Joshua

Pick-up Address Goodale Rd
VT 611

Phone No. 610. 847-5131

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-27-16 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Bio Solutions Telephone 610 847-2[illegible]

Truck No. 107 License No. PSE 5004

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7/27/16 Time: _____ Signature KW

pH 7.50 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name [illegible]

Pick-up Address [illegible]

Phone No. [illegible]

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-27-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company [illegible] Telephone [illegible]

Truck No. 827 License No. [illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-27-26 Time: _____ Signature KW

pH 8.05 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Packsaddle Ski Club

Pick-up Address Deerhead Rd

Quakertown PA 18951

Phone No. 610 847-5191

Waste Stream Identification and volume:

Holding 7000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-27-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Paul S Nicholls Telephone 610 847-2355

Truck No. 207 License No. PA EG 6047

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-27-26 Time: _____ Signature _____

pH 7.5 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name [illegible]

Pick-up Address [illegible]

Phone No. [illegible]

Waste Stream Identification and volume:

Holding 1750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-27-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company [illegible] Telephone [illegible]

Truck No. 127 License No. [illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-27-26 Time: 2 PM Signature _____

pH 7.70 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name [illegible] Pl Crusades Pizza

Pick-up Address [illegible] Fegley Rd

[illegible] Pat Gil

Phone No. 610 847-5731

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-28-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company [illegible] Telephone [illegible]

Truck No. 127 License No. [illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-28-26 Time: _____ Signature _____

pH 7.2 std. units Sample ID _____

P17-6.6

18,5W
7.25

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: Pollards

Pick-up Address: _____
(No.) (Street) (City) (State) (Zip)

Telephone Number: (___) _____ Approval Number _____

Waste Stream Identification

Holding Tank: 4400 Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: _____ Gallons

Special Handling Instructions: _____

_____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: 7/2/__ Time: _____ AM PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: Paul S Pollards

Telephone Number: (610) 367-2[illegible] Approval Number _____

Pick-up Date: 7/2/__ Time: _____ AM PM Truck No. 121 Lic.No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: 7/2/__ Time: 10 AM PM Signature: _____
(Name & Title)

DH 6.8

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: Richards

Pick-up Address: _____
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( ) _____ Approval Number _____

Waste Stream Identification

Holding Tank: 4000 Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: 4000 Gallons

Special Handling Instructions: _____

_____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: 7-9-96 Time: _____ AM PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: Boyd's Richards

Telephone Number: (610) 847-2468 Approval Number _____

Pick-up Date: 7-9-96 Time: _____ AM PM Truck No. 121 Lic.No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: 7/9 Time: 1050 AM PM Signature: _____
(Name & Title)

DH-6-9

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: Palagades Mgt. Corp.

Pick-up Address: Rt 309 Quakertown Pa.
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( ) 536-7375 Approval Number _____

Waste Stream Identification

Holding Tank: X Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: 1750 Gallons

Special Handling Instructions: _____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: 7-29-96 Time: _____ AM PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: Paul J. Kruck Inc

Telephone Number: ( ) 536-2375 Approval Number _____

Pick-up Date: 7-29-96 Time: _____ AM PM Truck No. 121 Lic.No. 78E5204

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: 7/29 Time: 8:20 AM PM Signature: _____
(Name & Title)

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: _____

Pick-up Address: _____
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( ) _____ Approval Number _____

Waste Stream Identification

Holding Tank: X Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: _____ Gallons

Special Handling Instructions: _____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: _____ Time: _____ AM PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: _____

Telephone Number: ( ) _____ Approval Number _____

Pick-up Date: _____ Time: _____ AM PM Truck No. _____ Lic.No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: _____ Time: _____ AM PM Signature: _____
(Name & Title)

PH 7.1

LIQUID WASTE MANIFEST

10.5W

7.30

1. Generator of Waste (to be completed by producer)

Company Name: _____

Pick-up Address: _____
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( ) _____ Approval Number _____

Waste Stream Identification

Holding Tank: XXXX Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: 1050 Gallons

Special Handling Instructions: _____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: 7-30 Time: _____ AM PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: _____

Telephone Number: ( ) _____ Approval Number _____

Pick-up Date: 7-30 Time: _____ AM PM Truck No. 12 Lic.No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: 7-30 Time: 800 AM PM Signature: _____
(Name & Title)

PH7.0

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: Phillips

Pick-up Address: _____
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( ) _____ Approval Number _____

Waste Stream Identification

Holding Tank: 1000 Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: 1000 Gallons

Special Handling Instructions: _____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: 7/30/96 Time: _____ AM PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: Brad S Nichols

Telephone Number: (610) 367-2555 Approval Number _____

Pick-up Date: 7/30/96 Time: _____ AM PM Truck No. 101 Lic.No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: 7/30 Time: 1034 AM PM Signature: _____
(Name & Title)

PH 7:1

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: Pahsa Lee Trail Resort

Pick-up Address: Jenada Rd 18611
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( ) 541-7791 Approval Number _____

Waste Stream Identification

Holding Tank: X Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: 4 Tanks Gallons

Special Handling Instructions: _____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: 7-30-96 Time: _____ AM PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: Paul S Wiehl Jr

Telephone Number: ( ) 536-2838 Approval Number _____

Pick-up Date: 7-30-96 Time: _____ AM PM Truck No. 7 Lic.No. 39[illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: 7/30 Time: 1145 AM PM Signature: _____
(Name & Title)

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Volunteer Fire Co

Pick-up Address Sandts Ferry Rd

Phone No. 610 847 5131

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-31-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Pocl Sewer Co Inc Telephone _____

Truck No. 8127 License No. ZSE5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-31-26 Time: 12:45 Signature _____

pH 7.69 std. units Sample ID 07312610

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades

Pick-up Address Tomdale Rd

Bt 611

Phone No. 610-347-3171

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-31-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Brad Sniders Telephone 610 847-7535

Truck No. 127 License No. ZSE5669

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent_____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-31-26 Time: 2:21 Signature_____

pH 7.49 std. units Sample ID 073126

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Richards

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 660 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-31-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Michaels Telephone 610-847-2555

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7-31-26 Time: 12:36 Signature _____

pH 8.23 std. units Sample ID 07312609

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Mary Hosler

Pick-up Address Pt Cll

Phone No. _____

Waste Stream Identification and volume:

Holding 200 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-31-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name Nicholas

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding 250 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-31-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Nicholas Telephone 610 847 2538

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 7/31/26 Time: _____ Signature _____

pH 7.00 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades

Pick-up Address San Dale

Phone No. 610 346-5191

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 7-31-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Mitchell Inc Telephone 610-847-2333

Truck No. 127 License No. 75E5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/1 Time: 0720 Signature _____

pH 7.71 std. units Sample ID 08012601

PH 26

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: Pellegrees

Pick-up Address: _____
(No.) (Street) (City) (State) (Zip)

Telephone Number: (___) _____ Approval Number _____

Waste Stream Identification

Holding Tank: 2360 Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: 2400 Gallons

Special Handling Instructions: _____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: 8-3-26 Time: _____ AM PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: Brad's Pellegrees

Telephone Number: (610) 847-2345 Approval Number _____

Pick-up Date: 8-3-26 Time: _____ AM PM Truck No. 121 Lic.No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: 8-3 Time: 10:20 AM PM Signature: _____
(Name & Title)

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades

Pick-up Address Vendola Ct
Dr 61

Phone No. 610 847 5771

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-3-21 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Nichols Telephone 610 847 2755

Truck No. 107 License No. 75[illegible]664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/3 Time: 0830 Signature _____

pH 7.19 std. units Sample ID 08031604

PH 69

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: Calandra

Pick-up Address: Rand & Rt 611
(No.) (Street) (City) (State) (Zip)

Telephone Number: (6[illegible]) [illegible] Approval Number _____

Waste Stream Identification

Holding Tank: X Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: 3000 Gallons

Special Handling Instructions: _____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: 8-9-2[illegible] Time: _____ AM/PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: Rand & Michaels

Telephone Number: (21[illegible]) [illegible] Approval Number _____

Pick-up Date: 8-9-2[illegible] Time: _____ AM/PM Truck No. 120 Lic.No. [illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: 8[illegible] Time: 1065 AM/PM Signature: _____
(Name & Title)

PH 70

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: Palisades

Pick-up Address: Jericho Rd
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( ) Approval Number

Waste Stream Identification

Holding Tank: 3000 Septic Tank: Other:

Sanitary: Industrial: Commercial:

Volume: 1000 Gallons

Special Handling Instructions:

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: 8-3-2 Time: AM PM Signature:
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: Paul S Nicholas

Telephone Number: ( ) Approval Number

Pick-up Date: 8-3-2 Time: AM PM Truck No. 187 Lic.No.

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title:

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: Time: AM PM Signature:
(Name & Title)

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: _____

Pick-up Address: _____
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( ) _____ Approval Number _____

Waste Stream Identification

Holding Tank: _____ Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: _____ Gallons

Special Handling Instructions: _____

_____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: _____ Time: _____ AM PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: _____

Telephone Number: ( ) _____ Approval Number _____

Pick-up Date: _____ Time: _____ AM PM Truck No. _____ Lic.No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: _____ Time: _____ AM PM Signature: _____
(Name & Title)

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name [illegible]

Pick-up Address [illegible]

Phone No. [illegible]

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-3-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company [illegible] Telephone [illegible]

Truck No. 127 License No. [illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent [illegible]

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: [illegible] Time: [illegible] Signature_____

pH 7.50 std. units Sample ID_____

BH 2.2

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: _____

Pick-up Address: _____
(No.) (Street) (City) (State) (Zip)

Telephone Number: (___) _____ Approval Number _____

Waste Stream Identification

Holding Tank: _____ Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: _____ Gallons

Special Handling Instructions: _____

_____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: _____ Time: _____ AM PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: _____

Telephone Number: (___) _____ Approval Number _____

Pick-up Date: _____ Time: _____ AM PM Truck No. _____ Lic.No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: 8/4 Time: 11:15 AM PM Signature: _____
(Name & Title)

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name [illegible]

Pick-up Address [illegible]

Phone No. [illegible]

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-4-26 Time [illegible] Signature_____

Customer Name_____

Pick-up Address_____

Phone No._____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name_____

Pick-up Address_____

Phone No._____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name_____

Pick-up Address_____

Phone No._____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company [illegible] Telephone [illegible]

Truck No. 827 License No. [illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent_____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-4-26 Time: 8 AM Signature_____

pH 5.19 std. units Sample ID_____

DH 7.4

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: Palisades

Pick-up Address: [illegible] Sellersville PA 18960
(No.) (Street) (City) (State) (Zip)

Telephone Number: (215) 541-5551 Approval Number _____

Waste Stream Identification

Holding Tank: X Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: 3000 Gallons

Special Handling Instructions: _____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: 5-1-24 Time: _____ AM PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: Brad S Mitchell

Telephone Number: (610) 847-7555 Approval Number _____

Pick-up Date: 5-1-24 Time: _____ AM PM Truck No. 127 Lic.No. [illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: 5/4 Time: 1355 AM PM Signature: _____
(Name & Title)

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Mart

Pick-up Address Rambo P.O. Box 611

Phone No. 610-847-3151

Waste Stream Identification and volume:

Holding 1000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-5-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Reads Michaels Telephone 610 847 2553

Truck No. 187 License No. 75E5609

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/5/26 Time: 1140 Signature _____

pH 6.92 std. units Sample ID 08052616

PA 69

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: _____

Pick-up Address: _____
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( ) _____ Approval Number _____

Waste Stream Identification

Holding Tank: _____ Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: _____ Gallons

Special Handling Instructions: _____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: _____ Time: _____ AM PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: _____

Telephone Number: ( ) _____ Approval Number _____

Pick-up Date: _____ Time: _____ AM PM Truck No. _____ Lic.No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: _____ Time: _____ AM PM Signature: _____
(Name & Title)

PH C9

LIQUID WASTE MANIFEST

1. Generator of Waste (to be completed by producer)

Company Name: Calpraba Bot. C

Pick-up Address: [illegible] Rt 611 Ottsville PA 18942
(No.) (Street) (City) (State) (Zip)

Telephone Number: (215) 847-2727 Approval Number _____

Waste Stream Identification

Holding Tank: X Septic Tank: _____ Other: _____

Sanitary: _____ Industrial: _____ Commercial: _____

Volume: 5000 Gallons

Special Handling Instructions: _____

All wastes are subject to any applicable local ordinances, and terms and conditions of Pennridge Wastewater Treatment Authority.

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest

Date: 5-3-96 Time: _____ AM PM Signature: _____
(Name & Title)

2. Hauler of Waste (to be completed by hauler)

Company Name: Brad's Mobile '95

Telephone Number: (215) 541-7550 Approval Number _____

Pick-up Date: 5-3-96 Time: _____ AM PM Truck No. 17 Lic.No. [illegible]

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted. I certify under penalty of perjury that the foregoing is true and correct.

Signature of agent and title: _____

3. Disposer of Waste:

Pennridge Wastewater Treatment Authority, 180 Maple Ave., Sellersville, PA 18960.

The above hauler delivered the described waste to this disposal facility and it was accepted.

Disposal Date: 5/6 Time: 150 AM PM Signature: _____
(Name & Title)

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palisades Sch. Dist.

Pick-up Address Jericho P.
19611

Phone No. 610 847 5771

Waste Stream Identification and volume:

Holding 3000 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-7-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Fred S Wilhelm Telephone 610 847 5551

Truck No. 127 License No. ZSE5664

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-7-26 Time: 3:15 Signature _____

pH 7.07 std. units Sample ID 080726C19

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Valgonden Golf

Pick-up Address San. dale Rd

Utica

Phone No. 610-847-5836

Waste Stream Identification and volume:

Holding 4000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-7-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Nichols Telephone 610-847-2553

Truck No. 107 License No. 3856604

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-7-26 Time: 1 29 PM Signature _____

pH 7.50 std. units Sample ID _____

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name La Grasa Inc

Pick-up Address Jericho P.

W61

Phone No. 610 847-5191

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-7-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Buck's Muddy Telephone 610-847-2555

Truck No. 187 License No. 25E3667

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8/7 Time: 11:20 Signature _____

pH 7.92 std. units Sample ID 08071609

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palmyra

Pick-up Address Jaindale Rd

Box 611

Phone No. 610 847-5191

Waste Stream Identification and volume:

Holding 3000 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-7-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Bud Shuster Inc Telephone 610 847 2551

Truck No. 127 License No. 25E5607

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-7-26 Time: 9:42 AM Signature _____

pH 7.63 std. units Sample ID _____

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Lafayette Pizza

Pick-up Address Santucci Rd

V 6U

Phone No. 610 847-5131

Waste Stream Identification and volume:

3000

Holding X X Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8.7.23 Time 7 Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Paul S Mitchell Inc Telephone 610 847-[illegible]

Truck No. 127 License No. 7SE5609

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-7-23 Time: 7:50 AM Signature_____

pH 7.77 std. units Sample ID_____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Nicholas

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 1400 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 8-7-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Nicholas Telephone 610 847-2558

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 8-7-26 Time: 1110 Signature _____

pH 7.73 std. units Sample ID 080726.08

QUAKERTOWN WASTEWATER TREATMENT FACILITY

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Calvada Dwight

Pick-up Address Jensdale Rd
Rt 611

Phone No. 610 847 5131

Waste Stream Identification and volume:

Holding 4750 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 6-29-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Nicholas Jr Telephone 610 847 7555

Truck No. 088 License No. ZGD 8756

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 6-29-26 Time: 9:15 AM Signature _____

pH 7.77 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Polyscience Corp

Pick-up Address Jenner Dr.
Dock 11

Phone No. 610 647 9131

Waste Stream Identification and volume:

Holding 4500 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Paul S Mitchell Telephone 610 847 2555

Truck No. C826 License No. 2RA08573

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 6/29 Time: 1315 Signature _____

pH 6.77 std. units Sample ID 06291618

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Palmerton Hosp

Pick-up Address Jamison P.
PT 611

Phone No. 610 847-5171

Waste Stream Identification and volume:

Holding 4500 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 6-29-26 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Bud Stinehour Telephone 610 847 2501

Truck No. 026 License No. 2100873

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 6-29-26 Time: 3:45 PM Signature _____

pH 8.00 std. units Sample ID _____

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Bad Services

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 400 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 6/29/16 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Bad S Wastes Telephone [illegible]

Truck No. 127 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 6/29 Time: 1430 Signature _____

pH 7.90 std. units Sample ID 06291621

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Nicholas

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding 4600 Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 6-27-13 Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

Customer Name _____

Pick-up Address _____

_____

Phone No. _____

Waste Stream Identification and volume:

Holding _____ Septic _____ Other _____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date _____ Time _____ Signature _____

2. Hauler of Waste

Company Brad S Nicholas Telephone 610-847-2666

Truck No. 121 License No. _____

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 6/29 Time: 1105 Signature _____

pH 7.69 std. units Sample ID 06292613

Quakertown Wastewater Treatment Facility

Liquid Waste Manifest

1. Generator of Waste (Please type or print legibly)

Customer Name Quakertown High School

Pick-up Address Lenape Ave
Quakertown PA 18951

Phone No. 610-536-5100

Waste Stream Identification and volume:

Holding 1750 Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date 6-30-26 Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

Customer Name _____

Pick-up Address _____

Phone No. _____

Waste Stream Identification and volume:

Holding_____ Septic_____ Other_____

The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest.

Date_____ Time_____ Signature_____

2. Hauler of Waste

Company Brad S Williams Telephone 610-847-2551

Truck No. 827 License No. 75E5063

The above described waste was picked up and hauled by me to the disposal facility named below and was accepted.
I certify under penalty of perjury that the foregoing is true and correct.

Signature of Agent _____

3. Treatment Facility

The above hauler delivered the described waste to this facility and it was accepted.

Disposal Date: 6/30/26 Time: 755 Signature KW

pH 6.42 std. units Sample ID 06302602



BEST CHOICE TRAILERS, INC.

1512 SPRING ROAD
CARLISLE, PA, 17013
Phone: (717) 220-4220

Buyer's Order

DATE	FQ #	STOCK #	CUSTOMER #	SALESPERSON
05 OCT 2026	48291	45254	(51674)	TRAVIS WILLIER

BUYER	HOME PHONE	WORK PHONE	E-MAIL
PALISADE HIGH SCHOOL			

CO-BUYER	BUYER MOBILE PHONE	FAX NUMBER	CO-BUYER EMAIL
	610-847-5131		

STREET ADDRESS	CITY	STATE	ZIP
35 CHURCH HILL RD	KINTNERSVILLE	PA	18930

DELIVERY LOCATION	DELIVERY DATE	DRIVER LIC #
	05 OCT 2026	

DESCRIPTION OF PURCHASE

YEAR	MANUFACTURER	MODEL		VIN #	GVW
2026	QUALITY CARGO LLC	QC85X28TA-5200-UTV	☒ NEW ☐ PRE-OWNED	50ZBE2825TN067738	9,990

MANUFACTURER OPTIONS

DEALER OPTIONS

D1	TRANSFER FEES	$300.00

THE UNDERSIGNED HEREBY ACKNOWLEDGES AND AGREES TO COMPLY WITH ALL OF THE TERMS AND CONDITIONS ATTACHED HERETO.

Lender Information	
Lender Name	CASH DEAL
Lender Code	C

PARTS

PARTS TOTAL	0.00

PRICING

Total List	$11,995.00
Discount	$0.00
Selling Amount	$11,995.00
PDI, Del, Doc	$0.00
Net Sale	$11,995.00
Tax	$0.00
License Fee	$0.00
Plate Fee	$0.00
PA Notary	$0.00
Credit Card Fee	$0.00
Ins, Ext Warr	$0.00
Deal Total	$11,995.00
Down Payments	$0.00
Trade Allowance	$0.00
Trade Payout	$0.00
Final Balance	$11,995.00

x _____ **SIGNATURE OF DEALER** _____ **DATE**
Not valid unless signed and accepted by an officer or authorized agent of the company.

x _____ **SIGNATURE OF BUYER** _____ **DATE**

x _____ **APPROVED BY** _____ **DATE**

x _____ **SIGNATURE OF CO-BUYER** _____ **DATE**

Additional Terms

Definitions. *Contract* refers to this *Buyer's Order*. The pronouns *you* and *your* refer to each Buyer signing this Contract. The pronouns *we, us* and *our* refer to the Dealer/Seller. *Vehicle* means the motor vehicle described in the *Vehicle Information* section. *Trade-in Vehicles(s)* refers to the vehicle described in the *Trade-in Information* section that is being traded to the Dealer/Seller as part of this transaction. *Manufacturer* refers to the entity that manufactured the Vehicle.

Agreement to Purchase. You agree to buy the Vehicle from us for the price stated in this Contract. You agree to sign any documents necessary to complete this transaction. Unless you have cancelled this Contract under the condition described in the *Manufacturer* section, if you refuse to take delivery of the Vehicle, we can keep any deposits you have made to us, and you will be liable to us for all of our damages and expenses in connection herewith, including but not limited to reasonable attorneys' fees.

You represent that you are of legal age and have legal capacity to enter into the Contract.

Manufacturer. We are not an agent of the Manufacturer. Manufacturer can change the price, design or standard features of the Vehicle at any time without notice. If we cannot obtain the Vehicle from the Manufacturer at the price in effect as of the date of this Contract, or if we cannot obtain the agreed upon product from the Manufacturer, you or we can cancel this Contract.

If you cancel this Contract under the terms of this section, we will refund to you any amounts you have paid to us. If we have already sold the Trade-in Vehicle, we will pay you the trade-in allowance after adjusting for any payoff to a lienholder.

Insurance. The insurance information you have given us is accurate.

Trade-in Vehicle. You will transfer title to the Trade-in Vehicle to us free of all liens except those noted on this Contract. You give permission to us to contact the lienholder(s) for payoff information. If the payoff information that we obtain from the lienholder(s) differs from the amount disclosed in this Contract, you agree to pay the difference to us if the actual amount of the balance owed is greater than the amount listed in this Contract. If the actual amount of the balance owed is less that the amount listed in this Contract, then we will pay you the difference.

If you do not deliver the Trade-in Vehicle to us at the time of the initial appraisal, we may reappraise the Trade-in Vehicle when it is delivered to us. If the reappraised value is lower than the original appraisal, you can cancel this transaction as long as you have not taken delivery of the Vehicle.

You represent that (a) you are the sole true and lawful owner of the Trade-in Vehicle, (b) the Trade-in Vehicle has never been titled under any state or federal “brand” such as “defective,” “rebuilt,” “salvage,” “flood,” etc., (c) the mileage of the Trade-in Vehicle shown in this Contract is the actual mileage of the Trade-in Vehicle, (d) all emission control equipment is on the Trade-in and is in satisfactory working order, and (e) the Trade-in Vehicle has not been damaged by collision or other event and repaired. If any of these representations are not true, we may elect to cancel the transaction. We may also choose to reappraise the Trade-in Vehicle and adjust the Total Balance Due instead of cancelling the transaction. You agree to immediately pay us the difference.

Retail Installment Contract. In the event that you and we enter into a retail installment contract for the financing of the purchase of the Vehicle, the terms of the retail installment contract will control any inconsistencies between this Contract and the retail installment contract.

Vehicle Inspection. You are purchasing the Vehicle based upon your personal inspection, and are not relying upon any opinion, statement, promise or representation of the salesperson, or any other of our employees that is not contained in the written agreements you are signing today.

Vehicle Condition. You understand that the Vehicle may have sustained prior body damage and may have undergone prior mechanical repairs during or after its manufacture, during or after transit t us or while in the possession of prior owners or operators.

Warranty Information

Warranty. We make no express or implied warranties. Except as required by law, we make no implied warranty of merchantability and no warranty that the Vehicle is fit for a particular purpose. We sell the Vehicle AS IS - NOT EXPRESSLY WARRANTED OR GUARANTEED, WITH ALL FAULTS.

If this is a new Vehicle, the Vehicle is subject to a standard written manufacturer's warranty. This warranty is made by the manufacturer and not by us.

Used Car/Vehicle Buyer Notice. If you are buying a used vehicle, the information you see on the window form for this Vehicle is part of this Contract. Information on the window form overrides any contrary provisions in the contract of sale.

Notices

You understand that the balance owed on the Trade-in exceeds the Trade-in Allowance and that as a result the Total Balance Due has been increased by this $_____ of negative equity.

Signatures

This agreement is not binding upon the Dealer/Seller until it is signed by an authorized representative of the Dealer/Seller.

By signing below, you agree to the terms of this Contract. You received a copy of this Contract and had a chance to read and review it before you signed it. This is the complete agreement; there are no other written or oral agreements.

A separate Arbitration Agreement is a part of this Contract.

X _____

Date

X_____

Date

X_____

Dealer/Seller Date

BEST CHOICE TRAILER & RV

Sales Invoice

Wednesday, October 7, 2026

364 West Dewey Avenue
P.O. Box 91, Kenvil NJ 07847
973-361-7070

Customer					
Phone		Company	Palisades School District Band		
Address					
City		State		ZIP	

Vehicle Data

Inventory	9057	Make	HAULMARK	Model	TS8528T4
Year	2027	Body Type	4-ENCLOSED	Color	WHITE
Vin	7V0H12829VP446846	# New Tires	5	Length	8.5X28X84
Options	12K RT C/H			Features	

Sales Data

Sold Date		Sales Price	$16,495.00
Sales Person	Dan	Added Acessories	$0.00
Delivered By		Taxable Amount	$0.00
		NJ New Tire Tax	0
		Sales Tax	$0.00
		Temp Tag	$0.00
		Deposit	$0.00
		Trade	$0.00
		Due on Delivery	$16,495.00
		Total Payment	**$16,495.00**

Accessories

Steel Spare Tire	$0.00
(INCLUDED)	$0.00
	$0.00
	$0.00
	$0.00

Trade In Vin	
Trade In Model	
Trade In Description	

THIS ORDER NOT VALID UNLESS SIGNED AND ACCEPTED BY DEALER

I have read this order,and agree to the purchase contract. I hereby certify that I am 18 years of age or older and acknowldge reciept of a copy of this order. The figures in this orer are predicated upon actual correct amount of the lien due on trade in.

I agree to accept delivery _____

Buyers Signature_____Date_____

All warrenties for trailers and components are redeemable through the manufacturer or component maker.

Title recieved by buyer _____

Thank You for your business.

Printed: 10/6/2026 8:11:06 AM
Associate: CMCINTYRE

Sales Order #90361
Ordered: 10/5/2026



d/b/a Trailer Superstore
6799 Carlisle Pike
Mechanicsburg, PA 17050
(717) 795-9116 (800) 622-7003
TrailerSuperstore.com **sales@trailersuperstore.com**

Bill To: QUOTE
QUOTE
Order Status: Open

Part Number	Description 1	VIN	Qty	Sold	Due	Price	Ext Price	Tax
WHITE CW8.5X2 ALL PRO PRODU	WHITE CW8.5X28TA3		1	0	1	$14,499.00	$14,499.00	
TIRETAX COMMONWEALT	PA TIRE TAX		4	0	4	$1.00	$4.00	
DEALER PREP 2 ALL PRO PRODU	DEALER PREP TANDEM AXLE		1	0	1	$125.00	$125.00	
TITLEFEE Department of Mot	TITLE FEE		1	0	1	$72.00	$72.00	
DOC FEE Department of Mot	DOCUMENTARY FEE		1	0	1	$100.00	$100.00	
COUNTY FEE Department of Mot	COUNTY FEE		1	0	1	$5.00	$5.00	
		Total Qty Ordered:	9	0	9			

Percent Unfilled: 100

Subtotal: $14,805.00
Local Sales Tax 0 % Tax: + $0.00
TOTAL: $14,805.00
Deposit Balance: $0.00
Balance Due: $14,805.00

Customer Signature: _____

Notes: BUCKS COUNTY
6-8 WEEK LEAD TIME AFTER ORDER IS PLACED
TAX EXEMPT - SCHOOL
JWestenberger@palisadessd.org
484-201-5498

All Trailer Sales are Final. 3% credit card charge applicable.
Special order items cannot be returned. Parts returns are subject to a 20% restocking fee.
Trailer orders require a 25% non-refundable deposit.
Trailer hold deposits are transferable upon request and are non-refundable.

Band Trailer Proposal

John Westenberger- Director of Bands, PHS

Why does the band need a trailer?

- There are only 2 drivers in the district capable of driving the stick box truck with the liftgate
  - With the quantity of band events in the fall, 2 drivers cannot do it alone
  - When asked about a trailer, the number of drivers willing to take the band went up drastically
- Palisades is one of the only competition level marching bands that uses a truck over a trailer
  - We can fit more equipment in with more safety

Best Choice Trailers

$11,995

8.5x28, 9990GVWR

West Middlesex, PA



BEST CHOICE TRAILERS, INC.
1512 SPRING ROAD
CARLISLE, PA, 17013
Phone: (717) 220-4220

Buyer's Order

DATE	FQ #	STOCK #	CUSTOMER #	SALESPERSON
05 OCT 2026	48291	45254	(51674)	TRAVIS WILLIER

BUYER	HOME PHONE	WORK PHONE	E-MAIL
PALISADE HIGH SCHOOL			

CO-BUYER	BUYER MOBILE PHONE	FAX NUMBER	CO-BUYER EMAIL
	610-847-5131		

STREET ADDRESS	CITY	STATE	ZIP
35 CHURCH HILL RD	KINTNERSVILLE	PA	18930

DELIVERY LOCATION	DELIVERY DATE	DRIVER LIC #
	05 OCT 2026	

DESCRIPTION OF PURCHASE

YEAR	MANUFACTURER	MODEL		VIN #	GVW
2026	QUALITY CARGO LLC	QC85X28TA-5200-UTV	☒ NEW ☐ PRE-OWNED	50ZBE2825TN067738	9,990

MANUFACTURER OPTIONS

DEALER OPTIONS

D1	TRANSFER FEES	$300.00

THE UNDERSIGNED HEREBY ACKNOWLEDGES AND AGREES TO COMPLY WITH ALL OF THE TERMS AND CONDITIONS ATTACHED HERETO.

Lender Information	
Lender Name	CASH DEAL
Lender Code	C

PARTS

PARTS TOTAL	0.00

PRICING

Total List	$11,995.00
Discount	$0.00
Selling Amount	$11,995.00
PDI, Del, Doc	$0.00
Net Sale	$11,995.00
Tax	$0.00
License Fee	$0.00
Plate Fee	$0.00
PA Notary	$0.00
Credit Card Fee	$0.00
Ins, Ext Warr	$0.00
Deal Total	$11,995.00
Down Payments	$0.00
Trade Allowance	$0.00
Trade Payout	$0.00
Final Balance	$11,995.00

x SIGNATURE OF DEALER — DATE
Not valid unless signed and accepted by an officer or authorized agent of the company.

x SIGNATURE OF BUYER — DATE

x APPROVED BY — DATE

x SIGNATURE OF CO-BUYER — DATE

Trailer Superstore

$14,805

8.5x28, 9990GVWR

Mechanicsburg, PA



d/b/a Trailer Superstore
6799 Carlisle Pike
Mechanicsburg, PA 17050
(717) 795-9116 (800) 622-7003
TrailerSuperstore.com sales@trailersuperstore.com

Bill To: QUOTE
QUOTE
Order Status: Open

Part Number	Description 1	VIN	Qty	Sold	Due	Price	Ext Price	Tax
WHITE CW8.5X2 ALL PRO PRODU	WHITE CW8.5X28TA3		1	0	1	$14,499.00	$14,499.00	
TIRETAX COMMONWEALT	PA TIRE TAX		4	0	4	$1.00	$4.00	
DEALER PREP 2 ALL PRO PRODU	DEALER PREP TANDEM AXLE		1	0	1	$125.00	$125.00	
TITLEFEE Department of Mot	TITLE FEE		1	0	1	$72.00	$72.00	
DOC FEE Department of Mot	DOCUMENTARY FEE		1	0	1	$100.00	$100.00	
COUNTY FEE Department of Mot	COUNTY FEE		1	0	1	$5.00	$5.00	
		Total Qty Ordered:	9	0	9			

Percent Unfilled: 100

Customer Signature: _____

Local Sales Tax

Subtotal: $14,805.00
0 % Tax: + $0.00
TOTAL: $14,805.00
Deposit Balance: $0.00
Balance Due: $14,805.00

Notes: BUCKS COUNTY
6-8 WEEK LEAD TIME AFTER ORDER IS PLACED
TAX EXEMPT - SCHOOL
JWestenberger@palisadessd.org
484-201-5498

All Trailer Sales are Final. 3% credit card charge applicable.
Special order items cannot be returned. Parts returns are subject to a 20% restocking fee.
Trailer orders require a 25% non-refundable deposit.
Trailer hold deposits are transferable upon request and are non-refundable.

Roxbury Trailers

$16,495

8.5x28, 12,000GVWR

West Middlesex, PA



ROXBURY TRAILER SALES

Sales Invoice

Wednesday, October 7, 2026
364 West Dewey Avenue
P.O. Box 91, Kenvil NJ 07847
973-361-7070

Customer			
Phone		Company	Palisades School District Band
Address			
City		State	ZIP

Vehicle Data

Inventory	9057	Make	HAULMARK	Model	TS8528T4
Year	2027	Body Type	4-ENCLOSED	Color	WHITE
Vin	7V0H12829VP446846	# New Tires	5	Length	8.5X28X84
Options	12K RT C/H			Features	

Sales Data

Sold Date		Sales Price	$16,495.00
Sales Person	Dan	Added Acessories	$0.00
Delivered By		Taxable Amount	$0.00
		NJ New Tire Tax	0
		Sales Tax	$0.00
		Temp Tag	$0.00
		Deposit	$0.00
		Trade	$0.00
		Due on Delivery	$16,495.00
		Total Payment	**$16,495.00**

Accessories

Steel Spare Tire	$0.00
(INCLUDED)	$0.00
	$0.00
	$0.00
	$0.00

Trade In Vin	
Trade In Model	
Trade In Description	

THIS ORDER NOT VALID UNLESS SIGNED AND ACCEPTED BY DEALER

Finances

- Reallocate funds from “new” truck liftgate to a trailer
  - If from “Best Choice Trailers”, the number is nearly identical
- Sell one truck (non-liftgate), proceeds will both make up any difference in cost and add to the bottom line

Notes:

- No delivery costs, all trailers inside of driving distance
- Trailer will require “kitting out”
  - PBA (Palisades Band Association) has agreed to foot the bill and do the work
- In our offseason (this spring), we would like to get the trailer wrapped.
  - I approached PCF last year, they were receptive to splitting the cost with the PBA.
- Trailer will be pulled with a district maintenance truck
- Warehouse will continue to use existing truck, football will use the new panel van.

PALISADES school district

INSPIRED TO LEAD...PREPARED TO SUCCEED

Investment Plan
For the Fiscal Year
2026-2027

Board Policy #609

Purpose

It shall be the policy of the Board to optimize its return on funds available for investment through investment of cash balances in such a way as to minimize non-invested balances and to maximize return on investments consistent with the following principles:

Legality - All investments shall be made in accordance with applicable laws of Pennsylvania.

Safety – Preservation of principal shall be of highest priority. Preservation of principal in the portfolio of investments shall be ensured by diversification and other means of minimizing credit risk, including avoidance of concentration of credit risk, market risk and interest rate risk, and by thoroughly investigating and reviewing the performance of all investment providers and professionals.

Liquidity - Investments shall remain sufficiently liquid to meet all operating requirements that are reasonably anticipated. A fiscal year operations anticipated cash flow shall be developed so that investments can be made as early as possible, with maturities consistent with anticipated cash demands.

Yield - Investments shall be made with the objective of attaining a market-average rate of return throughout the budgetary and economic cycles, taking into account investment risk constraints and liquidity needs.

Authority

The Business Administrator shall implement the school district's investment program in accordance with this policy, applicable laws and the annual investment plan approved by the Board.[1][2][3][4][5][6][7]

Definitions

Act 10 Permissible Investments – Any type of investment permitted under Act 10 of March 25, 2016, (53 P.S. Sec. 5406, 5410.1) that is not among the types of investments permitted under Section 440.1 of the Public School Code of 1949, Act of March 10, 1949, (P.L. 30, No. 14) as last amended by the Act of June 30, 1995, (P.L. 220, No. 26).[1][5][6]

School Code Permissible Investments – Any investment permitted under Section 440.1 of the Public School Code of 1949, Act of March 10, 1949, (P.L.30, No. 14) as last amended by the Act of June 30, 1995, (P.L. 220, No. 26).[1]

Short-term – Any period twelve (12) months or less.

Long-term – Any period exceeding forty-eight (48) months.

Mid-range – Any period between short-term and long-term.

Bankers' acceptances – Bankers' acceptances generally are created based on a letter of credit issued in a foreign trade transaction. Bankers' acceptances are short-term, non-interest-bearing notes sold at a discount and redeemed by the accepting banks at maturity for face value.

Collateral – Security pledged by a financial institution to a governmental entity for its deposit.[8]

Commercial paper – An unsecured promissory note issued primarily by corporations for a specific amount and maturing on a specific day. The maximum maturity for commercial paper is 270 days, but most is sold with maturities of up to thirty (30) days. Almost all commercial paper is rated as to credit risk by rating services.

Concentration of credit risk – The risk of loss attributed to the magnitude of a government's investment in a single issuer, pool, institution, or instrument.

Counterparty – Another party to a transaction. In the case of deposits and investments made by governmental entities, a counterparty could be the issuer of a security, a financial institution holding a deposit, a broker-dealer selling securities, or a third party holding securities or collateral.

Credit risk – The risk that a counterparty to an investment transaction will not fulfill its obligations. Overall credit risk can be associated with the issuer of a security, with a financial institution holding deposits, or with a party holding securities or collateral. Credit risk exposure can be affected by a concentration of deposits or investments in any one (1) investment type or with any one (1) counterparty.

Custodial credit risk – The custodial credit risk for *deposits* is the risk that, in the event of the failure of a depository financial institution, a government will not be able to recover deposits or will not be able to recover collateral securities that are in the possession of an outside party. The custodial credit risk for *investments* is the risk that, in the event of the failure of the counterparty to a transaction, a government will not be able to recover the value of investment or collateral securities that are in the possession of an outside party.

Foreign currency risk – The risk that changes in exchange rates will adversely affect the fair value of an investment or a deposit. Investments depending on substantial overseas activities or markets may present related foreign currency risk.

Interest rate risk – The risk that changes in interest rates will adversely affect the fair value of an investment.

Issuer – The entity that has the authority to distribute a security or other investment. A bond issuer is the entity that is legally obligated to make principal and interest payments to bondholders. In the case of mutual funds, external investment pools, and other pooled investments, issuer refers to the entity invested in, not the investment company-manager or pool sponsor.

Investment plan – The school district's specifically enumerated investment strategy approved annually by the Board.

Local Government Investment Pool (LGIP) – An investment trust or pool organized by groups of political subdivisions or municipal authorities pursuant to Section 521 of the Public School Code of 1949, or pursuant to the Intergovernmental Cooperation Law, 53 Pa. C.S.A. Sec. 2301 et seq., for the purpose of investing funds of such political subdivisions or municipal authorities for their exclusive benefit and in accordance with the laws governing their permissible investments. LGIPs include, but are not limited to, the Pennsylvania School District Liquid Asset Fund (PSDLAF), the Pennsylvania Local Government Investment Trust (PLGIT), and for purposes of this policy, the PA INVEST program operated by the Pennsylvania Treasury Department.[10][9]

Market risk – The risk that the market value of an investment, collateral protecting a deposit, or securities underlying a repurchase agreement will decline. Market risk is affected by the length to maturity of a security, the need to liquidate a security before maturity, the extent that collateral exceeds the amount invested, and the frequency at which the amount of collateral is adjusted for changing market values.

Repurchase agreement –

a. An agreement in which a governmental entity (buyer-lender) transfers cash to a broker-dealer or financial institution (seller-borrower); the broker-dealer or financial institution transfers securities to the entity and promises to repay the cash plus interest in exchange for the same securities.
b. A generic term for an agreement in which a governmental entity (buyer-lender) transfers cash to a broker-dealer or financial institution (seller-borrower); the broker-dealer or financial institution transfers securities to the entity and promises to repay the cash plus interest in exchange for the same securities (as in definition (a) above) or for different securities.

Weighted average maturity – A weighted average maturity measure expresses investment time horizons—the time when investments become due and payable—in years or months, weighted to reflect the dollar size of individual investments within an investment type.

Delegation of Responsibility

The Business Administrator shall implement the school district's investment program in accordance with this policy, related procedures, applicable laws and the annual investment plan approved by the Board.[1]

The Business Administrator shall prepare, for approval of the Board, an annual investment plan for all general and segregated/designated funds of the district (i.e., general, capital reserve, bond, etc.), including bond proceeds, taking into account the anticipated liquidity needs of each fund.

The plan may provide for moneys from more than one (1) fund under school district control for the purchase of any single investment, provided that each of the funds combined for the purpose shall be accounted for separately in all respects and that the earnings from the investment are separately and individually computed and recorded, and credited to the accounts from which the investment was purchased.

The plan shall not encompass the investment of any student activity or class-related funds separately managed pursuant to School Code Section 511.[11][12]

The annual investment plan shall be submitted to the Board for review and approval during the month of January.

The Business Administrator shall report monthly to the Board the following:[1][13]

1. Amount of funds invested.
2. Interest earned and received to date.
3. Types and amounts of each investment and the interest rate on each.
4. Names of the institutions where investments are placed.
5. The means by which any deposits exceeding insurance limits are collateralized.
6. Other information required by the Board.

This report may, but is not required to, include the information regarding depository balances, earnings and transactions required by the School Code to be reported to the Board monthly as set forth in Policy 608.[7][14]

The Board directs the Superintendent and Business Administrator to develop, for approval by the Board as an appendix to this policy, specific due diligence and risk mitigation measures for:

1. Evaluating and mitigating the risks associated with each investment;
2. Investigating, selecting and evaluating the performance of investment advisors and investment professionals;
3. Specifying standards for audits of investment transactions; and
4. Determining the qualifications, training, standards and disclosures required for district employees performing functions relating to the district's investment program.

Guidelines

Investments permitted by this policy are those defined in law and enumerated in this policy that are appropriately collateralized in accordance with this policy and applicable laws.[1][8]

School Code Permissible Investments

1. United States Treasury bills.
2. Short-term obligations of the United States Government or its agencies or instrumentalities.
3. Deposits in savings accounts or time deposits or share accounts of institutions insured by the Federal Deposit Insurance Corporation (FDIC) or the Federal Savings and Loan Insurance Corporation (FSLIC) or the National Credit Union Share Insurance Fund (NCUSIF) to the extent that such accounts are so insured, and, for any amounts above the insured maximum, provided that approved collateral as provided by law therefore shall be pledged by the depository.
4. Obligations of the United States of America or any of its agencies or instrumentalities backed by the full faith and credit of the United States of America, the Commonwealth of Pennsylvania or any of its agencies or instrumentalities backed by the full faith and credit of the Commonwealth, or of any political subdivision of the Commonwealth of Pennsylvania or any of its agencies or instrumentalities backed by the full faith and credit of the political subdivision.
5. Shares of an investment company registered under the Investment Company Act of 1940 (54 Stat. 789, 15 U.S.C. Sec. 80a-1 et seq.), whose shares are registered under the Securities Act of 1933 (48 Stat. 74, 15 U.S.C. Sec. 77a et seq.). Provided, that the following are met:[15]

a. The only investments of that company are in the authorized investments for school district funds listed in items 1 through 4 above and repurchase agreements fully collateralized by such investments.
b. The investment company is managed so as to maintain its shares at a constant net asset value in accordance with 17 CFR Sec. 270 2a-7 (relating to money market funds).
c. The investment company is rated in the highest category by a nationally recognized statistical rating organization.

6. Local Government Investment Pools (LGIPs) as defined in this policy.
7. Repurchase agreements with respect to U.S. Treasury bills or obligations, participations or other instruments of or guaranteed by the U.S. or any federal agency, instrumentality or U.S. government-sponsored enterprise.

Act 10 Permissible Investments

1. Obligations, participations or other instruments of any federal agency, instrumentality or U.S. government-sponsored enterprise if the debt obligations are rated at least "A" or its equivalent by at least two (2) nationally recognized statistical ratings organizations.
2. Commercial paper issued by corporations or other business entities organized in accordance with federal or state law, with a maturity not to exceed 270 days, if the issuing corporation or business entity is rated in the top short-term category by at least two (2) nationally recognized statistical ratings organizations.
3. Bills of exchange or time drafts drawn on and accepted by a commercial bank, otherwise known as bankers' acceptances, if the bankers' acceptances do not exceed 180 days maturity and the accepting bank is rated in the top short-term category by at least two (2) nationally recognized statistical ratings organizations.
4. Shares of an investment company registered under the Investment Company Act of 1940 (54 Stat. 789, 15 U.S.C. Sec. 80a-1et seq.) whose shares are registered under the Securities Act of 1933 (48 Stat. 74, 15 U.S.C. Sec. 77a et seq.), if all of the following conditions are met:
    a. The investments of the company are the authorized investments under 53 P.S. §5410.1, subsection (a) (Act 10, Section 1.1(a)).
    b. The investment company is managed in accordance with 17 CFR Sec. 270.2a-7 (relating to money market funds).
    c. The investment company is rated in the highest category by a nationally recognized rating agency.

Management of Investments and Collateral

All securities or other investments in which the school district invests or that collateralize school district investments shall be managed as provided in this policy and in the school district's investment plan annually approved by the Board.[1]

The plan shall require that securities purchased as investments be purchased in the name of the school district and held in custody for the benefit of the school district as provided in the investment plan and

authorized custodian agreements. The plan may make exceptions to such requirements for investments in LGIPs as defined in this policy, or for the purchase of shares of an investment company.

If, after purchase, the rating of any instrument is reduced and no longer in compliance with Board policy, the individual responsible for district investments shall replace the investment immediately upon receipt of notice of the rating change and notify the Board of the rating change, action taken and replacement investment.

The foregoing rating change related requirement(s) do(es) not apply to investments in LGIPs as defined in this policy.

For purposes of interest rate disclosure in the annual financial report, the method of determining interest rate risk shall be based on weighted average maturity.

Foreign Currency and Related Risk

District funds shall not be invested in foreign currency. To the extent other permissible investments are exposed to related foreign currency risk, they shall be disclosed as required by GASB Statement 40.

Bond Proceeds

Investment of bond proceeds shall be managed and reported to the Board in accordance with the Local Government Unit Debt Act, this policy, and applicable federal and state laws.[16]

Protection of Savings Accounts, Time Deposits, Share Accounts or Other Depository Balances in Excess of FDIC Insurance Limits

When district cash is deposited in any savings account, time deposit, share account or other authorized depository account other than a Local Government Investment Pool (LGIP), if the cash balance exceeds FDIC insurance limits, district funds shall be collateralized in one or more of the following ways:[1][13]

1. An Irrevocable Letter of Credit (LOC) issued by a Federal Home Loan Bank (FHLB).
2. Tri-Party Collateral in the name of the school district consisting of the following underlying securities only:
    a. U.S. Treasury Securities.
    b. Obligations, participations or other instruments of any federal agency, instrumentality or U.S. government-sponsored enterprise if the debt obligations are rated at least “A” or its equivalent by at least two (2) nationally recognized statistical ratings organizations.
3. Assets pledged as collateral in accordance with the act of August 6, 1971, (P.L. 281, No.72), 72 P.S. Sec. 3836-1 et seq. (relating to pledges of assets to secure deposits of public funds, whether or not pooled).[13]

It shall be the responsibility of the Business Administrator to verify with the depository the value of the collateral instrument(s) based on the instrument being “marked to market.” This valuation shall occur at least monthly.

Following a review of valuation, the Business Administrator may request an additional review by the district's investment advisors or financial consultant, and shall require additional collateral if the existing collateral has declined in value and exposes the district to potential loss of principal. The status of the valuation review and any additional collateral shall be included in the periodic reports to the Board regarding the investment program.

Reporting Requirement for Local Government Investment Pools (LGIPs)

Local Government Investment Pools (LGIPs) pool the resources of participating government entities and invest in various securities as permitted under state law, so that participating governments can benefit from economies of scale, professional fund management and other advantages.

Recognizing that LGIPs invest directly in permissible securities on behalf of the participating government entities, which in turn have proportional ownership rights in those securities, district investments in a LGIP shall not be subject to the collateral requirements of this policy, provided that the LGIP:

1. Makes available to participants daily and monthly statements, and other information from which the status of the investments can be verified; and
2. Provides an audited annual financial report to each participating government entity.

Further Risk Mitigation for Act 10 Permissible Investments

Recognizing that Act 10 of 2016 expanded the range of permissible investments to include investments with the potential to expose the school district to elevated levels of credit risk and other investment risks, the Board directs that any investment plan or investment recommendations proposed by the Business Administrator take into account, implement and highlight the following factors and precautions with respect to Act 10 Permissible Investments:

1. A significantly more thorough level of due diligence is required.
2. In addition to verification of rating by a nationally recognized statistical rating organization and other due diligence requirements, the investigation of Act 10 Permissible Investments shall include ensuring that there is an independent credit review (a qualified financial services organization with an active and recognized credit analysis team is also monitoring the issuer, in addition to the nationally recognized statistical rating organization(s)).
3. Act 10 Permissible Investments shall be limited to no more than ten percent (10%) of district funds available for investment, excluding bond proceeds and refunding escrow balances.

Audit

The Board directs that all investment records be subject to annual audit by the district's independent auditors.[17]

The audit shall include but not be limited to independent verification of amounts and records of all transactions, as deemed necessary by the independent auditors.

Conflict of Interest Avoidance and Disclosure

The Business Administrator and any other district employee performing functions related to the investment program shall disclose in writing to the Board any material conflict of interest or material potential conflict of interest which exists because of personal relationships or personal business activity between the Business Administrator or other employees and any depository institution, broker, dealer, investment advisor, or other investment provider or professional serving the district. The Business Administrator or other employees shall refrain from any personal business activity that could impair ability to make impartial decisions in managing the annual investment plan.[18]

All depository institutions, repurchase agreement providers, brokers, and investment advisors and managers shall disclose in writing to the district: (1) any fees or other compensation paid to or received from a third party with respect to any district investment; and (2) any ownership of or by a parent corporation which owns any other depository institution, broker, dealer, investment advisor, or other investment provider or professional which does business with the district.

All investment advisors shall verify in writing that they have received and reviewed a copy of this Board policy and agree to comply with this policy and all applicable laws related to school district investments.

The Investment Plan

Summary

The Business Administrator of the Palisades School District shall follow the below plan as guidance throughout the year. This plan, as approved by the Board of Directors, is guidance on how the investments of the District shall be handled. Variations from this plan shall be reported to the Fiscal Committee of the Board and reported in the monthly board report to the full Board of Directors.

General Objectives

1. Legality - All investments shall be made in accordance with applicable laws of Pennsylvania.
2. Safety – Preservation of principal shall be of highest priority. Preservation of principal in the portfolio of investments shall be ensured by diversification and other means of minimizing credit risk, including avoidance of concentration of credit risk, market risk and interest rate risk, and by thoroughly investigating and reviewing the performance of all investment providers and professionals.
3. Liquidity - Investments shall remain sufficiently liquid to meet all operating requirements that are reasonably anticipated. A fiscal year operations anticipated cash flow shall be developed so that investments can be made as early as possible, with maturities consistent with anticipated cash demands.

4. Yield - Investments shall be made with the objective of attaining a market-average rate of return throughout the budgetary and economic cycles, taking into account the investment risk constraints and liquidity needs.

Allowable investments *

The following list are all investments that are currently allowable by law:

- US Treasuries
- Federal Agency Investments (maturities less than 397 days)
- Bank Deposits and Bank CD's
- General Obligation Debt of PA and PA Local Governments
- Money Market funds and Local Government Investment Pools (PLGIT, PSDLAF, etc…) **
- Commercial Paper (allowable under Act 10 of 2016)
- Bankers' Acceptance (allowable under Act 10 of 2016)
- Negotiable CD's (allowable under Act 10 of 2016)

Annual Allocation

Investment	Allocation
Bank Deposits	50% - 100%
Bank CD's	0% - 25%
Money Market/LGIP's	0% - 50%
US Treasuries /Federal Agency	0% - 15%
General Obligation Debt of PA or other Local Governments	0% - 15%
Any Act 10 of 2016 Allowable Investment	0% - 15%

Any variance from these allocations, must be immediately reported to the Fiscal Committee detailing out the reason and the amount that is outside of the Board approved allocation percentage. Variances are only allowable if they fall in line with the General Objectives listed above.

Conclusion

Taxpayer funds of the District should be handled with the greatest care and security. The District is a steward of these funds that are used to educate the students of the Palisades School District.

This Investment Plan should be Board approved annually prior to the upcoming fiscal year. This plan should be used as guidance for the Business Administrator and the Business Office.

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* - Act 72 of 1971 requires public funds to be collateralized by banking institutions. The Business Administrator will continue to receive and keep on file all collateral reports received from banks.
** - Some investments within a LGIP may use Act 10 of 2016 investments. If this is the case, these funds would fall under the Act 10 of 2016 allocations, not the LGIP allocations.

Pennsylvania
Department of Education

September 30, 2026

Re: 2027-28 Act 1 Index and Budget-Related Timelines

Dear Superintendent:

I am writing to inform you that the Pennsylvania Department of Education's (PDE) website has been updated with important information pertaining to Special Session Act 1 of 2006 (53 PS 6926).

PDE has calculated the base index for the 2027-28 fiscal year as 3.6 percent.

As defined in Section 302 of Act 1, for school districts with a market value/personal income aid ratio greater than 0.4000, an adjusted index has been calculated and posted on PDE's website at www.pa.gov/education. Select Programs and Services, Schools, Budget and Finance, then Property Tax Relief. This page can also be visited directly at www.education.pa.gov/PropertyTax.

In addition, a timeline of events relating to the 2027-28 budget process has been created and is also available on PDE's website. This document lists both important dates and required events occurring between September 2026 and December 2027.

By the end of October 2026, the Consolidated Financial Reporting System (CFRS) will be opened for reporting of either the 2027-28 'Preliminary General Fund Budget' or 'Resolution Not to Exceed Index.' A separate notification e-mail will be sent following the opening of CFRS-GFB.

Questions should be directed to ra-PropertyTax@pa.gov.

Sincerely,

Benjamin T. Hanft

Benjamin T. Hanft, Deputy Director
Bureau of Financial Operations

cc: Chief Business Official

Timeline for Events Related to 2027-2028 Budget Process

Special Session Act 1 of 2006

Dates in Timeline Apply to All School Districts except Philadelphia City SD, Pittsburgh SD, and Scranton SD

Date	Description	Section
September 1, 2026 *(Annual deadline)*	***Department of Education*** publishes the 2027-2028 base index in the Pennsylvania Bulletin.	Section 333(l)
September 30, 2026 *(Annual deadline)*	***Department of Education*** notifies school districts of their 2027-2028 adjusted index.	Section 313(2)
December 15, 2026 *(Annual deadline)*	***School districts*** with residents paying tax on compensation imposed by Philadelphia under the authority of the Sterling Act certify to the Department of Education the total amount of 2025 tax credits provided based on the tax rate of the school district. (Applies only to school districts that had an earned income and net profits tax in the 2025 calendar year.)	Sections 503(b)(2); 324(2)
December 29, 2026 *(30 days prior to preliminary budget public inspection deadline)*	***Department of Education*** deadline to notify school districts of school year of AFR data to be used when calculating referendum exception in Section 333(f)(2)(v).	Section 333(j)(4)
December 31, 2026 *(60 days prior to March 1 application deadline)*	***School Districts*** send notification, by first class mail, to owners of each parcel of residential property – which can be limited to owners who are not currently approved or whose approval is due to expire – stating that the owner must submit a completed application to county assessor to qualify for homestead exclusion. Mailing must include application, instructions, and deadline to apply.	Section 341(b)
January 28, 2027 *(110 days prior to primary election)*	***School district*** deadline to make 2027-2028 proposed version of preliminary budget available for public inspection **or** adopt resolution pursuant to Section 311(d)(1) indicating that it will not raise the rate of any tax by more than its index.	Section 311(c); 311(d)(1)
February 2, 2027 (*5 days after resolution adoption*)	***School district*** deadline to submit a copy of resolution adopted pursuant to 311(d)(1) and proposed tax rate increases to Department of Education in the Consolidated Financial Reporting System (CFRS) application.	Section 311(d)(2)
February 7, 2027 (*10 days prior to preliminary budget adoption deadline*)	***School district*** deadline to give public notice of the intent to adopt the 2027-2028 preliminary budget unless resolution was adopted under Section 311(d)(1) indicating that it will not raise the rate of any tax by more than its index.	Section 311(c)

Taxpayer Relief Act, SS Act 1 of 2006: Timeline for Events Related to 2027-2028 Budget Process

Date	Description	Section
February 12, 2027 (*10 days after receipt of resolution*)	***Department of Education*** deadline to notify school districts that adopted a resolution pursuant to Section 311(d)(1) whether the 2027-2028 proposed tax rates are equal to or less than their Index.	Section 311(d)(4)
February 17, 2027 (*90 days prior to primary election*)	***School district*** deadline to adopt the 2027-2028 preliminary budget unless resolution adopted under Section 311(d)(1).	Section 311(a)
February 22, 2027 (*85 days prior to primary election*)	***School district*** deadline to submit 2027-2028 preliminary budget containing proposed tax rate increases to Department of Education in the CFRS application.	Section 333(e)
February 25, 2027 (*1 week prior to filing of request for referendum exception*)	***School district*** deadline to publish notice in newspaper of intent to request approval from Department of Education for a referendum exception.	Section 333(j)(2)
No later than March 1, 2027 *(Annual deadline)*	Deadline for ***homeowners*** to file a homestead application (and, if applicable, a farmstead application) with county assessor indicating property is owner-occupied. Resubmission of application required no more than one time every three years. No application fee for filing. (See December 31, 2026)	Section 341(c), (e), (i)
March 4, 2027 *(75 days prior to primary election)*	***Department of Education*** deadline to notify school districts that submitted the 2027-2028 preliminary budget whether the proposed tax rates are equal to or less than their Index.	Section 333(e)
March 4, 2027 *(75 days prior to primary election)*	***School district*** deadline to seek approval from Department of Education for referendum exceptions requiring their approval.	Sections 333(j)
March 19, 2027 *(60 days prior to primary election)*	***School district*** deadline to submit referendum question seeking voter approval of tax rate increase in excess of index to the county board of elections (for each county in which the school district is located), unless request for referendum exception has been submitted to Department of Education. If the school district's proposed tax rate increase would exceed their Index even if all its referendum exception requests were approved, and if it intends to submit a referendum question for that part of the tax rate increase, it must do so by this date.	Section 333(c)(3)
March 24, 2027 *(55 days prior to primary election)*	Deadline for ***Department of Education*** to issue ruling on school district's petition for referendum exception.	Sections 333(j)(5)

Taxpayer Relief Act, SS Act 1 of 2006: Timeline for Events Related to 2027-2028 Budget Process

Date	Description	Section
March 29, 2027 *(50 days prior to primary election)*	***School district*** deadline, if the Department of Education denies all or a part of the school district's request for referendum exception, to submit to the county board of elections referendum question seeking voter approval of tax rate increase in excess of index for the portion of the referendum exception request denied.	Sections 333(j)(5)
April 15, 2027 *(Annual deadline)*	***Secretary of the Budget*** certifies the total amount of revenue in the Property Tax Relief Fund and the Property Tax Relief Reserve Fund and the total amount available for distribution in 2027-2028.	Section 503(a)(1), (e)
April 20, 2027 *(Annual deadline)*	***Secretary of the Budget*** notifies Department of Education whether it is authorized to provide school districts with property tax allocations under Section 505.	Section 503(d)
May 1, 2027 *(Annual deadline)*	***Department of Education*** notifies school districts of the amount of their state allocation of property tax reduction funding. This only occurs if the Secretary of the Budget certifies, by April 15, 2027, that there are enough funds in the Property Tax Relief Fund to make a distribution to school districts in 2027-2028.	Section 505(a)(4)
May 1, 2027 *(Annual deadline)*	***Assessor*** provides each school district with a certified report with information on homestead and farmstead properties, as provided in 53 Pa CS §8584(i).	Section 341(g)(3)
Prior to May 18, 2027	***Municipal Primary election***. County election officials, in conjunction with board of school directors, shall draft a non-legal interpretive statement to accompany referendum question that references items of expenditure for which tax rate increases are being sought. (See March 19 or March 29, 2027)	Section 333(c)(4)
No later than May 31, 2027 (*Optional action*)	Deadline for ***school district board of directors*** electing to adopt resolution rejecting 2027-2028 property tax allocation. This action can only occur if the Department of Education has notified school districts by May 1, 2027, that there are enough funds in the Property Tax Relief Fund to make a distribution to school districts in 2027-2028. (This action applies only if a school district has not rejected a previous state property tax allocation.)	Section 903(a)
No later than May 31, 2027	***School district*** deadline to adopt 2027-2028 proposed version of final budget and upload the signed Certification of Use document in the CFRS application.	Section 687(a)(1) (School Code)
June 5, 2027	***School district*** deadline to submit copy of resolution (if adopted) rejecting 2027-2028 property tax allocation to Department of Education. (See May 31, 2027.)	Section 903(b)

Taxpayer Relief Act, SS Act 1 of 2006: Timeline for Events Related to 2027-2028 Budget Process

Date	Description	Section
June 10, 2027 (*20 days prior to final budget adoption deadline*)	***School district*** deadline to make 2027-2028 proposed final budget available for public inspection on the General Fund Budget from the CFRS application.	Section 312(c)
June 20, 2027 (*10 days prior to final budget adoption deadline*)	***School district*** deadline to offer public notice of its intent to adopt the 2027-2028 final budget.	Section 312(c) Section 687(a)(2)(i) (School Code)
June 30, 2027 (*Annual deadline*)	***School district*** deadline to adopt the 2027-2028 final budget.	Section 312(a)
June 30, 2027 (*Annual deadline*)	***School district*** deadline to adopt a resolution implementing the homestead/farmstead exclusion. For school districts whose voters did not approve a local income tax for the purpose of providing homestead/farmstead exclusions, this only occurs if the Department of Education has notified school districts by May 1, 2027, that there are enough funds in the Property Tax Relief Fund to make a distribution to school districts in 2027-2028.	Section 321(d), 342, 505(a)(4)
July 15, 2027 (*Annual deadline*)	***School district*** deadline to submit 2027-2028 final budget to Department of Education in the CFRS application.	Section 687(b) (School Code)
No later than August 4, 2027 (*60 days after receipt of resolution*)	***Department of Education*** deadline to notify election officials of each county of the school districts in that county that have taken action to reject their 2027-2028 property tax relief allocation under Section 903(a). (See May 31, 2027.)	Section 904(b)
August 26, 2027	***Department of Education*** pays school districts 50 percent of their state allocation of property tax reduction funding. This only occurs if the Secretary of the Budget certifies, by April 15, 2027, that there are enough funds in the Property Tax Relief Fund to make a distribution to school districts in 2027-2028.	Section 505(b)
October 28, 2027	***Department of Education*** pays school districts 50 percent of their state allocation of property tax reduction funding. This only occurs if the Secretary of the Budget certifies, by April 15, 2027, that there are enough funds in the Property Tax Relief Fund to make a distribution to school districts in 2027-2028.	Section 505(b)
December 1, 2027	Deadline for ***school districts*** to report to the Department of Community and Economic Development, tax enactments, repeals, and changes to require withholding of a new tax, withholding at a new rate or to suspend withholding of such tax effective January 1, 2028.	Section 351(f)(2)

	2024-2025 FISCAL YEAR REFUND OF EXCESS REVENUE OF $1,365,138.08			
	Palisades	**Pennridge**	**Quakertown**	**Total**
ADM %	10.73%	42.68%	46.59%	100.00%
AMOUNT	$146,479.32	$582,640.93	$636,017.83	$1,365,138.08

2027-2028 ADM Analysis for Budget Development
District Contribution Summary

	Palisades	Pennridge	Quakertown	Total
2026-2027 Proposed Budget	$ 1,122,240.53	$ 4,227,462.23	$ 4,644,528.99	$ 9,994,231.75
2026-2027 Debt Service	$ -	$ -	$ -	$ -
Total District Share 2026-2027	**$ 1,122,240.53**	**$ 4,227,462.23**	**$ 4,644,528.99**	**$ 9,994,231.75**
Percentage based on ADM formula	11.23%	42.30%	46.47%	100.00%
2027-2028 ADM Percentages	12.25%	42.61%	45.14%	100.00%
2027-2028 If Budget Remained Same	**$ 1,224,293.39**	**$ 4,258,542.15**	**$ 4,511,396.21**	**$ 9,994,231.75**
Increase/(Decrease)	**$ 102,052.86**	**$ 31,079.92**	**$ (133,132.78)**	

UBCTS 2027-2028 Budget Timeline		
9/3/2026	Finance Committee Meeting	Draft 2027-2028 Budget Timeline reviewed with UBCTS Finance Committee.
October – November 2nd, 2026	Development	UBCTS Administrative Staff developing, analyzing 2027-2028 budget to present to the JOC Finance Committee.
November 5th, 2026	Finance Committee Meeting	Distribution of the first draft of the 2027-2028 Budget to the UBCTS Finance Committee on 11/5/26 and business managers. Followed by subsequent distribution to the Superintendent's at the PAC November meeting.
November 19th, 2026	JOC Meeting	Update entire JOC on the finance committee meeting and feedback/direction from the PAC and business managers.
December 3rd, 2026	Finance Cmt. Meeting	Distribution of updated draft of 2027-2028 Budget and requesting to place it on the December 17th, 2026 JOC regular agenda for consideration.
December 17th, 2026	JOC Meeting	Presentation of Proposed 2027-2028 Budget and motion on agenda for consideration.
January - February 2027	School District Meetings	2027-2028 JOC Approved Budget is presented to each school district.
March 2027	Submission	If the 2027-2028 Proposed Budget is approved by a majority of the three schools as per the Articles of Agreement the budget (PDE Form 2028) will be submitted to the Pennsylvania Department of Education.

Quarterly Report **10/7/2026**

Fund: 10

Account	Description	9/30/2026	9/30/2025	9/30/2024	9/30/2023	9/30/2022
6000	**Local**	(27,417,612.50)	(26,755,235.04)	(26,640,370.11)	(25,851,248.60)	(24,823,255.97)
7000	**State**	(2,778,415.26)	(920,937.68)	(2,847,040.87)	(2,368,552.41)	(2,527,740.26)
8000	**Federal**	(61,871.66)	(3,862.07)	(590,286.83)	(102,415.95)	(67,197.34)
9000	**Other**	0.00	0.00	0.00	0.00	0.00
Fund 10 Totals						
	Total Revenue	**(30,257,899.42)**	**(27,680,034.79)**	**(30,077,697.81)**	**(28,322,216.96)**	**(27,418,193.57)**
	Total Other Revenue	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
		(30,257,899.42)	**(27,680,034.79)**	**(30,077,697.81)**	**(28,322,216.96)**	**(27,418,193.57)**

Account	Description	9/30/2026	9/30/2025	9/30/2024	9/30/2023	9/30/2022
000	**General Fund - UNDESIGNATED**	295.34	995.98	733.37	0.00	0.01
100	**General Fund - PERSONNEL SERVICES-SAL**	3,047,859.29	3,025,044.84	2,866,243.17	2,712,162.63	2,735,540.58
200	**General Fund - EMPLOYEE BENEFITS**	3,155,714.84	2,594,644.55	2,448,076.22	2,430,659.32	2,219,700.64
300	**General Fund - PURCHASED PROF/TECH SRV**	1,483,667.17	1,166,368.08	173,569.54	413,076.19	568,261.65
400	**General Fund - PURCHASED PROPERTY SRV**	132,078.53	155,192.90	103,587.14	213,978.79	94,820.53
500	**General Fund - OTHER PURCHASED SERV**	1,325,418.13	1,126,244.63	770,172.68	1,343,771.15	1,002,444.75
600	**General Fund - SUPPLIES**	663,607.25	1,040,862.18	762,114.21	647,176.90	563,326.76
700	**General Fund - PROPERTY**	1,682,342.05	34,216.79	605,572.01	19,633.34	115,194.54
800	**General Fund - OTHER OBJECTS**	86,651.83	104,901.59	83,271.06	82,338.39	115,217.54
900	**General Fund - OTHER USES OF FUNDS**	640,000.00	635,000.00	615,000.00	2,134,000.00	2,120,000.00
I00		0.00	0.00	0.00	0.00	0.00
Fund 10 Totals						
	Total Expenditure	**11,550,420.34**	**9,214,206.81**	**7,770,137.28**	**7,821,821.13**	**7,371,657.57**
	Total Other Expenditure	**667,214.09**	**669,264.73**	**658,202.12**	**2,174,975.58**	**2,162,849.43**
		12,217,634.43	**9,883,471.54**	**8,428,339.40**	**9,996,796.71**	**9,534,507.00**
Excess of Revenues Over Expenditures		**(18,040,264.99)**	**(17,796,563.25)**	**(21,649,358.41)**	**(18,325,420.25)**	**(17,883,686.57)**

Request #	Date of Request	Requester	Affiliation	Requested Info	30 Day Extension	Deadline	Final Determination	Legal Fees
10	9/10/26	Vincent Mutolo	Argo	I am writing to request electronic records of all purchase orders issued by Palisades SD from 2021-09-04T00:00:00.000Z through 2026-09-04T00:00:00.000Z.	☐	9/17/26	granted	
11	9/10/26	Trisha Frasetto	Charles Jones, LLC	*Please accept this letter as our request for a copy of the detailed real estate tax collector's monthly report to taxing district submitted to the Agency pursuant to 72 P.S. §5511.25 for the month(s) listed below for the current tax year. This is the Department of Community and Economic Development (DCED) report, as stated in the Tax Collector's Manual: "The monthly statement must list all taxes collected for the taxing district for the reporting period. This report must list the names of taxpayers and amount collected from each, including discounts and penalties and must carry a total of all taxes collected with discounts and penalties for the reporting period."	☐	9/17/26	granted	

12	9/10/26	Justin Wenig		Pursuant to the Pennsylvania Right-to-Know Law, 65 P.S. §§ 67.101 to 67.3104, I am requesting existing electronic records maintained by Palisades School District reflecting payment records for all vendor entities (companies, organizations, contractors, and other non-person payees) from January 1, 2026 to current date, including at minimum: Purchase date Vendor name Line-item description Line-item amount	☐	9/17/26	granted	

13	9/14/26	Susan Sautner		• Morning transportation: All available school bus video footage from September 8, 2026 beginning with the time my son boarded the school bus in the morning, including the interior and/or exterior bus cameras, the bus ride to school, student activity on the bus, and his arrival and unloading at school. • School arrival and school day: All available surveillance footage from the time of his arrival at school through the end of his school day, including school bus arrival/drop-off areas, entrances and exits, hallways, common areas, classrooms or other areas where he was present to the extent recordings exist and are legally accessible, cafeteria/lunch areas, recess/playground areas, and any other locations in which he may have been recorded. • Afternoon transportation: All available school bus video footage from September 8, 2026 beginning when my son boarded the school bus at school for dismissal, including the interior and/or exterior bus cameras, the bus ride home, student activity on the bus, and the complete recording through the time he exited the bus at his home/drop-off location. • Any other surveillance or transportation recordings maintained by or obtained by the District that may reasonably document my son's whereabouts, activities, interactions, or condition during the relevant period on September 8, 2026.	☑	9/21/26	granted	

14	9/16/26	Blake Timochenko		Agendas, Minutes, Supporting documents, feasibility reports (all iterations), any other consultant or internal reports, and internal "sunshined"threads (to Municipalities and outside requestors) that relate to the closing of Bridgeton Elementary School. I believe the closure was brought up and voted on in 1996 and the closure and subsequent follow up was in 1997. I may only need the Agenda/minutes/support doc/reports if you want to start there- the "sunshined" threads may be wasteful/overkill. Please contact me first if there will be a fee associated with this request.	☐	9/23/26	granted	
15	9/16/26	Ashley Klepsa	Deltek	Regarding the solicitation #1 RFP - 2026 Consultant for Enrollment Projection and Building Utilization Study I would like to request the bid tabulation, the bidders list, the awarded vendor's proposal document, the scoring/evaluation, and the signed contract document.	☐	9/17/26	granted	
16	9/25/26	Fillip Freeman	Sunlight Access	Pursuant to the Pennsylvania Right-to-Know Law (65 P.S. § 67.101 et seq.), I am requesting an electronic summary of purchase orders (not the individual purchase orders themselves) issued by Palisades School District from March 1, 2026 to July 31, 2026.	☐	9/25/26	granted	
17	9/28/26	Megan McDyer		Video footage of daughter	☐	10/5/26		

Date entered	Account Number	$$ To	$$ From	Complete	Notes
2026-2027					
July					
7/28/26	10-2271-360-000-39-810-000-000-0501	$750.00			Request from Deana- Amplify PO # 25
	10-1110-610-222-00-000-000-000-0501		$750.00		
7/28/26	10-1110-610-000-10-220-180-000-0501	$2,092.22			Request from Deana-Amplify PO # 27
	10-1110-650-000-10-220-180-000-0501		$2,092.22		
	10-1110-610-000-10-230-180-000-0501	$2,092.22			
	10-1110-650-000-10-230-180-000-0501		$2,092.22		
	10-1110-610-000-10-240-180-000-0501	$2,092.85			
	10-1110-650-000-10-240-180-000-0501		$2,092.85		
7/23/26	10-1110-762-000-10-220-560-000-0000	$3,126.05			Request from Marie - Paper shredder PO # 2700000230
	10-5900-840-000-00-000-000-000-0000		$3,126.05		
7/29/26	10-0181-000-000-00-000-000-000-0000	$129,667.50			Request from Deana-Amplify PO # 2600001834
	10-1110-650-222-20-650-000-000-0501		$56,667.50		
	10-1110-650-146-20-650-151-000-0501		$73,000.00		
7/23/26	10-1110-762-000-10-220-560-000-0000	$6,148.00			Request from HS - Ceramic Kiln
	10-5900-840-000-00-000-000-000-0000		$6,148.00		
	July Totals	**$145,968.84**	**$145,968.84**		
August					
8/15/26	10-1233-650-000-00-040-000-000-0200	$7,053.96			Request from Spec Ed - Autistic Support classroom
	10-1233-610-000-00-040-000-000-0200	$5,131.06			
	10-5900-840-000-00-000-000-000-0000		$12,185.02		
	August Totals	**$12,185.02**	**$12,185.02**		
September					
9/11/26	10-2310-820-000-00-040-000-900-0200		$60,000.00		to cover cost for attorneys fees and legitimate educational expenses
	10-2310-820-000-00-040-000-904-0200	$60,000.00			

Date entered	Account Number	$$ To	$$ From	Complete	Notes
9/21/26	10-3210-513-000-39-810-510-000-0100		$203.20		to cover Link Crew Freshman Pizza party
	10-3210-635-000-39-810-510-000-0100	$203.20			
	September Totals	**$203.20**	**$203.20**		

Monthly Revenue Update

September 2026

In June 2026, the Independent Fiscal Office (IFO) released revenue projections for fiscal year (FY) 2026-27. September General Fund collections of $4.84 billion were above the IFO's official estimate by $384 million (+8.6%). Fiscal-year-to-date (FYTD) collections of $11.22 billion exceed the IFO's official estimate by $452 million (+4.2%). (The IFO estimate for September was $167 million higher than the administration's official estimate released in July 2026.) Compared to the prior year, September collections were $784 million (+19.3%) higher and FYTD collections are $1.17 billion (+11.6%) higher. Revenue highlights include:

- September corporate net income tax (CNIT) collections totaled $1.14 billion, which was $325 million (+40.1%) above estimate and $448 million (+65.1%) higher than the prior year, largely due to very strong estimated payments for tax year 2026. One factor contributing to the unusual strength could be firms that made mid-year adjustments to account for federal tariff refunds that began in May and will continue through early fall. The latest data from the U.S. Bureau of Economic Analysis show that 2026 Q2 corporate non-financial domestic profits increased by 21.1% from the prior year. FYTD CNIT collections of $1.42 billion exceed estimate by $356 million (+33.4%).
- Sales and use tax (SUT) collections for September were $1.32 billion, $46 million (+3.6%) above estimate and $82 million (+6.6%) higher than the prior year. Non-motor vehicle collections of $1.19 billion were $42 million (+3.6%) above estimate and $80 million (+7.2%) above last year. Motor vehicle collections of $125 million were $5 million (+3.9%) above estimate and $2 million (+1.6%) above the prior year. FYTD SUT collections of $4.14 billion are $77 million (+1.9%) above projections.
- Monthly personal income tax (PIT) collections of $2.01 billion exceeded estimate by $19 million (+1.0%), as a shortfall in withholding (-$21 million, -1.7%) was offset by an overage in non-withholding (+$40 million, +5.8%). FYTD PIT collections of $4.55 billion are $31 million (+0.7%) above estimate and 8.8% above the prior year.
- Nontax collections of $22 million for September were $3 million (+15.5%) above estimate and roughly flat with the prior year. Interest from tobacco settlement bonds (Treasury earnings) that was anticipated in August is now expected in October.

FY 2026-27 General Fund Comparison

	September Collections				September YOY Change		
	2026	Estimate	Variance	Percent	2025	Amount	Percent
General Fund	$4,843	$4,458	$384	8.6%	$4,059	$784	19.3%
Corporate Net Income	1,135	810	325	40.1	687	448	65.1
SUT - Non-Motor	1,193	1,152	42	3.6	1,113	80	7.2
SUT - Motor Vehicle	125	121	5	3.9	124	2	1.6
PIT - Withholding	1,269	1,290	-21	-1.7	1,070	199	18.6
PIT - Non-Withholding	737	697	40	5.8	665	72	10.8
All Other	383	389	-6	-1.6	400	-17	-4.3

	Fiscal Year-to-Date Collections				Fiscal Year-to-Date YOY Change		
	2026	Estimate	Variance	Percent	2025	Amount	Percent
General Fund	$11,224	$10,772	$452	4.2%	$10,058	$1,166	11.6%
Corporate Net Income	1,421	1,065	356	33.4	915	506	55.3
SUT - Non-Motor	3,762	3,699	63	1.7	3,509	253	7.2
SUT - Motor Vehicle	377	363	15	4.0	366	12	3.2
PIT - Withholding	3,595	3,609	-14	-0.4	3,304	290	8.8
PIT - Non-Withholding	953	908	44	4.9	875	77	8.8
All Other	1,116	1,128	-13	-1.1	1,088	27	2.5

Note: Dollar amounts in millions. Estimate refers to the IFO Official Estimate published in June 2026 and adjusted for tax law changes enacted. YOY is year-over-year.

General Fund Revenues Summary

Revenue Source	Sep 2026	Sep 2025	FYTD 2026-27	FYTD 2025-26	Monthly Growth	FYTD Growth
Total General Fund	**$4,842.6**	**$4,058.7**	**$11,223.6**	**$10,058.1**	**19.3%**	**11.6%**
Total Tax Revenue	**4,820.9**	**4,036.5**	**11,144.2**	**9,913.1**	**19.4**	**12.4**
Total Corporation Taxes	**1,155.1**	**703.7**	**1,449.1**	**944.7**	**64.1**	**53.4**
Corporate Net Income	1,135.1	687.4	1,421.2	915.0	65.1	55.3
Gross Receipts	0.4	1.2	5.7	6.3	-68.8	-8.4
Utility Property	4.9	4.5	5.8	5.1	10.3	12.7
Insurance Premium	0.4	0.6	1.0	4.6	-38.5	-78.2
Financial Institution	14.3	10.1	15.4	13.6	41.8	13.0
Total Consumption Taxes	**1,432.7**	**1,348.8**	**4,407.3**	**4,146.1**	**6.2**	**6.3**
Sales and Use - Total	1,319.0	1,236.9	4,139.5	3,875.0	6.6	6.8
Non-Motor	1,193.5	1,113.3	3,762.0	3,509.3	7.2	7.2
Motor Vehicle	125.5	123.6	377.5	365.7	1.6	3.2
Cigarette	67.8	64.8	125.5	125.9	4.5	-0.3
Other Tobacco Products	10.4	11.2	33.2	33.9	-7.0	-2.2
Malt Beverage	1.5	1.6	4.8	5.0	-6.3	-4.6
Liquor	34.0	34.2	104.4	106.3	-0.5	-1.7
Total Other Taxes	**2,233.1**	**1,984.1**	**5,287.7**	**4,822.3**	**12.6**	**9.7**
Personal Income - Total	2,005.8	1,734.4	4,547.4	4,179.7	15.7	8.8
Withholding	1,268.9	1,069.5	3,594.8	3,304.4	18.6	8.8
Non-Withholding	736.9	664.8	952.6	875.3	10.8	8.8
Realty Transfer	58.0	72.4	109.1	112.4	-19.9	-2.9
Inheritance	155.4	157.1	548.6	444.4	-1.1	23.4
Gaming	24.1	31.5	86.0	91.4	-23.6	-6.0
Minor and Repealed	(10.3)	(11.3)	(3.4)	(5.6)	9.6	39.8
Total Non-Tax Revenue	**21.7**	**22.2**	**79.5**	**145.1**	**-1.9**	**-45.2**
State Store Fund Transfers	0.0	0.0	0.0	0.0	n.a.	n.a.
License, Fees & Misc.	15.9	16.1	59.8	125.1	-1.2	-52.2
Licenses and Fees	2.5	8.5	30.0	30.6	-71.0	-2.0
Miscellaneous	13.5	7.6	29.8	94.5	76.1	-68.5
Treasury	24.3	39.6	74.6	112.6	-38.7	-33.8
Escheats	(18.8)	(27.6)	(53.9)	(42.6)	31.9	-26.7
Other Miscellaneous	8.0	(4.3)	9.1	24.4	285.3	-62.6
Fines, Penalties & Interest	5.8	6.0	19.7	20.0	-3.9	-1.3

Note: Dollar amounts in millions. Growth rates computed from same time period in previous year and use unrounded amounts.

Fiscal Oversight Committee

Monday, October 19, 2026 9:00 AM
High School Auditorium, 35 Church Hill Road, Kintnersville, PA 18930

1. **Committee Members Present: Saul Ramos (chair), Scott Freeman, Jim Hallowell, Chris Berdik, Colleen Gartland, Bridget O'Connell**

2. **Meeting Participation**
   Access to Livestream

3. **Meeting Opening**
   Call to Order

4. **Community Survey Panorama Education detailed invoice - periodic - Talks regarding a community survey which began last February. The survey covers safety, engagement and academic achievement. Panorama was the lowest responsible bidder. Recommendation the board would like to move forward**

5. **S&P Bond Rating - periodic - School rating is stable at AA**

6. **BCIU Homestead/Farmstead agreement - annual**
   This will be on the agenda for approval at the Board meeting Wednesday, October 21st.

7. **Wastewater Treatment Plant change order #6 - periodic**
   Recommendation

8. **Marching Band Trailer - periodic- John Westenburg presented 3 options for trailers:**

   Best Choice = $11,995
   Trailer Superstore = $14,805
   Roxbury Trailers = $16,495

   Public comment: Jim Nilsen, Springfield, noted Springfield Township Lions may be able to partner in this purchase.

   The committee recommends allocating the money budgeted for the lift gate toward a marching band trailer.

9. **2026-2027 Investment Plan - Amended from 15% to 25% for CDs**

10. **Act 1 Budget Calendar - annual**

The budget calendar is similar to last year such that we will take a vote not to exceed the Act 1 index of 3.6% in January. May 31, 2027 is the deadline to adopt a proposed version of the final budget and June 30, 2027 is the deadline to adopt a final budget.

11. **UBCTS Budget Update - annual -**

UBCTS recently shared a projection such that if the UBCTS budget remains status quo from the 26/27 school year the increase in payments for Palisades will be $102,052.86. UBCTS will be refunding $140,000 to Palisades for 24/25

12. **Quarterly Financial Report - quarterly**

Per the committee's request, Chris Berdnik shared the first quarterly. Committee requested a synopsis of prior year budgeting - what is different from prior years to the projections moving forward.

Expenditures have grown faster than revenues:

- Contracts have built in increases
- Taxes have remained flat or low
- PSERS fund was created to address a retirement spike but it has not spiked and continues to grow

Chris will provide a narrative prior to the December budget presentation.

Public comment: Shannon Harris, Nockamixon Township, requested clarification on first quarter report (which showed revenue exceeding expenditures) and projections of a deficit.

13. **Review of Financial Reports - September 2026**

14. **Prior Month Expenditures to Date Summary - September**

15. **Charter School Update - September**

16. **Right to Know Request Report**

Note: the report was cut off.

17. **Budget Transfers**

18. **Discussion - Fitness Center**

Conversation about whether the fitness center should remain open to the public. Follow up items include:

1. How is it advertised?

2. Who can use the fitness center in the morning hours 6-7:30AM?
3. What is the actual usage of the fitness center for the community?
4. How much does it cost to run the fitness center for the public?
5. From EPS presentation, the Wellness Fitness Department noted the wear and tear on the fitness center equipment.

19. **Economic Update**

20. **Public Comment (limit to 3 minutes)**

Karen Beerer, Durham Township, EPS committee is in full support to put a position in the budget for a middle school coach or interventionist. Share what the cost will be for this position.

Shannon Harris, Nockamixon, shared a chart from Central Bucks School District which depicts the increase in teaching staff with decline in enrollment and asked about how our district is matching staffing with enrollment.

21. **Next Scheduled Meeting will be November 16, 2026, at 9:00 AM**

22. **Adjournment**

23. **Minutes**