# 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*

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**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:**<br>Family Surveys;Student Surveys;Teacher and Staff Surveys | | **$ 6,960.00** |
| **Limited Foundations Teaching & Learning Package (Virtual):**<br>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:**<br>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:**<br>Dedicated Point of Contact – An assigned partner to lead planning, coordination, and | | |

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|---|---|
| execution of key milestones, serving as a strategic guide from initial setup through full adoption.<br>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.<br>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: |
|---|---|---|
|  |  |  |

## Exhibit A

## Terms

## 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
## 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**

Primary Contact

**Michael J Mooney**
New York
1-212-438-4943
michael.mooney1@spglobal.com

Secondary Contact

**Mona Elfar**
New York
(1) 212-438-0963
mona.elfar@spglobal.com

## 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.

## 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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**COWAN ASSOCIATES, INC.**

*Serving Business, Municipalities & Industry Since 1958*

**Richard S. Cowan, PE (1910-1997)**
**James R. Leister, PE/PLS (1936-2006)**
**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 .27~~5~~ cents per gallon.

SFrcE .27

Thank you
Brad S Nicholas

04/13/2026

8716

# BRAD S. NICHOLAS

LLC

*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** | |

RECEIVED BY

**TOTAL**

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 Tendola P.

Rt 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 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 Nickels Telephone 610-847-2055

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: 3:10 Signature ________

pH 7.07 std. units Sample ID 08072019

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

---

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

Customer Name [illegible]

Pick-up Address [illegible]

Rt 611

Phone No. 610 847-5136

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 [illegible] Telephone 610-847-2555

Truck No. 127 License No. 7585664

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 20 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 Palisades School
Pick-up Address Tinicum P.
Rt 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 8/7 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 610-847-2555
Truck No. 129 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 Time: 1172 Signature ____
pH 7.92 std. units Sample ID 08072609

# QUAKERTOWN WASTEWATER TREATMENT FACILITY

## Liquid Waste Manifest

---

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

Customer Name Palisades

Pick-up Address Farndale 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 8-7-26 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 Willhoft Jr Telephone 6108472555

Truck No. 127 License No. 25K9604

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 763 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 Ferndale Pa

Rt 611

Phone No. 610 847-5131

Waste Stream Identification and volume:

Holding 3000 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________ Signature________________

Customer Name ________________

Pick-up Address ________________

________________

Phone No. ________________

Waste Stream Identification and volume:

Holding________ Septic________ Other________

The undersigned 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 Mikovits Telephone 610 847 2[illegible]

Truck No. 127 License No. Z5E5604

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 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 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 Nicholes Telephone 610 847-2858

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 08072608

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

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

Customer Name Palisades High School
Pick-up Address Ferndale Pa
Rt 611
Phone No. 610 847 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 8.10.26 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 Carl S Nicholas Telephone 610 847 2735
Truck No. 187 License No. Z5K5664
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:______ 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 [illegible]
Pick-up Address Ferndale Rd
Rt 611
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 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 Bucks Nicholls Telephone 610 847 2551
Truck No. 127 License No. ZSK 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: 8-10-26 Time: 3:00 Signature______
pH 8.24 std. units Sample ID 08102022

# QUAKERTOWN WASTEWATER TREATMENT FACILITY

## Liquid Waste Manifest

---

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

Customer Name Palisades High School

Pick-up Address [illegible] Rd

Rt 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 8-10 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 610-847-2[illegible]

Truck No. 027 License No. ZSE5661

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 7.83 std. units Sample ID 08102611

# 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 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 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 Ben Frech

Pick-up Address 1315 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 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________

**2. Hauler of Waste**

Company Brad S Nicholas Telephone 610-847-2383

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: 8-10-26 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 Palisades Schools
Pick-up Address Ferndale Pa
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 8-8-26 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 Nicholls Telephone 610 847 2558
Truck No. 127 License No. 7SE5664
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:________ 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 Palisades H School

Pick-up Address Tinicum R[illegible]

RT 611

Phone No. 610 847 5831

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 10·12·16 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 [illegible] Telephone 610 847 2535

Truck No. #27 License No. 75E56U4

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: 10·10·16 Time: 9:29AM Signature________________

pH 7.24 std. units Sample ID________________

# QUAKERTOWN WASTEWATER TREATMENT FACILITY

## Liquid Waste Manifest

---

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

Customer Name Palisades H. School

Pick-up Address [illegible]

Rt 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 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 Brad S Nichols INC Telephone 610 847 2555

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 High School
Pick-up Address Ferndale Rd
RT 611
Phone No. 610 847-5151
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 8-11-26 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 610 847-7777
Truck No. 129 License No. 23E5669
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 Palisades High School

Pick-up Address Ferndale Rd

PA 611

Phone No. 610 847-3151

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 T Nicholas Telephone 610 847-2555

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: 8-11-26 Time: 1 20, 140 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 High School

Pick-up Address [illegible] Rd

RT 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 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 Fred S Nicholls Telephone 610 847 2775

Truck No. 188 License No. 75F5004

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: 9:40 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 Palisades H. School

Pick-up Address Ferndale Rd.

Rt 611

Phone No. 610 847-5151

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 8-12-26 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 Bud S [illegible] Telephone 610 847 2555

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: 8-12-26 Time: 3:04 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 Ferndale Rd

Rt. 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 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 Paul S Williams Telephone 610 847-7777

Truck No. 127 License No. ZSF 5844

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 JR

pH 794 std. units Sample ID 08122602

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

---

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

Customer Name Palisades Nur & Gardens

Pick-up Address Ferndale Pa

18611

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________ Signature________

Customer Name________

Pick-up Address________

Phone No.________

Waste Stream Identification and volume:

Holding________ Septic________ Other________

The undersigned 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 Michael HS Telephone 610 847 2555

Truck No. 127 License No. ZSE 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 30 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 Palisades High School

Pick-up Address Ten. Dale R.

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 8.14 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 Paul S Nicholls Telephone 610 847-2555

Truck No. 127 License No. 28 [illegible] 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: 8-14-26 Time: 1:00 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 High School

Pick-up Address Ferndale Pa
Rt 611

Phone No. 610 847 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 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 Fred S Nichols Telephone 610 847 [illegible]

Truck No. 127 License No. ZSE566Y

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 Don Cantarella
Pick-up Address 4958 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

Customer Name Palisades
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

Customer Name Emilio Colonio
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

Customer Name
Pick-up Address

Phone No.

Waste Stream Identification and volume:

Holding____ Septic____ Other____

The undersigned 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 Nichols Telephone Cell 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.

4500

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 803 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 Ferndale PA

PA 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 5 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 ________________

Pick-up Address ________________

Phone No. ________________

Waste Stream Identification and volume:

Holding________ Septic________ Other________

The undersigned 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 7035

Truck No. 187 License No. 73B 6604

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: 0117 Time: 0551 Signature

pH 8.08 std. units Sample ID 0517[illegible]

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

---

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

School

Customer Name Palisades Jr.

Pick-up Address Ferndale P

Rt 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 8 1 Time 2 Signature_________

Customer Name_________

Pick-up Address_________

_________

Phone No._________

Waste Stream Identification and volume:

Holding_________ Septic_________ Other_________

The undersigned 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 [illegible]

Truck No. 129 License No. ZS 125 664

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: 10-17-76 Time: 930 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 Palisades High School
Pick-up Address Ferndale Pa
18921
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 8-17-26 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 [illegible] Telephone 610 847 7236
Truck No. 197 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: 8/17/26 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 [illegible]

Pick-up Address [illegible]
Rt 611

Phone No. 610 [illegible] 5 91

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 [illegible] 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 610 847 2235

Truck No. 127 License No. 75K5664

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: 8-17-22 Time: 2:27 Signature________________

pH 7.82 std. units Sample ID 08172617

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

---

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

Customer Name Rhoades

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 Bob's Nichols Telephone Cell-817-2333

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 8.08 std. units Sample ID 08182609

# 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 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 Brad S Nichols Telephone 610-847-2355

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 08182605

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

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

Customer Name [illegible]

Pick-up Address [illegible]

[illegible] 663

Phone No. 610 302-9131

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 8-15 Time 2 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 Nicholas Telephone 610 847 2551

Truck No. 127 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: 8-19-26 Time: 1:[illegible] Signature______

pH 7.92 std. units Sample ID [illegible]182610

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

---

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

Customer Name Palisades High School

Pick-up Address Pen [illegible] Rd
Rt 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 9-15-21 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 Earl S Mathias Telephone 610-847-7005

Truck No. 189 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: 9-10-21 Time: 3:34 Signature________________

pH 7.73 std. units Sample ID 081026E

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

---

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

Customer Name [illegible]
Pick-up Address Ferndale Pl.
Rt 611
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 8-19 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 Miller [illegible] Telephone 610 847 3535
Truck No. 127 License No. 755504
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: 8-9-26 Time: 9:00 AM Signature________________
pH 8.9 std. units Sample ID________________

# QUAKERTOWN WASTEWATER TREATMENT FACILITY

## Liquid Waste Manifest

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

| | |
|---|---|
| Customer Name [illegible] | Customer Name |
| Pick-up Address [illegible]<br>[illegible] | Pick-up Address |
| Phone No. 610 847 5131 | Phone No. |
| Waste Stream Identification and volume: | Waste Stream Identification and volume: |
| Holding 3000 Septic______ Other______ | Holding______ Septic______ Other______ |
| The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest. | The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest. |
| Date 9-19-26 Time 6 Signature______ | Date______ Time______ Signature______ |

| | |
|---|---|
| Customer Name | Customer Name |
| Pick-up Address | Pick-up Address |
| Phone No. | Phone No. |
| Waste Stream Identification and volume: | Waste Stream Identification and volume: |
| Holding______ Septic______ Other______ | Holding______ Septic______ Other______ |
| The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest. | The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest. |
| Date______ Time______ Signature______ | Date______ Time______ Signature______ |

**2. Hauler of Waste**

Company [illegible] Telephone [illegible]

Truck No. 127 License No. Z 5TE 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: 9-19-26 Time: 11:15 Signature______

pH 7.70 std. units Sample ID C 11207

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

---

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

Customer Name Palisades High School

Pick-up Address Ferndale Rd
Rt 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 8-19-16 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 [illegible] Telephone 610 847 2251

Truck No. 187 License No. 75E7664

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: 8-20-16 Time: 8:10 Signature______

pH 7.84 std. units Sample ID 65101509

# QUAKERTOWN WASTEWATER TREATMENT FACILITY

## Liquid Waste Manifest

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

Customer Name [illegible]

Pick-up Address [illegible]

[illegible]

Phone No. 610-541 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 8-30-26 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 [illegible] Telephone 610 847 72[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: 8-30-26 Time: 12 30 PM Signature________________

pH 7.06 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 ____________

____________

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 Jeff

Pick-up Address Beegle Hill Rd

____________

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 Nichols Telephone 610-847-3855

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 Ferndale R.
Rt 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 8-21-20 Time________ Signature________________

Customer Name________________

Pick-up Address________________

Phone No.________________

Waste Stream Identification and volume:

Holding________ Septic________ Other________

The undersigned 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 7555

Truck No. 177 License No. 75F5664

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: 8-21-20 Time: 11 47AM Signature________________

pH 8.11 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 Church Rd

Rt 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 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 Bob S Nicholls Telephone 610 847 2551

Truck No. 127 License No. ZSG6601

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 KW

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 Palisades

Pick-up Address

Phone No.

Waste Stream Identification and volume:

Holding 1800 Septic Other

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 Brad S Nichols Telephone 610-847-2883

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: 8-24-26 Time: 12:40 Signature

pH 8.04 std. units Sample ID 08241266

# QUAKERTOWN WASTEWATER TREATMENT FACILITY

## Liquid Waste Manifest

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

Customer Name [illegible]

Pick-up Address [illegible] Rd

PA 611

Phone No. 610 547 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 8-24-26 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 Fred S Nicholas Telephone 610 507 2555

Truck No. 127 License No. 7585664

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 35 AM Signature________________

pH 7.44 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 Ferndale P
RT 611

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 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 Paul S Nicholas Telephone 610-847-2555

Truck No. 107 License No. ZBB 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: 8/24/26 Time: 915 Signature KW

pH 6.99 std. units Sample ID 08242605

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

---

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

Customer Name Palisades High School

Pick-up Address Ferndale Rd

Rt 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 8-24-20 Time________ Signature________________

Customer Name________________

Pick-up Address________________

Phone No.________________

Waste Stream Identification and volume:

Holding________ Septic________ Other________

The undersigned 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 & Mike's Telephone 610 847 2555

Truck No. 127 License No. 25E7664

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 Time: 0745 Signature JA

pH 7.80 std. units Sample ID 082472602

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

---

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

Customer Name Palisades [illegible]

Pick-up Address Ferndale Pa

RT 611

Phone No. 610 547 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 8-24-26 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 Bro's S Nichols Telephone 610-547-[illegible]

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: 8-24-26 Time: 1212 P(M) Signature______

pH 7.73 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 [illegible] Rd
Rt 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 8-24-26 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 [illegible] Telephone 610 8472555

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: 8-25-26 Time: 8 30 PM 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 Palisades High School

Pick-up Address Ferndale Pa

Rt 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 8-26 5 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 Michaels Telephone 610 847-2555

Truck No. 12 License No. 295664

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 High School

Pick-up Address Glendale Rd

Rt 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 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 Nicholas Telephone 610 849 2553

Truck No. 187 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: 8-26-26 Time: 1:30 Signature______

pH 7.71 std. units Sample ID 08262616

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

---

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

Customer Name Palisades Reg

Pick-up Address Ferndale Pa

Rt 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 8.27 Time 7 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 Paul S Nichols Telephone 610 847-2558

Truck No. 127 License No. 7ST 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: 8/27/26 Time: 1150 Signature KW

pH 7.83 std. units Sample ID 08272014

# 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 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 Maplewood 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 610-847-3535

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: 10:35 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 Nichols Telephone 610-847-3565

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 Palisades Hig School

Pick-up Address Temple Rd

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 [illegible] Telephone 610 847 [illegible]

Truck No. 023 License No. PR 05756

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: 830 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 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 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 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: 6-23-26 Time: 11:25 Signature ______________

pH 8.03 std. units Sample ID 06232605

8/1-24

# LIQUID WASTE MANIFEST

---

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

Company Name: Palisades

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 Nichols

Telephone Number: (610) 847-8555 Approval Number

Pick-up Date: 6-23-96 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: 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 High School

Pick-up Address Ferndale Pa.

[illegible]

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 Brad S Nicholas Telephone 610 847 2535

Truck No. 023 License No. ZBD8256

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: 820 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 Palisades School

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 Boyd S Nicholls Telephone 610-847-2855

Truck No. 24 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 Palisades High School
Pick-up Address [illegible] Rd
Rt 611
Phone No. 610 847-9131
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 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 [illegible] Telephone 610 [illegible] 7555
Truck No. 027 License No. ZSE564
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 [illegible]

Pick-up Address [illegible]
Rt 61

Phone No. 610 · 562 · 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 7-1-26 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] S Michaels Telephone 610 562 7735

Truck No. 007 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: 7-2-26 Time: 4:32 Signature________________

pH 7.33 std. units Sample ID 07022604

# 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 Deck 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 Nichols Telephone Cell-814-2886

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: 11:20 Signature

pH 7.62 std. units Sample ID 070226~~09~~10

# QUAKERTOWN WASTEWATER TREATMENT FACILITY

## Liquid Waste Manifest

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

Customer Name Palisades High School

Pick-up Address [illegible]

Phone No. 610 847.5131

Waste Stream Identification and volume:

Holding 4700 Septic________ Other________

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________

Pick-up Address________

Phone No.________

Waste Stream Identification and volume:

Holding________ Septic________ Other________

The undersigned 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 [illegible] Inc Telephone 610 847 2775

Truck No. 177 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: 7/2 Time: 1040 Signature________

pH 7.20 std. units Sample ID 07027609

# QUAKERTOWN WASTEWATER TREATMENT FACILITY

## Liquid Waste Manifest

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

Customer Name Palysades High School

Pick-up Address Ferndale Pa

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 7-3-26 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 Bros S Nicholas Telephone 610 847-8555

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: 7/6/26 Time: 705 Signature KJ

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 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 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 Palisades

Pick-up Address ____________

Phone No. ____________

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 7-6-26 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 Bill S Nichols 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 Palisades [illegible]
Pick-up Address Tenicum Ro
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 7-6 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 [illegible] Telephone 610 547 2778
Truck No. 007 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: 6-9-26 Time: 3:51 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 [illegible]

Pick-up Address [illegible]

RP 64

Phone No. 610 847 5121

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 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 Nicholls Telephone 610-847-2275

Truck No. 177 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 804 std. units Sample ID 07062609

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

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

Customer Name Palisades Mid School
Pick-up Address Ferndale Pa
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 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 Nicholls Telephone 6105427 [illegible]
Truck No. P 27 License No. 75E5 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: 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 [illegible]

Pick-up Address Ferndale 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 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 Nichols Telephone 610 847 7755

Truck No. 127 License No. 75E 5684

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________________

pH 7.95 std. units Sample ID 07072603

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

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

Customer Name Palisades Mid Sch

Pick-up Address [illegible] Rd
[illegible]

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 7-6-26 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 [illegible] S [illegible] Telephone 610 847 2555

Truck No. #27 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: 7/7/26 Time: 900 Signature KW

pH 7.92 std. units Sample ID 07072602

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

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

Customer Name Palisade Vet

Pick-up Address Ferndale Pa

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 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 Mitchells Telephone 610 847-2555

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: 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 High School

Pick-up Address Ferndale P.
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 7-9-24 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 Nichols 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: 7-9-24 Time: 08:35 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 Palisades High School

Pick-up Address Ferndale PA
18611

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 7-10-16 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 Brad S Mech PS Telephone 610 847 7555

Truck No. 137 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: 7/10 Time: 0805 Signature______

pH 782 std. units Sample ID 07101602

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

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

Customer Name Palisades High School

Pick-up Address Ferndale Pa

Rt 611

Phone No. 610 847-571

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] Telephone 610 847-2235

Truck No. 129 License No. ZSE 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: 7-10-96 Time: 3 15 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 H[illegible] School

Pick-up Address [illegible]

RT 611

Phone No. 610 847-3151

Waste Stream Identification and volume:

Holding 1175 Septic________ Other________

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 201 Signature________

Customer Name________

Pick-up Address________

Phone No.________

Waste Stream Identification and volume:

Holding________ Septic________ Other________

The undersigned 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 [illegible] Telephone 610 847 8555

Truck No. 027 License No. 7SE5664

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 Palisades High School

Pick-up Address Tundal R.

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 7-13 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 Nicholls Telephone 610 847-2535

Truck No. 027 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_____

PH.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: 7-14-76 Time: 6:00 AM [✓ PM] Signature: ______ (Name & Title)

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

Company Name: Brad Shuholes

Telephone Number: ( ) ______ Approval Number ______

Pick-up Date: 7-14-76 Time: 6:00 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 facilit
and it was accepted.

Disposal Date: 7.15 Time: 11:70 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. 610 847.5191

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 7-14-26 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 Nicholls Telephone 610 547 8555

Truck No. 027 License No. ZSB 5864

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 KJ

pH 7.59 std. units Sample ID 07142602

#1-69

# LIQUID WASTE MANIFEST

---

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

Company Name: Palisades School

Pick-up Address: Kintnersville Pa
(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: 500 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/[illegible] Time: 8:35 [✓ 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]

[illegible]

Phone No. 610 847 [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 7-15 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 2533

Truck No. F27 License No. ZSTE5604

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: 7-14-06 Time: 11:00 Signature________________

pH 7.02 std. units Sample ID [illegible]

# QUAKERTOWN WASTEWATER TREATMENT FACILITY

## Liquid Waste Manifest

---

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

Customer Name Palisades High School

Pick-up Address [illegible]

Rt 611

Phone No. 610. 847-5191

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 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 2535

Truck No. 027 License No. 7515669

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 [illegible]

Pick-up Address [illegible]
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 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 [illegible] Telephone 610 847 2037

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: 7-17-26 Time: 10 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 H School

Pick-up Address Ferndale Pa

Rt 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 7-17 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 [illegible]

Pick-up Address Haycock Pa

Rt 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 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________

---

**2. Hauler of Waste**

Company [illegible] S [illegible] Telephone 610 847 2555

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 20 [illegible] 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 7/19 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 610-847-2555

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: 7-20-26 Time:____ 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 Palisades Hi School

Pick-up Address Park Rd

Rt 611

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 7-20-21 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 [illegible] Telephone 610 847 2557

Truck No. 079 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: 7-26-21 Time: 942 AM Signature________________

pH 760 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]

PA 611

Phone No. 610 [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 Time 25 Signature________

Customer Name________

Pick-up Address________

Phone No.________

Waste Stream Identification and volume:

Holding________ Septic________ Other________

The undersigned 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. 610 [illegible] 803

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. 127 License No. 256604

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 KW

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 Palisades

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 [redacted]

Customer Name

Pick-up Address

Phone No.

Waste Stream Identification and volume:

Holding________ Septic________ Other________

The undersigned 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 Jamie Cooper

Pick-up Address 1504 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 [redacted]

Customer Name

Pick-up Address

Phone No.

Waste Stream Identification and volume:

Holding________ Septic________ Other________

The undersigned 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 Nichols Telephone 610-847-2568

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 [redacted]

---

**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 Palisades H.S. School

Pick-up Address Elmdale R.

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 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 Brad S Winters Telephone 610 847 7250

Truck No. 097 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 7.77 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 723 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 Brad S Nicholas Telephone 610 847 2555
Truck No. 197 License No. ZBA5664
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: 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 [illegible] High School

Pick-up Address [illegible]

QT 611

Phone No. 610 [illegible]-3151

Waste Stream Identification and volume:

Holding 1175 G Septic________ Other________

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 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 J Nichols Telephone 610 847 2505

Truck No. 137 License No. 7515664

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 4 PM Signature________________

pH 775 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 Ferndale Rd

Rt 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 7-21-22 Time______ Signature______

Customer Name______

Pick-up Address______

Phone No.______

Waste Stream Identification and volume:

Holding______ Septic______ Other______

The undersigned 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 5477557

Truck No. 127 License No. ZSE5164

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: 7-27-22 Time: 3:14 Signature______

pH 7.81 std. units Sample ID 07272022

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

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

Customer Name Palisades High School
Pick-up Address Vandale Rd
Rt 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 7-27-26 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 Bar / S Williams Telephone 610 84775
Truck No. 107 License No. 75E 5604
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 7.50 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 Ferndale Pa
Rt 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 7-27-26 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 84[illegible]
Truck No. 27 License No. ZBE5664
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 Palisades High School

Pick-up Address [illegible] Pa

Rt 611

Phone No. 610 847 5131

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 7-27 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 2335

Truck No. 087 License No. ZGB5604

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 7.58 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 Ten Pole Rd

Rt 611

Phone No. 610 847-9131

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 7-27-06 Time 5 Signature________________

Customer Name________________

Pick-up Address________________

Phone No.________________

Waste Stream Identification and volume:

Holding________ Septic________ Other________

The undersigned 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 Inc Telephone 610 847-[illegible]

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: 7-27-06 Time: 7:30 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 Palisades Reg. School

Pick-up Address Ferndale Rd

Rt 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 7-25-26 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 Boyd S Nicholas Telephone 610 346-7555

Truck No. 127 License No. ZSE 5601

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: 7-25-26 Time:______ Signature______

pH 732 std. units Sample ID______

PH 6.6

18,500
7.28

# LIQUID WASTE MANIFEST

---

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

Company Name: Palisades

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

Telephone Number: (   ) ______ Approval Number ______

Waste Stream Identification

Holding Tank: 4500 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: [illegible] Time: ______ AM PM Signature: ______ (Name & Title)

---

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

Company Name: [illegible]

Telephone Number: (610) [illegible] Approval Number ______

Pick-up Date: [illegible] 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: [illegible] Time: 10 AM PM Signature: ______ (Name & Title)

DH 6.8

# LIQUID WASTE MANIFEST

---

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

Company Name: Palisades

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

Telephone Number: ( ) ______ Approval Number ______

Waste Stream Identification

Holding Tank: 4500 Septic Tank: ______ Other: ______

Sanitary: ______ Industrial: ______ Commercial: ______

Volume: 4500 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: 7-24-96 Time: ______ AM PM Signature: ______ (Name & Title)

---

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

Company Name: Brad's Mobiles

Telephone Number: (610) 847 2085 Approval Number ______

Pick-up Date: 7-24-96 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: 7/24 Time: 1050 AM PM Signature: ______ (Name & Title)

DH-6 9

# LIQUID WASTE MANIFEST

---

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

Company Name: Palisades High School

Pick-up Address: [illegible] Pa.
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( ) [illegible] 7-3151 Approval Number:

**Waste Stream Identification**

Holding Tank: X Septic Tank: ______ Other: ______

Sanitary: ______ Industrial: ______ Commercial: ______

Volume: 4750 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: 7-29-86 Time: ______ AM PM Signature: ______
(Name & Title)

---

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

Company Name: [illegible]

Telephone Number: ( ) [illegible] 7-2575 Approval Number: ______

Pick-up Date: 7-29-86 Time: ______ AM PM Truck No. 177 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: 7/29 Time: 8:20 AM PM Signature: ______
(Name & Title)

DA 7-2

# LIQUID WASTE MANIFEST

---

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

Company Name: [illegible]

Pick-up Address: [illegible] PA 18611
(No.) (Street) (City) (State) (Zip)

Telephone Number: (215) 847 5971 Approval Number ______

Waste Stream Identification

Holding Tank: X Septic Tank: ______ Other: ______

Sanitary: ______ Industrial: ______ Commercial: ______

Volume: 4150 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-[illegible] Time: ______ AM PM Signature: ______
(Name & Title)

---

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

Company Name: [illegible]

Telephone Number: (610) 847 9555 Approval Number ______

Pick-up Date: 7-29-[illegible] 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: 7/29 Time: 1033 AM PM Signature: ______
(Name & Title)

PH 7.1

10.5W

7.30

# LIQUID WASTE MANIFEST

---

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

Company Name: [illegible]

Pick-up Address: [illegible] 11761
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( [illegible] ) [illegible] Approval Number

Waste Stream Identification

Holding Tank: XXXX Septic Tank: Other:

Sanitary: Industrial: Commercial:

Volume: 4750 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: [illegible]

Telephone Number: ( [illegible] ) [illegible] Approval Number

Pick-up Date: 7-30 Time: AM PM Truck No. 127 Lic.No. [illegible] 566

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: 8:00 AM PM Signature:
(Name & Title)

pH 7.0

# LIQUID WASTE MANIFEST

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

Company Name: Palisades

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: 7-30-26 Time: ______ AM PM Signature: ______
(Name & Title)

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

Company Name: Brad S Nichols

Telephone Number: (610) 847-3555 Approval Number ______

Pick-up Date: 7-30-26 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: 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: [illegible]

Pick-up Address: [illegible] PA [illegible]
(No.) (Street) (City) (State) (Zip)

Telephone Number: ([illegible]) [illegible] Approval Number ____________

Waste Stream Identification

Holding Tank: X Septic Tank: ____________ Other: ____________

Sanitary: ____________ Industrial: ____________ Commercial: ____________

Volume: 4750 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: 7-30-86 Time: ________ AM PM Signature: ____________
(Name & Title)

---

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

Company Name: [illegible]

Telephone Number: ([illegible]) [illegible] Approval Number ____________

Pick-up Date: 7-30-86 Time: ________ AM PM Truck No. [illegible] 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: 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 Palisades High School
Pick-up Address Ferndale Rd.
Rt 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 7-31-26 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 Fred [illegible] Telephone________________
Truck No. 0127 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: 12:05 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 Sandee Rd
Rt 611

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 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 Nichols Telephone 610 847 2535

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: 7-31-26 Time: 2:21 Signature______

pH 7.49 std. units Sample ID 073126[illegible]

# QUAKERTOWN WASTEWATER TREATMENT FACILITY

## Liquid Waste Manifest

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

Customer Name Nickels

Pick-up Address ______

Phone No. ______

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 7-31-26 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 Nickels Telephone 610-847-2888

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 Hosland

Pick-up Address Pt Coll

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 7-31-26 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 Pickles

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 7-31-26 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 Pickles Telephone 610 847 2535

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 Ken dale

W 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 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 Mickinney Telephone 610 847-2333

Truck No. 127 License No. ZS1E5664

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 CH

pH 7.71 std. units Sample ID 08012601

pH 7.0

# LIQUID WASTE MANIFEST

---

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

Company Name: Palisades

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

Telephone Number: ( ) ______ Approval Number ______

Waste Stream Identification

Holding Tank: 2500 Septic Tank: ______ Other: ______

Sanitary: ______ Industrial: ______ Commercial: ______

Volume: 2500 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 Nichols

Telephone Number: (610)847 2355 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: 10:30 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 Durham Rd
RT 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 3-7-26 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 Paul S Nicholls Telephone 610 847 2555

Truck No. 137 License No. Z5B5664

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 08032604

DH 69

## LIQUID WASTE MANIFEST

---

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

Company Name: Palisades

Pick-up Address: Ferndale Pa Rt 611
(No.) (Street) (City) (State) (Zip)

Telephone Number: (610) 847-7151 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: 6-9-97 Time: ______ AM PM Signature: ______
(Name & Title)

---

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

Company Name: Ron's Mobiles

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

Pick-up Date: 6-9-97 Time: ______ AM PM Truck No. 137 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: 6/10 Time: 1005 AM PM Signature: ______
(Name & Title)

PH 70

# LIQUID WASTE MANIFEST

---

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

Company Name: Palisades [illegible]

Pick-up Address: [illegible] Pa
(No.) (Street) (City) (State) (Zip)

Telephone Number: ([illegible]) [illegible] Approval Number: ____

Waste Stream Identification

Holding Tank: 3000 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: 8-3-[illegible] Time: ____ AM PM Signature: ____
(Name & Title)

---

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

Company Name: [illegible]

Telephone Number: ([illegible]) [illegible] Approval Number: ____

Pick-up Date: 8-3-[illegible] 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: [illegible] Time: [illegible] AM PM Signature: ____
(Name & Title)

pH 7.0

# LIQUID WASTE MANIFEST

---

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

Company Name: [illegible]

Pick-up Address: [illegible]
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( [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: [illegible] Time: ________ AM PM Signature: ____________
(Name & Title)

---

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

Company Name: [illegible]

Telephone Number: ( [illegible] ) [illegible] Approval Number ____________

Pick-up Date: [illegible] Time: ________ AM PM Truck No. [illegible] 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: 8/13 Time: 2:05 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 Ferndale R

Rt 611

Phone No. 610 847 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 8-3- 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 Nichols HS Telephone 610 847 2735

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: [illegible] Time: 05 Signature_________

pH 7.50 std. units Sample ID_________

9H7.2

# 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: [illegible] Septic Tank: ____ Other: ____

Sanitary: ____ Industrial: ____ Commercial: ____

Volume: [illegible] 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: [illegible] Time: ____ AM PM Signature: ____ (Name & Title)

---

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

Company Name: [illegible]

Telephone Number: ([illegible]) [illegible] Approval Number ____

Pick-up Date: [illegible] 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: 814 Time: 1115 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 Ferndale Rd
Rt 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 8-4-26 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 Nichols HS Telephone 610 847 2[illegible]
Truck No. 027 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: 8-4-26 Time: 8 45 AM Signature________

pH 6.19 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]
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( [illegible] ) 847 5131 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: 8-4-96 Time: ______ AM PM Signature: ______
(Name & Title)

---

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

Company Name: [illegible]

Telephone Number: ( [illegible] ) 847-2555 Approval Number ______

Pick-up Date: 8-4-96 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: 8/4 Time: 135 AM PM Signature: ______
(Name & Title)

# QUAKERTOWN WASTEWATER TREATMENT FACILITY

## Liquid Waste Manifest

---

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

Customer Name Palisades High School

Pick-up Address Rennlie P.

Rt 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 Fred S Nicholas Telephone 610 8477555

Truck No. 127 License No. 7SE5669

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: 140 Signature KW

pH 6.92 std. units Sample ID 08052616

PA 6.9

# LIQUID WASTE MANIFEST

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

Company Name: [illegible]

Pick-up Address: [illegible]
(No.) (Street) (City) (State) (Zip)

Telephone Number: ( ) [illegible] Approval Number

**Waste Stream Identification**

Holding Tank: 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: 5-7-96 Time: AM PM Signature:
(Name & Title)

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

Company Name: [illegible]

Telephone Number: (610) 847 2551 Approval Number

Pick-up Date: 8-7-96 Time: AM PM Truck No. 137 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: 7/6 Time: 7:15 AM PM Signature:
(Name & Title)

PH 69

# LIQUID WASTE MANIFEST

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

Company Name: [illegible]

Pick-up Address: [illegible] Pa [illegible]
(No.) (Street) (City) (State) (Zip)

Telephone Number: (215) [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: 8-5-86 Time: ______ AM PM Signature: ______
(Name & Title)

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

Company Name: [illegible]

Telephone Number: (215) [illegible] Approval Number ______

Pick-up Date: 8-5-86 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: 8/6 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

Pick-up Address Tem dyle P.

18611

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 Rod S Nichols Telephone 610 847 2551

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: 3:10 Signature________________

pH 7.07 std. units Sample ID 08072619

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

---

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

Customer Name Palisades School

Pick-up Address Tin. Ele. Rd

Rt 611

Phone No. 610 847-5131

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 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 Nickells Telephone 610-847-2555

Truck No. 127 License No. 758664

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 24 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 Palisades Sch

Pick-up Address Ferndale P.
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 7 Time 2 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 [illegible] Telephone 610-847-2555

Truck No. 129 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 Time: 11a Signature________

pH 7.92 std. units Sample ID 08072609

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

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

Customer Name Palisades

Pick-up Address [illegible] Rd

Rt 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 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 [illegible] Telephone 610 847 2555

Truck No. 129 License No. 25E 9667

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 45 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 Palisades High School
Pick-up Address Ferndale Pa
Rt 611
Phone No. 610 847-5131
Waste Stream Identification and volume:
Holding 3000 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 [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] S Nicholls Telephone 610 847-2555
Truck No. 127 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: 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 Palisades

Pick-up Address

Phone No.

Waste Stream Identification and volume:

Holding 6900 Septic ____ Other ____

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 Nicholls

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: 8-7-26 Time: 1110 Signature ____

pH 7.73 std. units Sample ID 08072608

# QUAKERTOWN WASTEWATER TREATMENT FACILITY
## Liquid Waste Manifest

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

| | |
|---|---|
| Customer Name Palisades High School | Customer Name |
| Pick-up Address Ferndale Pa<br>Rt 611 | Pick-up Address |
| Phone No. 610 847 5131 | Phone No. |
| Waste Stream Identification and volume: | Waste Stream Identification and volume: |
| Holding 4750 Septic____ Other____ | Holding____ Septic____ Other____ |
| The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest. | 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____ | Date____ Time____ Signature____ |
| Customer Name | Customer Name |
| Pick-up Address | Pick-up Address |
| Phone No. | Phone No. |
| Waste Stream Identification and volume: | Waste Stream Identification and volume: |
| Holding____ Septic____ Other____ | Holding____ Septic____ Other____ |
| The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest. | The undersigned being duly authorized does hereby certify to the accuracy of the source and type of liquid waste subject to this manifest. |
| Date____ Time____ Signature____ | Date____ Time____ Signature____ |

**2. Hauler of Waste**

Company Brad S Nicholas MS Telephone 610 847 2050

Truck No. 028 License No. ZBD 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: 6-29-16 Time: 9 16 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 Palisades High School
Pick-up Address Ferndale Rd
Rt 611
Phone No. 610 847·9131
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 Brad S Nichols Telephone 610 847 2555
Truck No. 0[illegible]26 License No. ZRA0373
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 97 std. units Sample ID 06292618

# QUAKERTOWN WASTEWATER TREATMENT FACILITY

## Liquid Waste Manifest

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

Customer Name Palisades High School
Pick-up Address Ferndale Rd.
RT 611
Phone No. 610 847-5131
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 6-29-06 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 Brd St Mobile Telephone 6108472500
Truck No. 026 License No. ZPA0-873
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: 6-29-06 Time: 3 40 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 [illegible]

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 Brad S Nicholes Telephone 666-89 [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 06292621

# 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 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 6-24-24 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 Brad S Nichols Telephone Cell [illegible]

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 Palisades High School

Pick-up Address [illegible]

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 6-30-27 Time________ Signature________________

Customer Name________________

Pick-up Address________________

Phone No.________________

Waste Stream Identification and volume:

Holding________ Septic________ Other________

The undersigned 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 610-847-2555

Truck No. AP 27 License No. 25E 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: 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**<br>05 OCT 2026 | **FQ #**<br>48291 | **STOCK #**<br>45254 | **CUSTOMER #**<br>(51674) | **SALESPERSON**<br>TRAVIS WILLIER | |
| **BUYER**<br>PALISADE HIGH SCHOOL | | **HOME PHONE** | **WORK PHONE** | **E-MAIL** | |
| **CO-BUYER** | | **BUYER MOBILE PHONE**<br>610-847-5131 | **FAX NUMBER** | **CO-BUYER EMAIL** | |
| **STREET ADDRESS**<br>35 CHURCH HILL RD | | | **CITY**<br>KINTNERSVILLE | **STATE**<br>PA | **ZIP**<br>18930 |
| **DELIVERY LOCATION** | | | **DELIVERY DATE**<br>05 OCT 2026 | **DRIVER LIC #** | |

## DESCRIPTION OF PURCHASE

| **YEAR** | **MANUFACTURER** | **MODEL** | | **VIN #** | **GVW** |
|---|---|---|---|---|---|
| 2026 | QUALITY CARGO LLC | QC85X28TA-5200-UTV | ☒ NEW<br>☐ 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

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 Person | Dan |
| Delivered By | |

***Accessories***

| | |
|---|---|
| Steel Spare Tire | $0.00 |
| (INCLUDED) | $0.00 |
| | $0.00 |
| | $0.00 |
| | $0.00 |

| | |
|---|---|
| Sales Price | $16,495.00 |
| Added Acessories | $0.00 |
| 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** |

| | |
|---|---|
| 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<br>ALL PRO PRODU | WHITE CW8.5X28TA3 | | 1 | 0 | 1 | $14,499.00 | $14,499.00 | |
| TIRETAX<br>COMMONWEALT | PA TIRE TAX | | 4 | 0 | 4 | $1.00 | $4.00 | |
| DEALER PREP 2<br>ALL PRO PRODU | DEALER PREP TANDEM AXLE | | 1 | 0 | 1 | $125.00 | $125.00 | |
| TITLEFEE<br>Department of Mot | TITLE FEE | | 1 | 0 | 1 | $72.00 | $72.00 | |
| DOC FEE<br>Department of Mot | DOCUMENTARY FEE | | 1 | 0 | 1 | $100.00 | $100.00 | |
| COUNTY FEE<br>Department of Mot | COUNTY FEE | | 1 | 0 | 1 | $5.00 | $5.00 | |
| | | Total Qty Ordered: | 9 | 0 | 9 | | | |

Percent Unfilled: 100

Customer Signature: ________________________________________

| | |
|---|---|
| | Subtotal: $14,805.00 |
| Local Sales Tax | 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.

# Band Trailer Proposal

John Westenberger- Director of Bands, PHS

# Why does the band need a trailer?

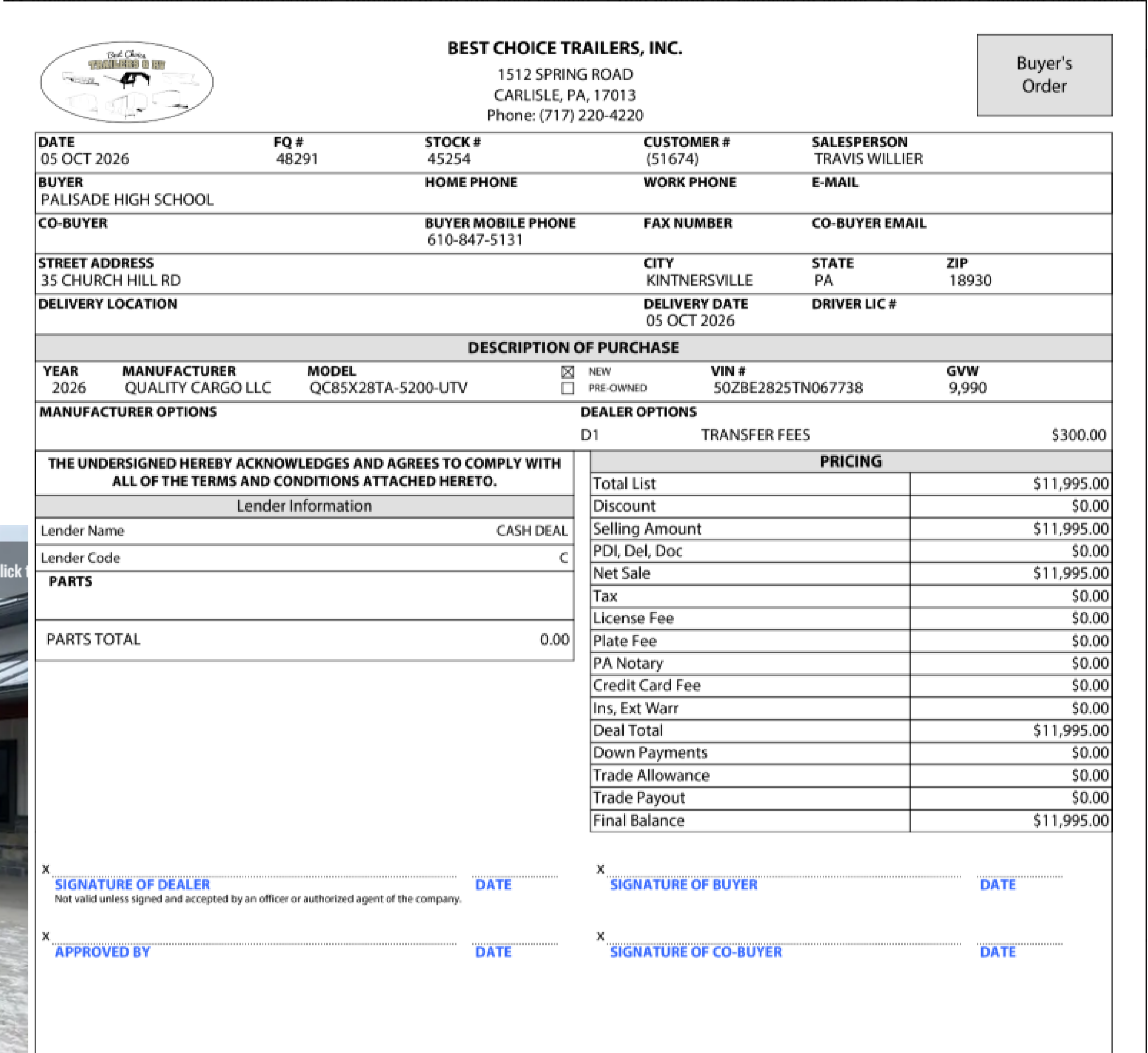
- There are only 2 drivers in the district capable of driving the stick box truck with the liftgate
    - With the quantity of band events in the fall, 2 drivers cannot do it alone
    - When asked about a trailer, the number of drivers willing to take the band went up drastically
- Palisades is one 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**<br>05 OCT 2026 | **FQ #**<br>48291 | **STOCK #**<br>45254 | **CUSTOMER #**<br>(51674) | **SALESPERSON**<br>TRAVIS WILLIER |
| **BUYER**<br>PALISADE HIGH SCHOOL | | **HOME PHONE** | **WORK PHONE** | **E-MAIL** |
| **CO-BUYER** | | **BUYER MOBILE PHONE**<br>610-847-5131 | **FAX NUMBER** | **CO-BUYER EMAIL** |
| **STREET ADDRESS**<br>35 CHURCH HILL RD | | | **CITY**<br>KINTNERSVILLE | **STATE**<br>PA   **ZIP**<br>18930 |
| **DELIVERY LOCATION** | | | **DELIVERY DATE**<br>05 OCT 2026 | **DRIVER LIC #** |

**DESCRIPTION OF PURCHASE**

| **YEAR** | **MANUFACTURER** | **MODEL** | | **VIN #** | **GVW** |
|---|---|---|---|---|---|
| 2026 | QUALITY CARGO LLC | QC85X28TA-5200-UTV | ☒ NEW<br>☐ 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

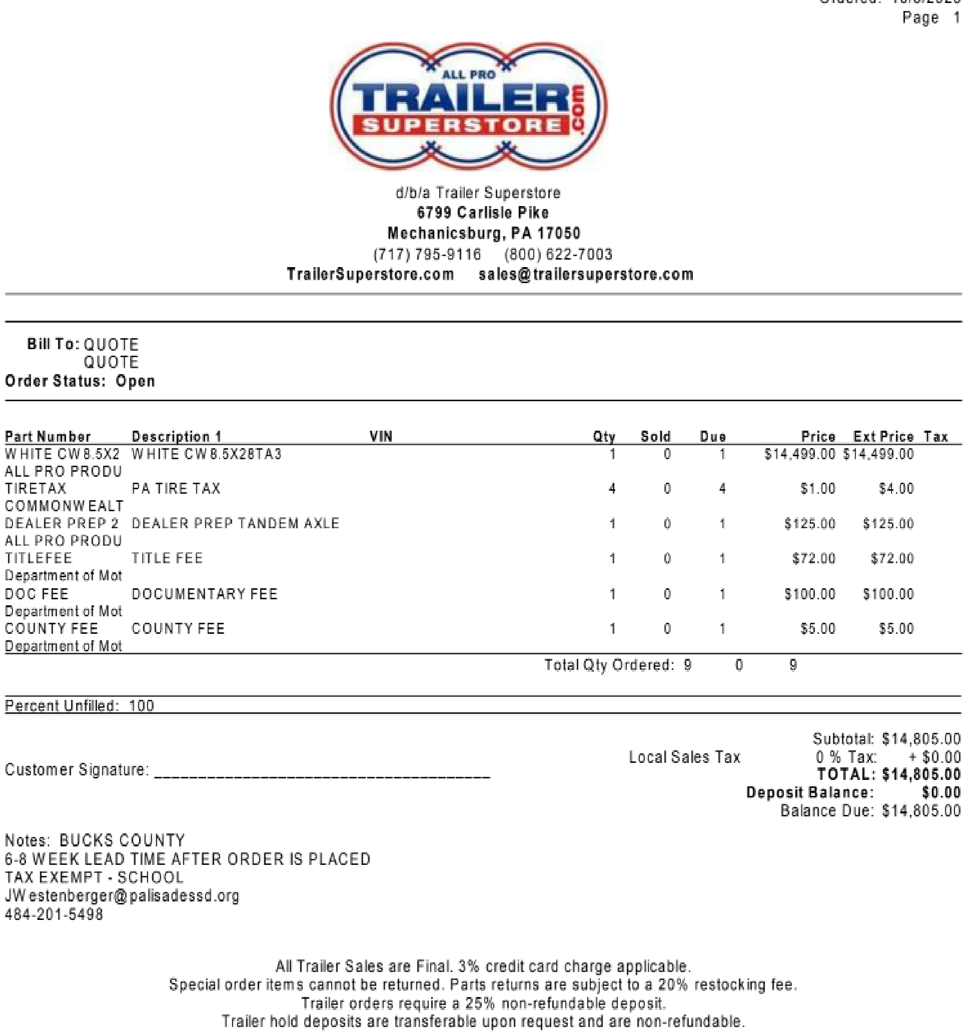
x ____________ SIGNATURE OF CO-BUYER ____ DATE

# Trailer Superstore

$14,805

8.5x28, 9990GVWR

Mechanicsburg, PA



Page 1

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<br>ALL PRO PRODU | WHITE CW8.5X28TA3 | | 1 | 0 | 1 | $14,499.00 | $14,499.00 | |
| TIRETAX<br>COMMONWEALT | PA TIRE TAX | | 4 | 0 | 4 | $1.00 | $4.00 | |
| DEALER PREP 2<br>ALL PRO PRODU | DEALER PREP TANDEM AXLE | | 1 | 0 | 1 | $125.00 | $125.00 | |
| TITLEFEE<br>Department of Mot | TITLE FEE | | 1 | 0 | 1 | $72.00 | $72.00 | |
| DOC FEE<br>Department of Mot | DOCUMENTARY FEE | | 1 | 0 | 1 | $100.00 | $100.00 | |
| COUNTY FEE<br>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

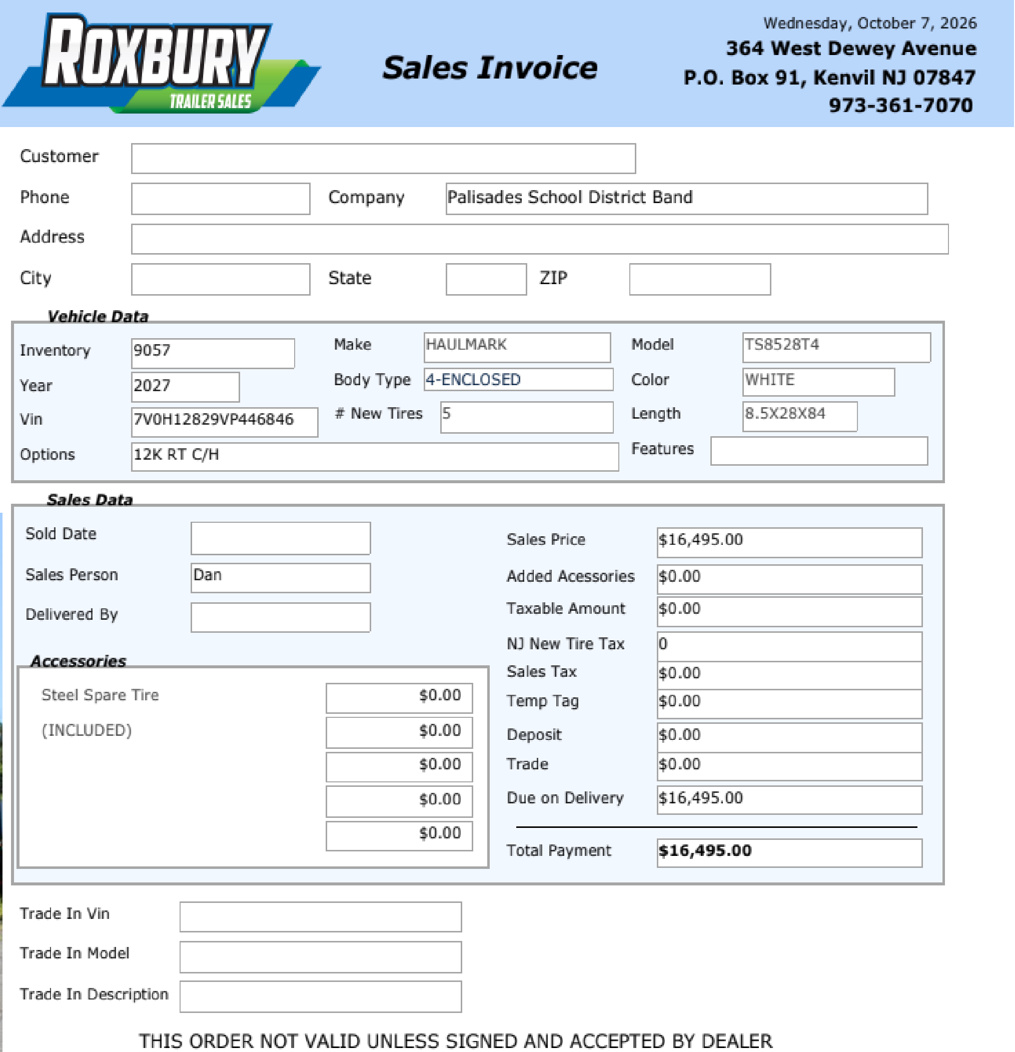
All Trailer Sales are Final. 3% credit card charge applicable.
Special order items cannot be returned. Parts returns are subject to a 20% restocking fee.
Trailer orders require a 25% non-refundable deposit.
Trailer hold deposits are transferable upon request and are non-refundable.

# 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, 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<br>*(Annual deadline)* | ***Department of Education*** publishes the 2027-2028 base index in the Pennsylvania Bulletin. | Section 333(l) |
| September 30, 2026<br>*(Annual deadline)* | ***Department of Education*** notifies school districts of their 2027-2028 adjusted index. | Section 313(2) |
| December 15, 2026<br>*(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<br>*(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<br>*(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<br>*(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<br>(*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<br>(*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**

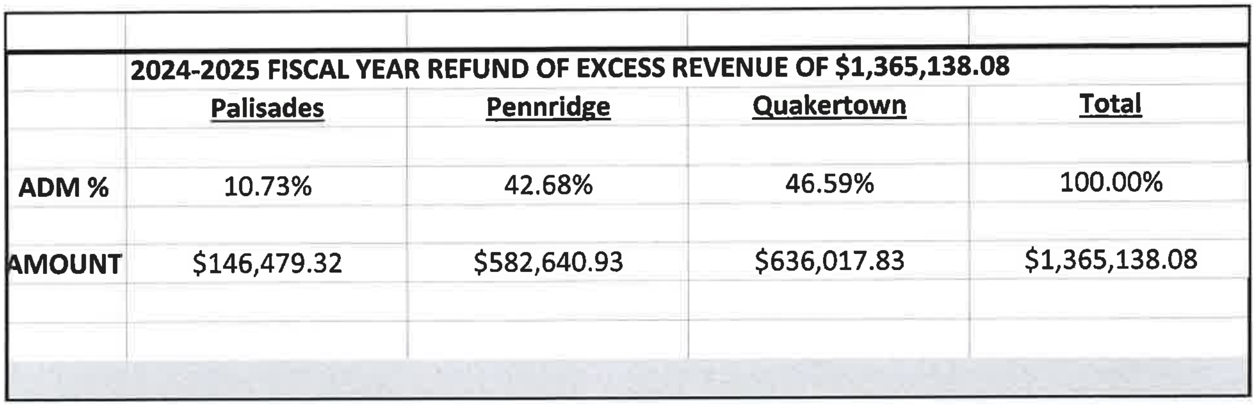
| Date | Description | Section |
|---|---|---|
| February 12, 2027<br>(*10 days after receipt of resolution*) | ***Department of Education*** deadline to notify school districts that adopted a resolution pursuant to Section 311(d)(1) whether the 2027-2028 proposed tax rates are equal to or less than their Index. | Section 311(d)(4) |
| February 17, 2027<br>(*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<br>(*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<br>(*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<br>March 1, 2027<br>*(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<br>*(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<br>*(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<br>*(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<br>*(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<br>*(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<br>*(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<br>*(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<br>*(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<br>*(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<br>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<br>May 31, 2027<br>(*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<br>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)<br>(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<br>(*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<br>(*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)<br>Section 687(a)(2)(i) (School Code) |
| June 30, 2027<br>(*Annual deadline*) | ***School district*** deadline to adopt the 2027-2028 final budget. | Section 312(a) |
| June 30, 2027<br>(*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<br>(*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<br>(*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. |
| | | |
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## 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:<br>Purchase date<br>Vendor name<br>Line-item description<br>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.<br>• 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.<br>• 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.<br>• 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.<br>I believe the closure was brought up and voted on in 1996 and the closure and subsequent follow up was<br>in 1997. I may only need the Agenda/minutes/support doc/reports if you want to start there-<br>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.