



LANCASTER COUNTY
SOLID WASTE MANAGEMENT
AUTHORITY

1299 HARRISBURG PIKE
P.O. BOX 4425
LANCASTER, PA 17604
PHONE: (717) 397-9968
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February 2, 2005

Mr. Joe Roth; Water Quality Specialist
Pennsylvania Department of Environmental Protection
Bureau of Water Quality Management
909 Elmerton Avenue
Harrisburg, PA 17110-8200

Ref: NPDES Permit #PAR503501
Frey Farm Landfill; Stormwater Discharge

Dear Mr. Roth:

I am pleased to enclose the NPDES DMR's and the "Additional Information" form regarding stormwater discharge from the above referenced facility for each of the two (2) permitted outfalls. In accordance with the permit issued October 8, 2004, this report completes the annual compliance monitoring required.

I have reviewed the results from this sampling event. As with previous events, they generally parallel historic or seasonal information previously reported to the Department.

Thank you for your efforts regarding our permitting activities. Feel free to call if you have any questions or comments.

Sincerely,

Brooks K. Norris
Technical Services Manager

Enclosures

cc: Jim Warner
Bob Zorbaugh
Bob Eshbach
Jeff Musser (w/enclosures)
Tom Hanlon (PaDEP; w/enclosures)
Randy Weiss (PaDEP; w/enclosures)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT - STORMWATER**

APPENDIX J

NAME: Lancaster County Solid Waste Management Auth.
ADDRESS: 1299 Harrisburg Pike
 Lancaster, PA 17604-4425
FACILITY: LCSWMA Frey Farm Landfill
LOCATION: Manor Township, Lancaster County
 Manns Run - WWF - 7-J

DISCHARGE NO. PAR503501; Outfall 001							
MONITORING PERIOD							
	YEAR	MONTH	DAY		YEAR	MONTH	DAY
FROM	2005	01	01	TO	2005	12	31

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	ANALYSIS FREQUENCY	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
C-Biochemical Oxygen Demand (5-Day)	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	2.9			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab
Chemical Oxygen Demand	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	39			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab
Oil and Grease	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	4.8			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab
pH	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	7.30			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	Std. Unit	X	1 /year	Grab
Total Suspended Solids (TSS)	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	537			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab
Total Kjeldahl Nitrogen (TKN)	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	2.0			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	0.65			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab
Effluent Guideline Pollutants (Name:)	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX					
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab
Iron (Total)	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	9.88			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 and 33 U.S.C. 1319.

Mr. James D. Warner, Executive Director
 NAME/TITLE EXECUTIVE OFFICER
 TYPED OR PRINTED

Brooks K Morris
 SIGNATURE OF PRINCIPAL
 EXECUTIVE OFFICER / AGENT

TELEPHONE		DATE	
610	593-5710	2005	01/31
AREA	NUMBER	YEAR	MONTH / DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (PLEASE USE SEPARATE SHEET OF PAPER IF NECESSARY)



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WATER SUPPLY AND WASTEWATER MANAGEMENT

**ADDITIONAL INFORMATION
 FOR THE REPORTING OF STORMWATER DISCHARGE MONITORING**

(This form must be completed and submitted with the DMR form for each outfall sampled)

A. PERMITTEE'S NAME: Lancaster County Solid Waste Management Authority	OUTFALL/DISCHARGE NO.: PAR503501; Outfall 001
FACILITY/LOCATION: Frey Farm Landfill; Manor Township; Lancaster County, PA; Manns Run - WWF - 7J	
B. SAMPLED STORM EVENT	
Provide the date of storm event: 01/14/2005	Provide the duration (in hours) of storm event: 11 hrs
Estimate rainfall measurements (in inches) of the storm which generated the sample runoff: 1.57 inches	Estimate the duration between the storm event sampled and the end of the previous measurement (greater than 0.1 inch rainfall) storm event: 2 days
Drainage area and volume of runoff: See Attached	
(1) Paved area _____ square feet x 0.9 (estimated runoff coefficient) x rainfall _____ inches x 0.6234 = _____ gallons (2) Unpaved area _____ square feet x 0.5 (estimated runoff coefficient) x rainfall _____ inches x 0.6234 = _____ gallons Total area _____ square feet Total volume of discharge _____ gallons	
C. GRAB SAMPLE METHODOLOGY	
if a grab sample during the first 30 minutes of the discharge was impracticable, and the sample was instead taken during the first hour of the discharge, describe the circumstances: Not Applicable	
D. SAMPLE WAIVER	
If samples could not be collected due to adverse climatic conditions, describe why samples could not be collected. Attach available documentation of the event: Not Applicable	
If monitoring data submitted is being used to represent other substantially identical outfalls, summarize on a drainage area and volume of runoff under item B. above for each outfall.	

Location:	Sed A + B (001)	Sed C (002)
Date:	1/14/05	1/14/05
Storm Duration (hrs.):	11	11
Discharge Duration (hrs.):	9	9
Drainage area (acres)	80.4	41.3
Drainage area (sq. ft.)	3,502,224	1,799,028
Run-Off Coef.	0.5	0.5
Rainfall (in.)	1.57	1.57
Rainfall (ft.)	0.131	0.131
Total Run-Off (cu. ft.)	229,104	117,686
Total Run-Off (gallons)	1,713,697	880,294
Estimated Total Discharge (gallons)	1,402,115	720,241
Time since last rainfall > 0.1 in. (days)	2	2

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT - STORMWATER**

APPENDIX J

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 Lancaster, PA 17604-4425
FACILITY: LCSWMA Frey Farm Landfill
LOCATION: Manor Township, Lancaster County
 Manns Run - WWF - 7-J

DISCHARGE NO. PAR503501; Outfall 002							
MONITORING PERIOD							
FROM	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
	2005	01	01		2005	12	31

NOTE: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO EX	ANALYSIS FREQUENCY	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
C-Biochemical Oxygen Demand (5-Day)	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	6.5			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab
Chemical Oxygen Demand	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	41			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab
Oil and Grease	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	ND @2			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab
pH	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	7.80			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	Std. Unit	X	1 /year	Grab
Total Suspended Solids (TSS)	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	572			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab
Total Kjeldahl Nitrogen (TKN)	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	2.0			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab
Total Phosphorus	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	0.60			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab
Effluent Guideline Pollutants (Name: _____)	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX					
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab
Iron (Total)	SAMPLE MEASUREMENT	XXX	XXX		XXX	XXX	12.4			1 /year	Grab
	PERMIT REQUIREMENT	XXX	XXX	XXX	XXX	XXX	Report Daily Max	mg/l	X	1 /year	Grab

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Brooks K. Norman
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