3800-FM-BCW0462 12/2016



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER DISCHARGE MONITORING REPORT (DMR)

NAME:	LANCASTER CNTY SWMA
ADDRESS:	3049 RIVER ROAD, CONESTOGA PA, 17516
FACILITY:	LCSWMA FREY FARM LF SW
LOCATION:	3049 RIVER RD, CONESTOGA PA, 17516
STAGE:	Final Effluent

PAR503501		001
ERMIT NUMBER		OUTFALL NUMBER
	- -	

Reporting Frequency:	Semi-Annually	
OMR Effective From:	01/01/2022	
OMR Effective To:	06/30/2022	
Permit Expires:	05/31/2019	
Permit Application Due:	12/02/2018	
No Discharge:		

MONITORING PERIOD YEAR МО DAY FROM **2022** 01 01

YEAR MO DAY TO 2022 06 30

PARAMETERS REPORTED VALUES

PARAMETER		QUA	NTITY OR LOA	DING	QUANTITY OR CONCENTRATION				SAMPLING EDECLIENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	SAMPLING THE
Chemical Oxygen Demand (COD) (00340)	Sample Measurement	***	***	***	***	***	< 15	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	6.83	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	7	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	< .1	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	.07	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments			•		l.		,			

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DISCHARGE MONITORING REPORT (DMR)

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PAR503501	002
ERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency:	Semi-Annually
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Permit Expires:	05/31/2019
Permit Application Due:	12/02/2018
No Discharge:	

		MONITORING PERIOD									
	YEAR	МО	DAY		YEAR	МО	DAY				
FROM	2022	01	01	то	2022	06	30				

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			Q	UANTITY OR (CONCENTRATION	1	OAMBUNO EDECUENOV	CAMPI INC TVDE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	- SAMPLING FREQUENCY	SAMPLING TYPE
Chemical Oxygen Demand (COD) (00340)	Sample Measurement	***	***	***	***	***	< 15	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	6.93	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	13	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	< .1	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	.25	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments									•	

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
Lab Results FFSP001S FFSP002S_2.3.2022.pdf	Laboratory Analytical Report	2022-07-08T13:12:33-04:00	
FFLF_001_3800-PM-WSFR0083t Additional Information 001.pdf	Stormwater Additional Information Form	2022-07-08T13:12:57-04:00	
FFLF_002_3800-PM-WSFR0083t Additional Information 002.pdf	Stormwater Additional Information Form	2022-07-08T13:13:10-04:00	

PERMIT VIOLATIONS

Non-Compliance ID

I EKWIII VIOLATION	,										
Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
UNAUTHORIZED DIS	CHARGES										

Duration (hrs)

Receiving Waters Impact On Waters

Date and Time DEP Notified Orally

Comments

Cause Of Discharge

_____**.**

Event Start Date

Date and Time Discovered

Substance Discharged **Event Location**

Event End Date

OTHER PERMIT VIOLATIONS						
Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments

Volume (gal)

COMMENT DETAILS

Comments Operator Name Operator Certification Number Operator Contact Number				
	Comments	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORM	ATION						
SUBMITTED BY GREENPORT USER		Daniel Brown	TELEPHONE		DATE		
	penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).		(717)	553-5864	2022	07	08
browndan1		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	МО	DAY