3800-FM-BCW0462 12/2016



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

NAME:	LANCASTER CNTY SWMA	_		PA0043486			001			Reporting Frequency:	Semi-Annually			
ADDRESS:	1299 HARRISBURG PIKE, LANCASTER PA, 17603		PERM	1IT NUN	/IBER		OUTF	ALL NU	MBER	DMR Effective From:	07/01/2022			
FACILITY:	LCSWMA CRESSWELL LF								DMR Effective To:	12/31/2022				
LOCATION:	3049 RIVER RD, CONESTOGA PA, 17516-9328	MONITORI								Permit Expires:	01/31/2027			
STAGE:	Final Effluent	-								Permit Application Due:	08/04/2026			
			YEAR MO DAY Y	YEAR	YEAR MO		No Discharge:							
		FROM	2022	07	01	то	2022	12	31					

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			a	UANTITY OR C	ONCENTRATIO	N	SAMPLING FREQUENCY	SAMPLING TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING PREQUENCI		
Iron, Dissolved (01046)	Sample Measurement	< .03	< .027	lbs/day	***	< .060	< .060	mg/L	1/6 months	24-Hr Composite	
	Permit Requirement	Monitor & Report SEMI AVG	Monitor & Report Daily Max		***	Monitor & Report SEMI AVG	Monitor & Report Daily Max		1/6 months	24-Hr Composite	
Facility Sampling Point Comments									· · · · · · · · · · · · · · · · · · ·		



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ATTACHMENT DETAILS

File Name					Attachment Type					ne		Attachment Comments				
Lab Accreditation Form_9_ 2022.pdf						Laboratory Accreditation Form				23-04:00						
Lab Results CWLEEFFS 9.20.2022.pdf					Laborat	Laboratory Analytical Report				2022-10-11T09:50:06-04:00						
	5															
Non-Compliance ID	Event Start Date	Event Start Date Event End Date Parameter Limit Type Reporte				Permit Limit	nit Limit Unit Sampling Point			int Cause Of Non-Compliance			Corrective Action		Comments	
UNAUTHORIZED DIS	CHARGES															
Non-Compliance ID	Event Start Date	Event Start Date Event End Date Date and Time Discovered Substance Discharged			rent Location Volume (gal) Duration (hrs)		Duration (hrs)	Receiving Waters	Impact On Waters Cause Of Discharge		ischarge	e Date and Time DEP Notified Orally		Comments		
OTHER PERMIT VIO	LATIONS															
Non-Compliance ID	N	on-Compliance Typ	e	Sa	ampling Point	int Parameter				Reported Value			Permit Limit		Comments	
COMMENT DETAILS												ſ				
Comments						Operator Name				Operator Certification Number			Operator Contact Number			
SUBMISSION INFOR SUBMITTED BY GREENPORT USER	*Pursuant to th		Electronic Transache Commonwealth						Deniel Pro		TELEPHON	E		DATE		
	system design	ned to assure th	ent and all attachm at qualified person manage the syste	nnel gather an	d evaluate the in	nformation subm	nitted. Based on	your inquiry of	Daniel Brow	wn	(717)	553-5864	2022	10	11	
browndan1	information su	bmitted is, to th	e best of your know o substantial civil a	wledge and be	elief, true, accura enalties, includi	ate and complete	e. You are aware	e that any false	SUBMITTED FULL NAM		EA CODE	NUMBER	YEAR	МО	DA	

falsification to authorities).