

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PAR403505

NAME:	LANCASTER CNTY SWMA
ADDRESS:	1299 HARRISBURG AVE, LANCASTER PA, 17603-2515
FACILITY:	LANCASTER CNTY SWMA TRANSFER STATION
LOCATION:	1299 HARRISBURG AVE, LANCASTER PA, 17603-2515

STAGE: Final Effluent

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Reporting Frequency:	Semi-Annually
DMR Effective From:	01/01/2023
DMR Effective To:	06/30/2023
Permit Expires:	
Permit Application Due:	
No Discharge:	

DADAMETED		QUA	NTITY OR LOA	DING	Q	UANTITY OR	CONCENTRATIO	N	SAMPLING EDECLIENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	
Chemical Oxygen Demand (COD) (00340)	Sample Measurement	***	***	***	***	***	254	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	7.45	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	170	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	2.44	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	1.8	mg/L	1/6 months	Grab
	Permit Requirement	***	***]	***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments			1	I .			L L			



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LOCATION: 1299 HARRISBURG AVE, LANCASTER PA, 17603-2515

STAGE: Final Effluent

PAR403505	
PERMIT NUMBER	_

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01

YEAR

FROM **2023**

002 OUTFALL NUMBER

 MONITORING PERIOD

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 2023
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Reporting Frequency:	Semi-Annually
DMR Effective From:	01/01/2023
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PARAMETER		QUA	NTITY OR LOA	DING	Q	UANTITY OR	CONCENTRATIO	N	SAMPLING FREQUENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Chemical Oxygen Demand (COD) (00340)	Sample Measurement	***	***	***	***	***	102	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	7.42	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	40	mg/L ort	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	1.68	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max	rt	1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	.51	mg/L	1/6 months	Grab
	Permit Requirement	***	***]	***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments										



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FACILITY: LANCASTER CNTY SWMA TRANSFER STATION

LOCATION: 1299 HARRISBURG AVE, LANCASTER PA, 17603-2515

PAR403505	
PERMIT NUMBER	

FROM

003
OUTFALL NUMBER

	MONITORING PERIOD									
YEAR	МО	DAY		YEAR	МО	DAY				
2023	01	01	то	2023	06	30				

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MR Effective To:	06/30/2023
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Permit Application Due:	
lo Discharge:	

DADAMETED		QUANTITY OR LOADING			Q	UANTITY OR	CONCENTRATIO	N	SAMPLING EDECLIENCY	CAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	SAMPLING TYPE
Chemical Oxygen Demand (COD) (00340)	Sample Measurement	***	***	***	***	***	205	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	7.61	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	91	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	1.04	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	.88	mg/L	1/6 months	Grab
	Permit Requirement	***	***]	***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments						ı				



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NAME: LANCASTER CNTY SWMA 1299 HARRISBURG AVE, LANCASTER PA, 17603-2515 ADDRESS: FACILITY: LANCASTER CNTY SWMA TRANSFER STATION LOCATION: 1299 HARRISBURG AVE, LANCASTER PA, 17603-2515 STAGE: Final Effluent

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	YEAR	МО	DAY		YEAR	МО	DAY						
	MONITORING PERIOD												
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DAY 30

PAR403505

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PARAMETER		QUA	NTITY OR LOA	DING	Q	UANTITY OR (CONCENTRATIO	N	SAMPLING FREQUENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	SAMPLING THE
Chemical Oxygen Demand (COD) (00340)	Sample Measurement	***	***	***	***	***	63	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	7.63	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	53	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	.626	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	.32	mg/L	1/6 months	Grab
	Permit Requirement	***	***]	***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments				ı			L L			



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005
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 FROM
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 TO
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DARAMETER		QUA	NTITY OR LOA	DING	Q	UANTITY OR (CONCENTRATION	1	CAMPI INC EDECLIENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	SAWIPLING TIPE
Chemical Oxygen Demand (COD) (00340)	Sample Measurement	***	***	***	***	***	34	mg/L	1/6 months	Grab
	Permit Requirement	***	***	-	***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	7.51	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	8	mg/L	1/6 months	Grab
	Permit Requirement	***	***	-	***	***	Monitor & Report Daily Max		1/6 months	Grab
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	.704	mg/L	1/6 months	Grab
	Permit Requirement	***	***	-	***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	.051	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
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PARAMETERS REPORTED VALUES

PARAMETER		QUA	NTITY OR LOA	DING	Q	UANTITY OR	CONCENTRATIO	N	SAMPLING FREQUENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING PREQUENCY	SAMIFLING TIFE
Chemical Oxygen Demand (COD) (00340)	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	***	S.U.		
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Requirement	***	***	1	***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments			1	1						

MONITORING PERIOD

TO

YEAR

2023



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_TSC Stormwater_4.22.2023.pdf	Laboratory Analytical Report	2023-05-09T15:58:02-04:00	
TSC 001 Stormwater Add Info.pdf	Stormwater Additional Information Form	2023-05-09T15:59:46-04:00	
TSC 004 Stormwater Add Info.pdf	Stormwater Additional Information Form	2023-05-09T16:00:53-04:00	
TSC 003 Stormwater Add Info.pdf	Stormwater Additional Information Form	2023-05-09T16:00:42-04:00	
TSC 002 Stormwater Add Info.pdf	Stormwater Additional Information Form	2023-05-09T16:00:01-04:00	
TSC 005 Stormwater Add Info.pdf	Stormwater Additional Information Form	2023-05-09T16:01:05-04:00	
TSC 006 Stormwater Add Info.pdf	Stormwater Additional Information Form	2023-05-09T16:01:19-04:00	

PERMIT VIOLATIONS

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	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 DISCHARGES

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	Non-Compliance ID	Event Start Date Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments

OTHER PERMIT VIOLATIONS

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

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORM	IATION						
SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under 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).	Daniel Brown	TELEPHONE		DATE		
browndan1			(717)	553-5864	2023	05	09
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	МО	DAY