

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

PAG033794

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

И	2025	5 01 01		TO	2025	06	30					
	YEAR	МО	DAY		YEAR	МО	DAY					
	MONITORING PERIOD											
	PERI	MIT NUI	MBER		OUTF	ALL NUMBER						

001

Reporting Frequency:	Semi-Annually	
DMR Effective From:	01/01/2025	
DMR Effective To:	06/30/2025	
Permit Expires:	03/23/2028	
Permit Application Due:	09/25/2027	
No Discharge:		

PARAMETER		QUA	NTITY OR LOA	DING	QUANTITY OR CONCENTRATION				CAMPI ING EDECUENCY	CAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	- SAMPLING FREQUENCY	SAMPLING TYPE
Chemical Oxygen Demand (COD) (00340)	Sample Measurement	***	***	***	***	***	67	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	7.35	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	51	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	***	4.16	mg/L	1/6 months	Calculation
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	.58	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	***	.416	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	1.7	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments			1	-1		ı				



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≣:	Final Effluent	•	•	

PAG033794						
PERMIT NUMBER						

002 OUTFALL NUMBER

MONITORING PERIOD МО YEAR MO DAY YEAR DAY 01 FROM **2025** 01 TO 2025 06 30

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lo Discharge:	

PARAMETER		QUA	NTITY OR LOA	DING	QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMIFLING FREQUENCY	SAMPLING TYPE
Chemical Oxygen Demand (COD) (00340)	Sample Measurement	***	***	***	***	***	149	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	7.12	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	21	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	***	6.47	mg/L	1/6 months	Calculation
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	1.07	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	***	.433	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	.79	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments										



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STAGE:	Final Effluent	

PAG033794						
PERMIT NUMBER						

FROM

003
OUTFALL NUMBER

MONITORING PERIOD										
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2025	01	01	то	2025	06	30				

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ermit Application Due:	09/25/2027
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PARAMETER		QUA	NTITY OR LOA	DING	QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMIFLING FREQUENCY	SAMPLING TYPE
Chemical Oxygen Demand (COD) (00340)	Sample Measurement	***	***	***	***	***	217	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	7.03	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	37	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	***	4.95	mg/L	1/6 months	Calculation
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	.45	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	***	.431	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	.63	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments				•	•					



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DISCHARGE	MONITORING	REPORT	(DMR)
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LOCATION: 1299 HARRISBURG AVE, LANCASTER PA, 17603-2515

STAGE: Final Effluent

PAG033794	
PERMIT NUMBER	

004
OUTFALL NUMBER

 MONITORING PERIOD

 YEAR
 MO
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 YEAR
 MO
 DAY

 FROM
 2025
 01
 01
 TO
 2025
 06
 30

Reporting Frequency:	Semi-Annually
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Permit Application Due:	09/25/2027
No Discharge:	

PARAMETER		QUA	NTITY OR LOA	DING	Q	UANTITY OR (CONCENTRATIO	N	SAMPLING FREQUENCY	SAMPLING TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING PREQUENCY	SAWIPLING TIPE
Chemical Oxygen Demand (COD) (00340)	Sample Measurement	***	***	***	***	***	43	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	7.49	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	9	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	***	2.32	mg/L	1/6 months	Calculation
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab Grab Grab Grab Grab
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	.35	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	***	.177	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	.3	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments				-1	l.		l l			



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005 OUTFALL NUMBER

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MONITORING PERIOD MO YEAR MO DAY YEAR DAY FROM 01 2025 01 TO 2025 06 30

No Discharge:

PARAMETER		QUA	NTITY OR LOA	DING	Q	UANTITY OR (CONCENTRATION	1	SAMPLING FREQUENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	SAMPLING ITPE
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
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments		1				•				



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DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

2025

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

STAGE: Final Effluent

PAG033794 PERMIT NUMBER

MO

01

DAY

01

YEAR

2025

FROM

006 OUTFALL NUMBER

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06

DAY

30

Reporting Frequency: DMR Effective From: DMR Effective To: Permit Expires: Permit Application Due: No Discharge:

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Semi-Annually 01/01/2025 06/30/2025 03/23/2028 09/25/2027

PARAMETER		QUA	NTITY OR LOA	DING	Q	UANTITY OR (CONCENTRATION	1	SAMPLING FREQUENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	SAMPLING ITPE
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
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	***	mg/L		
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments		1				•				



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
TSC 003 Stormwater Add Info.pdf	Stormwater Additional Information Form	2025-05-19T16:37:54-04:00	
TSC 005 Stormwater Add Info.pdf	Stormwater Additional Information Form	2025-05-19T16:38:17-04:00	
Lab Results 001 002 003 004_5.3.2025.pdf	Laboratory Analytical Report	2025-05-19T16:39:05-04:00	
TSC 001 Stormwater Add Info.pdf	Stormwater Additional Information Form	2025-05-19T16:37:28-04:00	
SUPPLEMENTAL_LABORATORY_ACCREDITATION_FORM.pdf	Laboratory Accreditation Form	2025-05-19T16:38:50-04:00	
TSC 002 Stormwater Add Info.pdf	Stormwater Additional Information Form	2025-05-19T16:37:42-04:00	
TSC 004 Stormwater Add Info.pdf	Stormwater Additional Information Form	2025-05-19T16:38:06-04:00	
TSC 006 Stormwater Add Info.pdf	Stormwater Additional Information Form	2025-05-19T16:38:29-04:00	

PERMIT VIOLATIONS

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

Non-Compliance ID Event Start Date and Time Discovered Substance Discharged Substance Discharged Substance Discharged Substance Discharge Su
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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 INFORMATION

*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).

	TELEPHO	NE		DATE	
Daniel Brown	(717)	553-5864	2025	05	19
SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	МО	DAY