

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

2023

NAME: LANCASTER CNTY SWMA

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

SUSQUEHANNA RESOURCE MANAGEMENT COMPLEX - LANDFILL FACILITY:

1670 S 19TH ST, HARRISBURG PA, 17104-3201 LOCATION:

STAGE: Final Effluent

PAG033886 PERMIT NUMBER

MO

07

DAY

01

YEAR

2023

FROM

005 OUTFALL NUMBER

MO

12

DAY

31

DMR Effective From: DMR Effective To: Permit Expires: Permit Application Due:

Reporting Frequency:

No Discharge:

Semi-Annually 07/01/2023 12/31/2023 03/23/2028 09/25/2027 abla

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	ŭ	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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PARAMETER		QUA	NTITY OR LOA	DING	Q	UANTITY OR	CONCENTRATION	1	SAMPLING EDECLIENCY	SAMPLING TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	SAMPLING FREQUENCY	SAMI LING I II L
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										



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NAME: LANCASTER CNTY SWMA 1299 HARRISBURG AVE, LANCASTER PA, 17603-2515 ADDRESS:

SUSQUEHANNA RESOURCE MANAGEMENT COMPLEX - LANDFILL FACILITY:

LOCATION: 1670 S 19TH ST, HARRISBURG PA, 17104-3201

STAGE: Final Effluent

PAG033886							
PERMIT NUMBER							

FROM

800 OUTFALL NUMBER

MONITORING PERIOD											
YEAR	МО	DAY		YEAR	МО	DAY					
2023	07	01	то	2023	12	31					

Reporting Frequency:	Semi-Annually
DMR Effective From:	07/01/2023
DMR Effective To:	12/31/2023
Permit Expires:	03/23/2028
Permit Application Due:	09/25/2027
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 ITP
Chemical Oxygen Demand (COD) (00340)	Sample Measurement	***	***	***	***	***	820	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	7.24	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	384	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	***	14.2	mg/L	1/6 months	Calculation
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	.91	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	***	4.0	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	5.6	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

NAME:

PAG033886 PERMIT NUMBER

07

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YEAR

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FROM

009 OUTFALL NUMBER Reporting Frequency: Semi-Annually DMR Effective From: 07/01/2023 DMR Effective To: 12/31/2023 Permit Expires: 03/23/2028

MONITORING PERIOD Permit Application Due: YEAR MO MO DAY DAY

12

31

2023

No Discharge:

09/25/2027 abla

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										



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1670 S 19TH ST, HARRISBURG PA, 17104-3201 LOCATION:

STAGE: Final Effluent

PAG033886 PERMIT NUMBER

010 OUTFALL NUMBER

31

Reporting Frequency: DMR Effective From: DMR Effective To:

Permit Application Due:

Permit Expires:

No Discharge:

Semi-Annually 07/01/2023 12/31/2023 03/23/2028 09/25/2027

MONITORING PERIOD YEAR MO MO DAY YEAR DAY

07 2023 01 2023 12 FROM TO

abla

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	ŭ	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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011 OUTFALL NUMBER Reporting Frequency: Semi-Annually DMR Effective From: 07/01/2023 DMR Effective To: 12/31/2023 Permit Expires: 03/23/2028 Permit Application Due: 09/25/2027 No Discharge:

	MONITORING PERIOD											
	YEAR	МО	DAY		YEAR	МО	DAY					
FROM	2023	07	01	то	2023	12	31					

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	SAMI LING TITL
Chemical Oxygen Demand (COD) (00340)	Sample Measurement	***	***	***	***	***	122	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	7.22	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	118	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Nitrogen (00600)	Sample Measurement *** ***	***	***	***	***	5.12	mg/L	1/6 months	Calculation	
	Permit Requirement	***	***	-	***	***	Monitor & Report Daily Max		1/6 months	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	.33	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	***	.37	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	1.3	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments										



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
SUPPLEMENTAL_LABORATORY_ACCREDITATION_FORM.pdf	Laboratory Accreditation Form	2023-12-27T10:24:01-05:00	
Lab Results SRMSP008S 11S_11.21.2023.pdf	Laboratory Analytical Report	2023-12-27T10:23:49-05:00	
SRMC_005_NPDES DMR Additional Information.pdf	Stormwater Additional Information Form	2023-12-27T10:24:58-05:00	
SRMC_007_NPDES DMR Additional Information.pdf	Stormwater Additional Information Form	2023-12-27T10:25:12-05:00	
SRMC_011_NPDES DMR Additional Information.pdf	Stormwater Additional Information Form	2023-12-27T10:26:14-05:00	
SRMC_010_NPDES DMR Additional Information.pdf	Stormwater Additional Information Form	2023-12-27T10:25:51-05:00	
SRMC_008_NPDES DMR Additional Information.pdf	Stormwater Additional Information Form	2023-12-27T10:25:27-05:00	
SRMC_009_NPDES DMR Additional Information.pdf	Stormwater Additional Information Form	2023-12-27T10:25:39-05:00	

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	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	
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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	2023	12	27	
SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	МО	DAY	