



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

NAME: LANCASTER CNTY SWMA  
 ADDRESS: 1299 HARRISBURG AVE, LANCASTER PA, 17603-2515  
 FACILITY: LCSWMA FREY FARM LF SW  
 LOCATION: 3049 RIVER RD, CONESTOGA PA, 17516  
 STAGE: Final Effluent

<b>PAG033960</b>	<b>001</b>
PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semi-Annually  
 DMR Effective From: 07/01/2024  
 DMR Effective To: 12/31/2024  
 Permit Expires: 03/23/2028  
 Permit Application Due: 09/25/2027  
 No Discharge:

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
FROM	2024	07	01	TO	2024	12	31

**PARAMETERS REPORTED VALUES**

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Chemical Oxygen Demand (COD) (00340)	Sample Measurement	***	***	***	***	***	26	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	7.65	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	124	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	***	4.29	mg/L	1/6 months	Calculation
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	< .1	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	***	.047	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	4.6	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments										



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<b>PAG033960</b>	<b>002</b>
PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: Semi-Annually  
 DMR Effective From: 07/01/2024  
 DMR Effective To: 12/31/2024  
 Permit Expires: 03/23/2028  
 Permit Application Due: 09/25/2027  
 No Discharge:

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
FROM	2024	07	01	TO	2024	12 31

**PARAMETERS REPORTED VALUES**

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
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	***	***	***	***	***	7.57	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	56	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	***	7.36	mg/L	1/6 months	Calculation
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	.17	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	***	.056	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	1.6	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments										



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<b>PAG033960</b>	<b>003</b>
PERMIT NUMBER	OUTFALL NUMBER

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 Permit Application Due: 09/25/2027  
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MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
FROM	2024	07	01	TO	2024	12	31

**PARAMETERS REPORTED VALUES**

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
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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**ATTACHMENT DETAILS**

File Name	Attachment Type	Uploaded Time	Attachment Comments
SUPPLEMENTAL_LABORATORY_ACCREDITATION_FORM.pdf	Laboratory Accreditation Form	2024-12-31T14:55:19-05:00	
FFLF_002_3800-PM-WSFR0083t Additional Information 002.pdf	Stormwater Additional Information Form	2024-12-31T14:55:40-05:00	
FFLF_003_3800-PM-WSFR0083t Additional Information 003.pdf	Stormwater Additional Information Form	2024-12-31T14:55:50-05:00	
Lab Results FFLF Outfalls 11.20.2024.pdf	Laboratory Analytical Report	2024-12-31T14:55:10-05:00	
FFLF_001_3800-PM-WSFR0083t Additional Information 001.pdf	Stormwater Additional Information Form	2024-12-31T14:55:29-05:00	

**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
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**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
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**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
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**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).	<b>Daniel Brown</b>	TELEPHONE		DATE		
		(717)	553-5864	2024	12	31
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY