3800-FM-BCW0462 12/2016

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

NAME: **LANCASTER CNTY SWMA**
ADDRESS: **1299 HARRISBURG PIKE, LANCASTER PA, 17603**
FACILITY: **LCSWMA CRESSWELL LF**
LOCATION: **3049 RIVER RD, CONESTOGA PA, 17516-9328**
STAGE: **Final Effluent**

PA0043486	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	**2025**	**07**	**01**	TO	**2025**	**12**	**31**

Reporting Frequency: **Semi-Annually**
DMR Effective From: **07/01/2025**
DMR Effective To: **12/31/2025**
Permit Expires: **01/31/2027**
Permit Application Due: **08/04/2026**
No Discharge: ☐

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Iron, Dissolved (01046)	Sample Measurement	< .018	< .018	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	Uploaded Time	Attachment Comments
SUPPLEMENTAL_LABORATORY_ACCREDITATION_FORM (1).pdf	Laboratory Accreditation Form	2025-12-16T12:57:43-05:00	
Lab Results CWLEEFFS_11.11.2025_Dissolved Iron.pdf	Laboratory Analytical Report	2025-12-16T12:09:07-05:00	

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

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number

SUBMISSION INFORMATION

		TELEPHONE		DATE		
*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**	**(717)**	**553-5864**	**2025**	**12**	**16**
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

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