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 AVE, LANCASTER PA, 17603-2515**
FACILITY: **SUSQUEHANNA RESOURCE MANAGEMENT COMPLEX - LANDFILL**
LOCATION: **1670 S 19TH ST, HARRISBURG PA, 17104-3201**
STAGE: **Final Effluent**

PAG033886	005
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: **03/23/2028**
Permit Application Due: **09/25/2027**
No Discharge: ☐

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	***	***	***	***	***	< 15	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	7.89	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
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	***	< 1.86	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	***	***	***	***	***	.024	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	.14	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments										

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LOCATION: **1670 S 19TH ST, HARRISBURG PA, 17104-3201**
STAGE: **Final Effluent**

PAG033886	007
PERMIT NUMBER	OUTFALL NUMBER

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

Reporting Frequency: **Semi-Annually**
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No Discharge: ☑

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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LOCATION: **1670 S 19TH ST, HARRISBURG PA, 17104-3201**
STAGE: **Final Effluent**

PAG033886	008
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**
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Permit Expires: **03/23/2028**
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No Discharge: ☐

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	***	***	***	***	***	43	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	8.25	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	97	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	***	3.17	mg/L	1/6 months	Calculation
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	.23	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	***	.36	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	1.9	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Facility Sampling Point Comments										

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LOCATION: **1670 S 19TH ST, HARRISBURG PA, 17104-3201**
STAGE: **Final Effluent**

PAG033886	009
PERMIT NUMBER	OUTFALL NUMBER

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

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No Discharge: ☑

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
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PAG033886	010
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		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
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STAGE: **Final Effluent**

PAG033886	011
PERMIT NUMBER	OUTFALL NUMBER

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

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DMR Effective From: **07/01/2025**
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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	***	***	***	***	***	39	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
pH (00400)	Sample Measurement	***	***	***	***	***	7.94	S.U.	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Suspended Solids (00530)	Sample Measurement	***	***	***	***	***	61	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	***	2.95	mg/L	1/6 months	Calculation
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	***	***	***	***	***	.18	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	***	.26	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
Iron, Total (01045)	Sample Measurement	***	***	***	***	***	.96	mg/L	1/6 months	Grab
	Permit Requirement	***	***		***	***	Monitor & Report Daily Max		1/6 months	Grab
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ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
SRMC_008_NPDES DMR Additional Information.pdf	Stormwater Additional Information Form	2025-12-23T16:01:11-05:00	
SRMC_007_NPDES DMR Additional Information.pdf	Stormwater Additional Information Form	2025-12-23T16:00:53-05:00	
SRMC_009_NPDES DMR Additional Information.pdf	Stormwater Additional Information Form	2025-12-23T16:01:28-05:00	
SRMC_010_NPDES DMR Additional Information.pdf	Stormwater Additional Information Form	2025-12-23T16:01:47-05:00	
SRMC_005_NPDES DMR Additional Information.pdf	Stormwater Additional Information Form	2025-12-23T16:00:37-05:00	
SUPPLEMENTAL_LABORATORY_ACCREDITATION_FORM.pdf	Laboratory Accreditation Form	2025-12-23T16:00:21-05:00	
Lab Results SRMC Stormwater 11.25.2025.pdf	Laboratory Analytical Report	2025-12-23T15:59:55-05:00	
SRMC_011_NPDES DMR Additional Information.pdf	Stormwater Additional Information Form	2025-12-23T16:02:04-05:00	

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

*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		
		(717)	**553-5864**	**2025**	**12**	**23**
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

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