3800-FM-WSFR0442 7/2009

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CSO SUPPLEMENTAL REPORT
DETAILED OUTFALL REPORT

Facility Name: **City of Lancaster**
Municipality: **Lancaster Township**   County: **Lancaster**
Watershed: **7-J**

Month: **January**   Year: **2015**
NPDES Permit No.: **PA0026743**   Outfall: **002**
Renewal application due **180 days** prior to expiration.
This permit will expire on: **July 31, 2015**

Day	Identification*	Discharge Volume*		Duration (hrs)	Cause*	Precipitation (in)	Comments
1							
2							
3	Alarm	3.08	M	5.75	Capacity Exceeded	0.48	
4	Alarm	1.02	M	2.5	Capacity Exceeded	0.21	
5							
6							
7							
8							
9							
10							
11							
12	Alarm	4.24	M	8.0	Capacity Exceeded	0.57	
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24	Alarm	0.75	M	6.25	Capacity Exceeded	0.61	
25							
26							
27							
28							
29							
30							
31							

See Instructions for explanation.

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my 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 my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: **Mark Leonard**   License No.: _____
Title: **Wastewater Quality Supervisor**   Date: **2/24/2015**