eDMR PERMITTEE REGISTRATION FORM FOR MODIFYING CERTIFIERS OF FACILITIES CURRENTLY USING eDMR

Please read and follow all instructions before submitting this form. Failure to submit complete and accurate information will result in processing delays for your certifier modification application.

Part A. Permit and Facility Information	
Permittee Name: Dushore Sewer Authority	Permit Number: PA0042722
Facility Name: Dushore Sewer Authority STP	Mailing Address: PO 248, Dushore PA 18614-248
Part B. User Account Information (*indicates required information)	
*Action Requested: ☐ Add Certifier (***Authorized? Yes** ☐ **No** ☐) ☒ Remove Certifier	
*Last Name: Buffington	Middle Name/Initial:
*First Name: Glenn	*Employer Name: Dushore Sewer Authority
*Email Address: uqpresslive@gmail.com	*Job Title: **Operator**
*Keystone Username: BuffingtonG	*Phone Number:
User Account Information (*indicates required information)	
*Action Requested: ☐ Add Certifier (***Authorized? Yes** ☐ **No** ☐) ☒ Remove Certifier	
*Last Name: Trasco	Middle Name/Initial: W.
*First Name: Joseph	*Employer Name: Dushore Sewer Authority
*Email Address: Joe.Trasco711@gmail.com	*Job Title: **Operator**
*Keystone Username: JTrasco	*Phone Number: **570-772-7715**
User Account Information (*indicates required information)	
*Action Requested: ☐ Add Certifier (***Authorized? Yes** ☐ **No** ☐) ☐ Remove Certifier	
*Last Name:	Middle Name/Initial:
*First Name:	*Employer Name:
*Email Address:	*Job Title:
*Keystone Username:	*Phone Number:
User Account Information (*indicates required information)	
*Action Requested: ☐ Add Certifier (***Authorized? Yes** ☐ **No** ☐) ☐ Remove Certifier	
*Last Name:	Middle Name/Initial:
*First Name:	*Employer Name:
*Email Address:	*Job Title:
*Keystone Username:	*Phone Number:

Part C. Certification

I request that the above identified facility be registered for the Department of Environmental Protection's (DEP's) eDMR system. As the permittee, I agree that all eDMR users for this facility will follow permit requirements and the procedures for the electronic submission of Discharge Monitoring Reports (DMRs).

Please establish or modify the above user accounts in accordance with the information provided herein. Those persons who are to receive Certifier security are hereby designated as Authorized Representatives for this facility for all wastewater data reporting purposes. I understand that each person to receive Certifier security in the eDMR system must submit a completed Trading Partner Agreement.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Joe Stabryla Name (type or print)	Supervisor Official Title (type or print)
Joseph E Stabryla Signature	5-29-26 Date

Submit this form and all attachments:

By email (recommended) to: RA-EPDMR@pa.gov

Include the permit number in the pdf filename (and email subject line) for faster processing.

OR

Mail a hardcopy to:

PA Department of Environmental Protection
Bureau of Clean Water
Rachel Carson State Office Building
PO Box 8774
Harrisburg, PA 17105-8774