Application Type	Amendment, Major
Facility Type	Municipal
Major / Minor	Minor

NPDES PERMIT FACT SHEET INDIVIDUAL SEWAGE

Application No.	PA0023604 A-1
APS ID	21768
Authorization ID	1474632

Applicant and Facility Information

Applicant Name	McAlis Juniata	terville Area Joint Authority a County	Facility Name	McAlisterville STP
Applicant Address	PO Box	x 61	Facility Address	543 McMeen Road
	McAlist	erville, PA 17049-0061	_	McAlisterville, PA 17049
Applicant Contact	Cory F	ronk	Facility Contact	Cory Fronk
Applicant Phone	(717) 4	63-3434	Facility Phone	(717) 463-3434
Client ID	24300		Site ID	251537
Ch 94 Load Status	Existing	g Hydraulic Overload	Municipality	Fayette Township
Connection Status	No Exc	eptions Allowed	County	Juniata
Date Application Recei	ved		EPA Waived?	Yes
Date Application Accept	oted	March 15, 2024	If No, Reason	
Purpose of Application		_NPDES permit major amendment	to replace chlorine disin	fection to UV disinfection system.

Summary of Review

CB³ Solutions, LLC., on behalf of McAlisterville Area Joint Authority, has applied to the Pennsylvania Department of Environmental Protection (DEP) for a NPDES PA0023604 major amendment. The amendment request is to replace the chlorine monitor & requirements to UV light intensity (mW/cm²) monitor & report. All other requirements will remain unchanged. The NPDES PA0023604 last reissuance was on December 16, 2020, became effective on January 1, 2021, and will expire on December 31, 2025.

The Water Quality Management (WQM) Permit No. 3471403 was issued on March 19, 1971; and was amended on February 22, 2001 to add of the sludge holding tank (digester) and blowers (#3471403 A-1). The WQM Part II 3471403 A-2 was issued on March 8, 2013 to upgrade to the Aeration system to convert to fine bubble aeration. The WQM Part II 3471403 A-3 was issued in 2019 to upgrade the biological process. The following attributes to remain unchanged: average design flow of 0.130 MGD and hydraulic capacity of 0.130 MGD with 260 lbs/day of BOD₅.

The WWTP before construction train is as follows:

Comminutor (1) \Rightarrow Grit Channel (1) \Rightarrow extended aeration Tank (2) \Rightarrow secondary clarification (2) \Rightarrow post-second treatment EQ tank (1) \Rightarrow Chlorine Contact Tank (1) \Rightarrow Dechlorination Feed (1) \Rightarrow Discharge

The WWTP after construction train is as follows:

Comminutor (1) \Rightarrow Grit Channel (1) \Rightarrow extended aeration Tank (2) \Rightarrow secondary clarification (2) \Rightarrow post-second treatment EQ tank (1) \Rightarrow UV Disinfection (1) \Rightarrow Discharge

The amendment is also proposed to abandon two filters & a Chlorine contact tank. There are no open violations associated with the permittee or the facility.

Based on the review, it is recommended that the NPDES permit be drafted and published in the Pennsylvania Bulletin for public comments for 30 days since this is a major amendment.

Approve	Deny	Signatures	Date
х		<i>Hilaryle</i> Hilary H. Le / Environmental Engineering Specialist	March 20, 2024
х		<i>Maria D. Bebenek for</i> Daniel W. Martin, P.E. / Environmental Engineer Manager	March 22, 2024

Proposed Effluent Limitations and Monitoring Requirements

The limitations and monitoring requirements specified below are proposed for the draft permit, and reflect the most stringent limitations amongst technology, water quality and BPJ. Instantaneous Maximum (IMAX) limits are determined using multipliers of 2 (conventional pollutants) or 2.5 (toxic pollutants). Sample frequencies and types are derived from the "NPDES Permit Writer's Manual" (386-0400-001), SOPs and/or BPJ.

Outfall 001, Effective Period: January 1, 2021 through Startup of New or Upgraded Facilities.

			Effluent L	imitations			Monitoring Requirements	
Baramotor	Mass Units	s (lbs/day) ⁽¹⁾		Concentrat	ions (mg/L)		Minimum ⁽²⁾	Required
Farameter	Average Monthly	Daily Maximum	Minimum	Average Monthly	Weekly Average	Instant. Maximum	Measurement Frequency	Sample Type
Flow (MGD)	Report	Report	xxx	xxx	XXX	xxx	Continuous	Measured
pH (S.U.)	ххх	XXX	6.0	XXX	XXX	9.0	1/day	Grab
DO	XXX	XXX	5.0	XXX	XXX	XXX	1/day	Grab
TRC	XXX	XXX	Report Inst Min	0.17	XXX	0.56	1/day	Grab
CBOD ₅	27.0	43.0	XXX	25.0	40.0	50.0	1/week	8-Hr Composite
BOD₅ Raw Sewage Influent	Report	Report	xxx	Report	XXX	ххх	1/week	8-Hr Composite
TSS	32.0	49.0	xxx	30.0	45.0	60.0	1/week	8-Hr Composite
TSS Raw Sewage Influent	Report	Report	xxx	Report	XXX	xxx	1/week	8-Hr Composite
Fecal Coliform (No./100 ml) May 1 - Sep 30	xxx	XXX	XXX	200 Geo Mean	XXX	1,000	1/week	Grab
Fecal Coliform (No./100 ml) Oct 1 - Apr 30	ххх	xxx	XXX	2,000 Geo Mean	XXX	10,000	1/week	Grab
Ammonia May 1 - Oct 31	2.1	XXX	XXX	2.0	XXX	4.0	1/week	8-Hr Composite
Ammonia Nov 1 - Apr 30	6.5	XXX	xxx	6.0	XXX	12.0	1/week	8-Hr Composite
Total Phosphorus	21	XXX	XXX	2.0	XXX	4.0	1/week	8-Hr
	2.1	Report		Report	~~~	4.0	1/WCCK	8-Hr
Nitrate-Nitrite	XXX	SEMÍ AVG	XXX	SEMI AVG	XXX	XXX	1/6 months	Composite

		Monitoring Requirements						
Baramotor	Mass Units	(lbs/day) ⁽¹⁾		Concentrat	Minimum ⁽²⁾	Required		
Farameter	Average	Daily		Average	Weekly	Instant.	Measurement	Sample
	Monthly	Maximum	Minimum	Monthly	Average	Maximum	Frequency	Туре
		Report						
Total Nitrogen (lbs)	XXX	SEMİ AVG	XXX	XXX	XXX	XXX	1/6 months	Calculation
		Report		Report				8-Hr
TKN	XXX	SEMI AVG	XXX	SEMI AVG	XXX	XXX	1/6 months	Composite

Proposed Effluent Limitations and Monitoring Requirements

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Outfall 001, Effective Period:	Startu	p of New or	Upgraded Fa	acilities throug	h December 31, 2025.

		Monitoring Requirements						
Baramatar	Mass Units	s (Ibs/day) ⁽¹⁾		Concentrati	ions (mg/L)		Minimum ⁽²⁾	Required
Farameter	Average Monthly	Daily Maximum	Daily Minimum	Average Monthly	Weekly Average	Instant. Maximum	Measurement Frequency	Sample Type
Flow (MGD)	Report	Report	XXX	XXX	XXX	xxx	Continuous	Measured
pH (S.U.)	ххх	XXX	6.0	ХХХ	XXX	9.0	1/day	Grab
DO	ххх	XXX	5.0	ххх	XXX	ххх	1/day	Grab
UV Intensity (mW/cm ²)	XXX	XXX	Report	XXX	XXX	XXX	1/day	Measured
CBOD5	27.0	43.0	XXX	25.0	40.0	50.0	1/week	8-Hr Composite
BOD5 Raw Sewage Influent	Report	Report	xxx	Report	XXX	XXX	1/week	8-Hr Composite
TSS Raw Sewage Influent	Report	Report	XXX	Report	XXX	XXX	1/week	8-Hr Composite
TSS	32.0	49.0	XXX	30.0	45.0	60.0	1/week	8-Hr Composite
Fecal Coliform (No./100 ml) May 1 - Sep 30	XXX	XXX	XXX	200 Geo Mean	XXX	1,000	1/week	Grab
Fecal Coliform (No./100 ml) Oct 1 - Apr 30	ххх	XXX	XXX	2,000 Geo Mean	XXX	10,000	1/week	Grab
Ammonia May 1 - Oct 31	2.1	XXX	XXX	2.0	XXX	4.0	1/week	8-Hr Composite
Ammonia Nov 1 - Apr 30	6.5	XXX	XXX	6.0	XXX	12.0	1/week	8-Hr Composite
Total Phosphorus	2.1	xxx	XXX	2.0	XXX	4.0	1/week	8-Hr Composite
Nitrate-Nitrite	XXX	Report SEMI AVG	xxx	Report SEMI AVG	XXX	xxx	1/6 months	8-Hr Composite

		Monitoring Requirements						
Parameter	Mass Units	(lbs/day) ⁽¹⁾		Concentrati	Minimum ⁽²⁾	Required		
Farameter	Average	Daily	Daily	Average	Weekly	Instant.	Measurement	Sample
	Monthly	Maximum	Minimum	Monthly	Average	Maximum	Frequency	Туре
		Report						
Total Nitrogen (lbs)	XXX	SEMI AVG	XXX	XXX	XXX	XXX	1/6 months	Calculation
		Report		Report				8-Hr
TKN	XXX	SEMI AVG	XXX	SEMI AVG	XXX	XXX	1/6 months	Composite