

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

**NPDES PERMIT FACT SHEET
INDIVIDUAL SEWAGE**

Application No. PA0030511 A-1
APS ID 276001
Authorization ID 1333909

Applicant and Facility Information

| | | | |
|---------------------------|---|------------------|---|
| Applicant Name | <u>Bermudian Springs School District</u> | Facility Name | <u>Bermudian Springs High School</u> |
| Applicant Address | <u>7335 Carlisle Pike</u> <u>York Springs, PA 17372-0501</u> | Facility Address | <u>7335 Carlisle Pike</u> <u>York Springs, PA 17372-0501</u> |
| Applicant Contact | <u>Shane Hotchkiss</u> | Facility Contact | <u>Marlin Ensor</u> |
| Applicant Phone | <u>(717) 528-4113</u> | Facility Phone | <u>(717) 624-4231</u> |
| Client ID | <u>64940</u> | Site ID | <u>451521</u> |
| Ch 94 Load Status | <u>Not Overloaded</u> | Municipality | <u>Huntington Township</u> |
| Connection Status | <u></u> | County | <u>Adams</u> |
| Date Application Received | <u>November 18, 2020</u> | EPA Waived? | <u>Yes</u> |
| Date Application Accepted | <u>November 19, 2020</u> | If No, Reason | <u></u> |
| Purpose of Application | <u>NPDES major amendment.</u> | | |

Summary of Review

WM. F. Hill & Assoc., Inc., on behalf of Bermudian Springs School District, has applied to the Pennsylvania Department of Environmental Protection (DEP) for NPDES PA0030511 (which last reissuance was on February 24, 2020, became effective on March 1, 2020, and will expire on February 28, 2025) amendment request to replace the chlorine monitor & report requirement with UV light intensity (mW/cm²) disinfection monitor & report requirement. All other requirements will remain unchanged.

The original WQM Part II 0189403 was issued on September 28, 1989. The WQM Part II 0120404 was issued on November 13, 2020 as a project for, among other things, to replace chlorine disinfection with UV disinfection, with the following attributes to remain unchanged: average design flow and hydraulic capacity of 0.03 MGD with 66.7 lbs of organic BOD₅ per day.

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 |
|---------|------|--|-------------------|
| X | | <i>Hilaryle</i> Hilary H. Le / Environmental Engineering Specialist | December 21, 2020 |
| | | Daniel W. Martin, P.E. / Environmental Engineer Manager | |

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” (362-0400-001), SOPs and/or BPJ.

Outfall 001, Effective Period: March 1, 2020 through Completion of Construction.

| Parameter | Effluent Limitations | | | | | | Monitoring Requirements | |
|---|-------------------------------------|---------------|-----------------------|-------------------|---------|------------------|--|----------------------|
| | Mass Units (lbs/day) ⁽¹⁾ | | Concentrations (mg/L) | | | | Minimum ⁽²⁾ Measurement Frequency | Required Sample Type |
| | Average Monthly | Daily Maximum | Minimum | Average Monthly | Maximum | Instant. Maximum | | |
| Flow (MGD) | Report | Report | XXX | XXX | XXX | XXX | Continuous | Measured |
| pH (S.U.) | XXX | XXX | 6.0 | XXX | XXX | 9.0 | 1/day | Grab |
| DO | XXX | XXX | 5.0 | XXX | XXX | XXX | 1/day | Grab |
| TRC | XXX | XXX | XXX | 0.42 | XXX | 1.37 | 1/day | Grab |
| CBOD5 | XXX | XXX | XXX | 10.0 | XXX | 20.0 | 2/month | 8-Hr Composite |
| TSS | XXX | XXX | XXX | 10.0 | XXX | 20.0 | 2/month | 8-Hr Composite |
| Fecal Coliform (No./100 ml) May 1 - Sep 30 | XXX | XXX | XXX | 200 Geo Mean | XXX | 1,000 | 2/month | Grab |
| Fecal Coliform (No./100 ml) Oct 1 - Apr 30 | XXX | XXX | XXX | 2,000 Geo Mean | XXX | 10,000 | 2/month | Grab |
| Ammonia May 1 - Oct 31 | XXX | XXX | XXX | 3.0 | XXX | 6.0 | 2/month | 8-Hr Composite |
| Ammonia Nov 1 - Apr 30 | XXX | XXX | XXX | 9.0 | XXX | 18.0 | 2/month | 8-Hr Composite |

Compliance Sampling Location:

Other Comments:

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Outfall 001, Effective Period: Completion of Construction through February 28, 2025.

| Parameter | Effluent Limitations | | | | | | Monitoring Requirements | |
|---|-------------------------------------|---------------|-----------------------|-------------------|---------|------------------|--|----------------------|
| | Mass Units (lbs/day) ⁽¹⁾ | | Concentrations (mg/L) | | | | Minimum ⁽²⁾ Measurement Frequency | Required Sample Type |
| | Average Monthly | Daily Maximum | Minimum | Average Monthly | Maximum | Instant. Maximum | | |
| Flow (MGD) | Report | Report | XXX | XXX | XXX | XXX | Continuous | Measured |
| pH (S.U.) | XXX | XXX | 6.0 | XXX | XXX | 9.0 | 1/day | Grab |
| DO | XXX | XXX | 5.0 | XXX | XXX | XXX | 1/day | Grab |
| UV Intensity (mW/cm ²) | XXX | XXX | Report | XXX | XXX | XXX | 1/day | Measured |
| CBOD ₅ | XXX | XXX | XXX | 10.0 | XXX | 20.0 | 2/month | 8-Hr Composite |
| TSS | XXX | XXX | XXX | 10.0 | XXX | 20.0 | 2/month | 8-Hr Composite |
| Fecal Coliform (No./100 ml) May 1 - Sep 30 | XXX | XXX | XXX | 200 Geo Mean | XXX | 1,000 | 2/month | Grab |
| Fecal Coliform (No./100 ml) Oct 1 - Apr 30 | XXX | XXX | XXX | 2,000 Geo Mean | XXX | 10,000 | 2/month | Grab |
| Ammonia May 1 - Oct 31 | XXX | XXX | XXX | 3.0 | XXX | 6.0 | 2/month | 8-Hr Composite |
| Ammonia Nov 1 - Apr 30 | XXX | XXX | XXX | 9.0 | XXX | 18.0 | 2/month | 8-Hr Composite |

Compliance Sampling Location:

Other Comments:

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Outfall 001, Effective Period: March 1, 2020 through February 28, 2025.

| Parameter | Effluent Limitations | | | | | | Monitoring Requirements | |
|------------------|-------------------------------------|--------------|-----------------------|----------------|---------|------------------|--|----------------------|
| | Mass Units (lbs/day) ⁽¹⁾ | | Concentrations (mg/L) | | | | Minimum ⁽²⁾ Measurement Frequency | Required Sample Type |
| | Average Monthly | Total Annual | Minimum | Annual Average | Maximum | Instant. Maximum | | |
| Nitrate-Nitrite | XXX | Report | XXX | Report | XXX | XXX | 1/year | 8-Hr Composite |
| Total Nitrogen | XXX | Report | XXX | Report | XXX | XXX | 1/year | Calculation |
| TKN | XXX | Report | XXX | Report | XXX | XXX | 1/year | 8-Hr Composite |
| Total Phosphorus | XXX | Report | XXX | Report | XXX | XXX | 1/year | 8-Hr Composite |

Compliance Sampling Location:

Other Comments:

