



Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information			
Outfall No.	<u>001</u>	Design Flow (MGD)	<u>.0015</u>
Latitude	<u>40° 19' 16.47"</u>	Longitude	<u>-75° 34' 31.90"</u>
Quad Name	<u></u>	Quad Code	<u></u>
Wastewater Description: <u>Sewage Effluent</u>			
Receiving Waters	<u>Swamp Creek (TSF, MF)</u>	Stream Code	<u>01309</u>
NHD Com ID	<u>25994194</u>	RMI	<u>9.3000</u>
Drainage Area	<u>5.72 sq mi</u>	Yield (cfs/mi <sup>2</sup> )	<u></u>
Q <sub>7-10</sub> Flow (cfs)	<u>0.32</u>	Q <sub>7-10</sub> Basis	<u>Streamstat</u>
Elevation (ft)	<u></u>	Slope (ft/ft)	<u></u>
Watershed No.	<u>03E</u>	Chapter 93 Class.	<u>TSF, MF</u>
Existing Use	<u></u>	Existing Use Qualifier	<u></u>
Exceptions to Use	<u></u>	Exceptions to Criteria	<u></u>
Assessment Status	<u>Impaired</u>		
Cause(s) of Impairment	<u>CAUSE UNKNOWN, CAUSE UNKNOWN, SILTATION</u>		
Source(s) of Impairment	<u>MUNICIPAL POINT SOURCE DISCHARGES, URBAN RUNOFF/STORM SEWERS, URBAN RUNOFF/STORM SEWERS</u>		
TMDL Status	<u></u>	Name	<u></u>

Changes Since Last Permit Issuance: No changes since last renewal.

Compliance History	
<b>Summary of DMRs:</b>	No exceedances
<b>Summary of Inspections:</b>	Inspection was conducted on 7/18/2023. The inspector noted that the facility should pump and haul accumulated material in the STP or operate the STP and sample effluent as required by the Permit if there is an effluent discharge. No violations were observed.

**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: Permit Effective Date through Permit Expiration Date.**

Parameter	Effluent Limitations						Monitoring Requirements	
	Mass Units (lbs/day) <sup>(1)</sup>		Concentrations (mg/L)				Minimum <sup>(2)</sup> Measurement Frequency	Required Sample Type
	Average Monthly	Average Weekly	Minimum	Average Monthly	Maximum	Instant. Maximum		
Flow (GPD)	Report	XXX	XXX	XXX	XXX	XXX	1/week	Estimate
pH (S.U.)	XXX	XXX	6.0 Inst Min	XXX	XXX	9.0	1/week	Grab
DO	XXX	XXX	5.0 Inst Min	XXX	XXX	XXX	1/week	Grab
TRC	XXX	XXX	XXX	0.5	XXX	1.2	1/week	Grab
CBOD5 Nov 1 - Apr 30	XXX	XXX	XXX	20	XXX	40	1/month	Grab
CBOD5 May 1 - Oct 31	XXX	XXX	XXX	10	XXX	20	1/month	Grab
TSS	XXX	XXX	XXX	10	XXX	20	1/month	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200 Geo Mean	XXX	1000	1/month	Grab
Ammonia Nov 1 - Apr 30	XXX	XXX	XXX	9.0	XXX	18.0	1/month	Grab
Ammonia May 1 - Oct 31	XXX	XXX	XXX	3.0	XXX	6.0	1/month	Grab