

Application Type	Renewal
Wastewater Type	Sewage
Facility Type	SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0112755

 APS ID
 1013075

 Authorization ID
 1308494

Applicant, Facility and Project Information

Applicant Name	Matthew Robson	Facility Name	Robson SRSTP	
Applicant Address	12 Burnett Road	Facility Address	3273 Route 6	
	Mendham, NJ 07945-3113		Gaines, PA 16921-9740	
Applicant Contact	Matthew Robson	Facility Contact	Matthew Robson	
Applicant Phone	(973) 366-5214	Facility Phone	(973) 366-5214 1264	
Client ID	273291	Site ID		
SIC Code	8811	Municipality	Gaines Township	
SIC Description	Services - Private Households	County	Tioga	
Date Application Recei	ved <u>March 11, 2020</u>	WQM Required	No	
Date Application Accept	oted June 3, 2020	WQM App. No.	n/a	
Project Description	Renewal of an existing NPDE	S permit for the discharge of	f treated sewage.	

Public Participation

DEP will publish notice of the receipt of the NPDES permit application and a tentative decision to issue the individual NPDES permit in the *Pennsylvania Bulletin* in accordance with 25 Pa. Code § 92a.82. Upon publication in the *Pennsylvania Bulletin*, DEP will accept written comments from interested persons for a 30-day period (which may be extended for one additional 15-day period at DEP's discretion), which will be considered in making a final decision on the application. Any person may request or petition for a public hearing with respect to the application. A public hearing may be held if DEP determines that there is significant public interest in holding a hearing. If a hearing is held, notice of the hearing will be published in the *Pennsylvania Bulletin* at least 30 days prior to the hearing and in at least one newspaper of general circulation within the geographical area of the discharge.

Approve	Deny	Signatures	Date
x		Derek S. Garner	November 19, 2020
		Derek S. Garner / Project Manager	
x		Nícholas W. Hartranft	November 20, 2020
		Nicholas W. Hartranft, P.E. / Environmental Engineer Manager	

	Discharge, Receiving Wate	ers and Water Supply Informa	tion	
Outfall No. 001 Latitude 41° 45' 13.69" Quad Name Sabinsville Wastewater Description: Sewage Effluent		Design Flow (GPD) Longitude Quad Code	400 -77º 30' 32.95" 0425	
Receiving Waters NHD Com ID Drainage Area Q ₇₋₁₀ Flow (cfs) Elevation (ft) Watershed No. Existing Use Exceptions to Use Assessment Status Cause(s) of Impain		Stream Code RMI Yield (cfs/mi ²) Q ₇₋₁₀ Basis Slope (ft/ft) Chapter 93 Class. Existing Use Qualifier Exceptions to Criteria	21166 63.77 0.0401 Streamgage No. 01548500 n/a EV n/a n/a	
Source(s) of Impair TMDL Status	rment <u>n/a</u> n/a	Name _n/a		
PWS Waters	am Public Water Supply Intake West Branch Susquehanna River 10.66	PA American Water Company Flow at Intake (cfs) Distance from Outfall (mi)	/ 	
	Treatment Fa	cility Summary		

The Robson Single Residence Sewage Treatment Plant (SRSTP) consists of a 750-gallon septic tank, a 1,000-gallon septic tank, a distribution box, a 600-sq. ft. subsurface sand filter, and a 200-gallon chlorine contact tank with an erosion type chlorinator.

Compliance History

The facility was last inspected by DEP on June 26, 2018. The inspection report notes that annual maintenance reports were not being submitted. The permittee was contacted via phone and the issue has since been resolved.

Development of Effluent Limitations

Outfall No. 001	Design Flow (GPD)	400
Latitude 41° 45' 13.69"	Longitude	-77° 30' 32.95"
Wastewater Description: Sewage	_	

Technology-Based Limitations

The following technology-based limitations apply, subject to water quality analysis and BPJ where applicable:

Pollutant	Limit (mg/l)	SBC	Basis
BOD ₅ 10		Annual Avg	existing limit, tertiary treatment
BOD5	20	IMAX	existing limit, tertiary treatment
Total Suspended	20	Annual Avg	existing limit, tertiary treatment
Solids	40	IMAX	existing limit, tertiary treatment
рН	6.0 – 9.0 S.U.	IMIN – IMAX	133.102(c), 95.2(1), existing limit
Fecal Coliform	200 / 100 ml	Annual Avg	92a.47(a)(4), existing limit

The above technology-based effluent limitations are all existing requirements. The facility has demonstrated compliance with past permit requirements and has not negatively impacted the receiving surface water. Accordingly, it is recommended that the existing limits remain in place.

Flow, BOD5, and TSS monitoring requirements have been changed from average monthly and average weekly to annual average and instantaneous maximum, respectively, to match the once per year reporting requirement. Along the same logic, the requirement to report a geometric mean for fecal coliform has been changed to an annual average.

Existing Effluent Limitations and Monitoring Requirements

The existing effluent limitations and monitoring requirements are as follows:

Outfall 001, Effective Period: Permit Effective Date through Permit Expiration Date

		Effluent Limitations					Monitoring Requirements	
Parameter	Mass Units (Ibs/day)		Concentrations (mg/L)				Minimum	Required
	Average Monthly	Weekly Average	Minimum	Average Monthly	Weekly Average	Instant. Maximum	Measurement Frequency	Sample Type
Flow (MGD)	Report	ххх	ххх	XXX	XXX	ххх	1/year	Estimate
_pH (S.U.)	ххх	ххх	6.0	xxx	XXX	9.0	1/month	Grab
Total Residual Chlorine	ХХХ	ххх	ХХХ	Report	XXX	ХХХ	1/month	Grab
CBOD5	ххх	ххх	ххх	10	XXX	20	1/year	Grab
Total Suspended Solids	ХХХ	ххх	ХХХ	20	XXX	40	1/year	Grab
Fecal Coliform (No./100 ml)	ххх	xxx	ххх	200 Geo Mean	XXX	ХХХ	1/year	Grab

Compliance Sampling Location: Outfall 001

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

	Effluent Limitations					Monitoring Requirements		
Parameter	Mass Units (Ibs/day)		Concentrations (mg/L)				Minimum	Required
	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum	Measurement Frequency	Sample Type
Flow (MGD)	Report Annl Avg	xxx	xxx	xxx	XXX	XXX	1/year	Estimate
pH (S.U.)	XXX	XXX	6.0 Inst Min	XXX	xxx	9.0	1/month	Grab
TRC	ххх	XXX	xxx	Report	XXX	xxx	1/month	Grab
CBOD5	ХХХ	XXX	xxx	10.0	XXX	20.0	1/year	Grab
TSS	ххх	XXX	XXX	20.0	ХХХ	40.0	1/year	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	XXX	1/year	Grab

Compliance Sampling Location: Outfall 001