

 Application Type
 Renewal

 Wastewater Type
 Sewage

 Facility Type
 SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0210404

 APS ID
 1062036

 Authorization ID
 1393723

Applicant, Facility and Project Information

Applicant Name	Melvin J Wachob	Facility Name	Melvin J Wachob SRSTP		
Applicant Address	4916 Glen Hazel Road	Facility Address	4916 Glen Hazel Road		
	Wilcox, PA 15870-5124		Wilcox, PA 15870-5124		
Applicant Contact	Melvin Wachob	Facility Contact			
Applicant Phone	(814) 965-2918	Facility Phone			
Applicant E Mail	Not reported	Facility E Mail			
Client ID	44461	Site ID	_251832		
Municipality	Jones Township	County	Elk		
SIC Code	8811	SIC Code	4952		
SIC Description	Services - Private Households	SIC Description	Trans. & Utilities - Sewerage Systems		
Date Application Rec	ceived April 27, 2022	WQM Required	Present permit is adequate		
Date Application Acc	eptedMay 11, 2022	WQM App. No.			
Date Application Acc		WQM App. No.			
NPDES renewa	al				

Summary of Review

No violations listed in WMS. Last reported sludge removal was in October 2018.

Verified no e mail address by telephone on May 11, 2022.

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
\mathbf{V}		William H. Mentzer	
Λ		William H. Mentzer, P.E. Environmental Engineering Specialist	May 11, 2022
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	May 12, 2022

Discharge and Stream Data $-\,2$ - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information					
Outfall No.	001	Design Flow (MGD)	0.0004		
Latitude DP	41º 33' 41.00	Longitude DP	-78º 36' 44.00"		
Latitude NHD	41º 33' 33.74"	Longitude NHD	-78º 36' 44.02"		
Quad Name	Glen Hazel	Quad Code	0617		
Wastewater Descrip	otion: Treated single residence do	omestic wastes.			
Receiving Waters	Unnamed Tributary to EB Clarion I	River Stream Code	50752		
NHD Com ID	102663611	RMI	01.04		
Drainage Area	0.05	Yield (cfs/mi ²)	0		
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis	Dry stream		
Elevation (ft)	1836.36	Slope (ft/ft)	0.03444		
Watershed No.	17-A	Chapter 93 Class.	HQ-CWF		
Existing Use	statewide	Existing Use Qualifier	none		
Exceptions to Use	none	Exceptions to Criteria	none		
Comments	NHD outfall is downstream at RM	II 0.9 and intermittent stream flow,	1810.46 ft elevation and		
	0.11-square mile drainage. Perer	nnial stream conditions occur at the	East Branch Clarion.		
Assessment Status	Attaining Use(s)				
Cause(s) of Impairm	nent				
Source(s) of Impairr	ment				
TMDL Status		Name			
Background/Ambier	nt Data	Data Source			
pH (SU)					
Temperature (°F)					
Hardness (mg/L)					
Other:					
Nearest Downstrear	m Public Water Supply Intake	Clarion District Pa American			
PWS Waters C	Clarion River	Flow at Intake (cfs) N	A		
PWS RMI 4	0.96	Distance from Outfall (mi) 70).75		

Changes Since Last Permit Issuance: none

Other Comments: none

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	Mass Units (Ibs/day) ⁽¹⁾		Concentrations (mg/L)			Minimum ⁽²⁾	Required
Farameter	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum	Measurement Frequency	Sample Type
Flow (GPD)	Report Annl Avg	XXX	XXX	XXX	XXX	XXX	1/year	Estimate
рН (S.U.)	xxx	XXX	6.0 Inst Min	xxx	xxx	9.0	1/month	Grab
TRC	XXX	XXX	XXX	Report	XXX	Report	1/month	Grab
CBOD5	ххх	XXX	XXX	10.0	ХХХ	20.0	1/year	Grab
TSS	XXX	XXX	XXX	10.0	XXX	20.0	1/year	Grab
Fecal Coliform (No./100 ml)	ххх	XXX	xxx	200	XXX	1000	1/year	Grab

Compliance Sampling Location: Outfall 001 after disinfection