

Northwest Regional Office CLEAN WATER PROGRAM

Application Type

Wastewater Type
Facility Type

Renewal

Sewage

SFTF

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No. PA0238414

APS ID 1053413

Authorization ID 1379300

Applicant Name	Amy L & Roger A Sandak	Facility Name	Amy L & Roger A Sandak SFTF
Applicant Address	124 Memory Lane	Facility Address	124 Memory Lane
	New Castle, PA 16101-8346		New Castle, PA 16101
Applicant Contact	Roger A & Amy L Sandak	Facility Contact	
Applicant Phone	(724) 652-7299	Facility Phone	
Applicant E Mail	rasvio@verizon.net	Facility E Mail	
Client ID	159191	Site ID	534225
Municipality	Scott Township	County	Lawrence
SIC Code	8800	SIC Code	4952
SIC Description	Private Households	SIC Description	Trans. & Utilities - sewqge
Received	December 17, 2021	WQM Required	Present facility is adequate
Accepted	December 29, 2021	WQM App. No.	

Summary of Review

No violations on file. Sludge was removed on November 24, 2021. TRC 0.5-mg/L BAT proposed.

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
V		William H. Mentzer	
Λ		William H. Mentzer, P.E. Environmental Engineering Specialist	December 30, 2021
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	January 3, 2022

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information					
Outfall No.	001	Design Flow (MGD)	0.0008		
Latitude DP	41° 0' 48.50"	Longitude DP	-80° 13'49.00"		
Latitude NHD	41° 0' 49.54"	Longitude NHD	-80° 13' 36.94"		
Quad Name	Harlansburg	Quad Code	4033		
Wastewater Descrip	otion: Treated two residence do	mestic wastes			
Receiving Waters	Unnamed Tributary to Big Run	Stream Code	unknown		
NHD Com ID	130028621	RMI	0.17		
Drainage Area	0.1	Yield (cfs/mi²)	0		
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis	Dry stream		
Elevation (ft)	1260	Slope (ft/ft)			
Watershed No.	20-A	Chapter 93 Class.	WWF		
Existing Use	statewide	Existing Use Qualifier	none		
Exceptions to Use	none	Exceptions to Criteria	none		
Comment	Confluence tributary 35509 Node	e RMI 0.71 Stream RMI 1.36			
Assessment Status	Attaining Use(s)				
Cause(s) of Impairn	nent				
Source(s) of Impair	ment				
TMDL Status		Name			
Background/Ambient Data		Data Source			
pH (SU)					
Temperature (°F)					
Hardness (mg/L)					
Other:		-			
Nearest Downstrea	m Public Water Supply Intake	Beaver Falls			
	Beaver River	Flow at Intake (cfs)	561		
PWS RMI 3	3.5	Distance from Outfall (mi)	35		

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 (lbs/day) (1)		Concentrations (mg/L)			Minimum ⁽²⁾	Required	
rarameter	Average Monthly	Average Weekly	Minimum	Daily Maximum	Maximum	Instant. Maximum	Measurement Frequency	Sample Type
Flow (GPD)	Report Annl Avg	XXX	XXX	XXX	XXX	XXX	1/year	Estimate
pH (S.U.)	XXX	XXX	6.0 Inst Min	XXX	XXX	9.0	Upon Request	Grab
TRC	XXX	XXX	XXX	0.5 Avg Mo	XXX	1.6	1/month	Grab
BOD5	XXX	XXX	XXX	10.0	XXX	20.0	1/year	Grab
TSS	XXX	XXX	XXX	10.0 Annl Avg	XXX	20.0	1/year	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200 Annl Avg	XXX	1000	1/year	Grab

Compliance Sampling Location: Outfall 001 after disinfection