

Northwest Regional Office CLEAN WATER PROGRAM

Application Type
Wastewater Type
Facility Type
Sewage
SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0239178

 APS ID
 997451

 Authorization ID
 1280451

Applicant Name	David J Mays	Facility Name	David J Mays SFTF
Applicant Address	13 Church Street	Facility Address	13 Church Street
	Westline, PA 16740-2815		Westline, PA 16751
Applicant Contact	David Mays	Facility Contact	Carol A Mays
Applicant Phone	(814) 778-5217	Facility Phone	
Applicant E-mail		Facility E-mail	camays58@yahoo.com
Client ID	208481	Site ID	556533
Municipality	Lafayette Township	County	McKean
SIC Code	8800	SIC Code	4952
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems
Application Received	June 27, 2019	WQM Required	No permit changes are recommended
Application Accepted	July 24, 2019	WQM App. No.	4203401

Summary of Review

No violations have been reported.

Last septic tank pumping was on June 24, 2015.

The receiving waters are a dry drainage swale with no known aquatic life present and are listed for trout stocking and natural trout reproduction.

The main stem Kinzua Creek is classified as a cold-water fishery with some tributaries classified as high quality.

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*

Approve	Deny	Signatures	Date
X		William H. Mentzer William H. Mentzer, P.E. Environmental Engineering Specialist	September 15, 2020
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	September 21, 2020

Summary of Review
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.

Outfall No.	001	Design Flow (MGD)	0.0005		
Latitude NHD	41° 46′ 28.89″	Longitude NHD	-78° 46' 33.66"		
Latitude	41° 46′ 31.80″	Longitude	-78° 46' 22.80" 0415		
Quad Name	Westline	Quad Code			
Wastewater:	Treated household domestic wastes				
Receiving Waters	Unnamed tributary to Kinzua Creek	Stream Code	unknown		
NHD Com ID	112375523	RMI	0.15 0 Dry stream 0.02109 Cold Water Fish none none		
Drainage Area	0.1	Yield (cfs/mi²)			
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis			
Elevation (ft)	1474.92	Slope (ft/ft)			
Watershed No.	16B	Chapter 93 Class.			
Existing Use	statewide	Existing Use Qualifier			
Exceptions to Use	none	Exceptions to Criteria			
Comments	The drainage swale confluence with k	with Kinzua Creek is at RMI 15.43			
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Assessment Status Cause(s) of Impairi Source(s) of Impair	Attaining Use(s)				
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Assessment Status Cause(s) of Impair Source(s) of Impair TMDL Status Background/Ambie pH (SU) Temperature (°F) Hardness (mg/L) Other:	Attaining Use(s) ment ment nt Data Da	Nameata Source	Minimum 1250-cfs		

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	
	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	Upon request	Grab
BOD5	XXX	XXX	XXX	10.0	XXX	20.0	1/year	Grab
TSS	XXX	XXX	XXX	10.0	XXX	20.0	1/year	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	XXX	1/year	Grab

Compliance Sampling Location: Outfall 001 after disinfection