

Northwest Regional Office CLEAN WATER PROGRAM

Application Type

Wastewater Type

Facility Type

Renewal

Sewage

SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No. PA0239593

APS ID 1063695

Authorization ID 1396755

Applicant Name	Matthew	W Boyd	Facility Name	Matthew W Boyd SRSTP		
Applicant Address	7351 Will	iams Road	Facility Address	7351 Williams Road		
	North Eas	st, PA 16428-4861		North East, PA 16428-4861		
Applicant Contact	Matthew	Boyd	Facility Contact	Shannon Boyd		
Applicant Phone	(814) 882	-4379	Facility Phone			
E Mail	Boydshar	nnon2944@gmail.com	E Mail			
Client ID	309044		Site ID	651473		
Municipality	North Eas	st Township	County	Erie		
SIC Code	8800		SIC Code	4952		
SIC Description	Private H	ouseholds	SIC Description	Trans. & Utilities - Sewerage Systems		
Date Application Red	ceived <u>I</u>	May 13, 2022	WQM Required	existing		
Date Application Acc	epted [May 23, 2022	WQM App. No.	WQG018374 dated September 20, 2005		

Summary of Review

Application submitted is response to a Notice of Violation for an expired permit.

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
		William H. Mentzer	
1		William H. Mentzer, P.E. Environmental Engineering Specialist	May 23, 2022
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	June 6, 2022

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information						
Outfall No.	001	Design Flow (MGD)	0.0005			
Latitude DP	42º 10' 8.00"	Longitude DP	-79° 51' 39.700			
Latitude NHD	42º 10' 9.25"	Longitude NHD	-79° 51' 36.74"			
Quad Name	North East	_ Quad Code	0107			
Wastewater Descrip	otion: Treated single residence don	nestic wastes				
Receiving Waters	Drainage swale to Twelvemile Creek	Stream Code	unknown			
NHD Com ID	123924594	RMI	0.03			
Drainage Area	0.1	Yield (cfs/mi ²)	0			
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis	Dry stream			
Elevation (ft)	1240	Slope (ft/ft)	0.25			
Watershed No.	15-A	Chapter 93 Class.	HQ-CWF, MF			
Existing Use	statewide	Existing Use Qualifier	none			
Exceptions to Use	none	Exceptions to Criteria	none			
Comments	Confluence with Twelvemile Creek a	at RMI 4.86 Node RMI 1.22 D	rainage 4.8-square miles			
	Elevation 1125.00-feet					
Assessment Status	Attaining Use(s)					
Cause(s) of Impairm	nent					
Source(s) of Impairr	ment					
TMDL Status		Name				
Background/Ambient Data		Oata Source				
pH (SU)						
Temperature (°F)	<u></u>					
Hardness (mg/L)	<u> </u>					
Other:						
Nearest Downstream Public Water Supply Intake		State of New York				
PWS Waters L	ake Erie	Flow at Intake (cfs)	NA			
PWS RMI 8	391/63	Distance from Outfall (mi)	14/49			

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	
r ai ainetei	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
pH (S.U.)	XXX	XXX	6 Inst Min	XXX	XXX	9	1/month	Grab
TRC	XXX	XXX	XXX	0.5	XXX	1.6	1/month	Grab
CBOD5	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

Other Comments: none