

Application Type	Renewal
Wastewater Type	Sewage
Facility Type	SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0240117

 APS ID
 1083974

 Authorization ID
 1431865

Applicant, Facility and Project Information

Applicant Name	Dale	Coates	Facility Name	Dale L Coates SFTF		
Applicant Address	9541	Concord Road	Facility Address	9541 Concord Road		
	Unior	City, PA 16438-7933		Union City, PA 16438-7933		
Applicant Contact	Dale	Coates	Facility Contact	Dale Coates		
Applicant Phone	(814)	438-3026	Facility Phone	(814) 438-3026		
Applicant E Mail	dalecoates9@aol.com		Facility E Mail			
Client ID	26167	76	Site ID	699341		
Municipality	Union Township		County	Erie		
SIC Code	8800		SIC Code	4952		
SIC Description	Privat	e Households	SIC Description	Trans. & Utilities - Sewerage Systems		
Date Application Rec	eived	February 21, 2023	WQM Required	Yes, previously authorized		
Date Application Acc	epted	March 27, 2023	WQM App. No.			

Summary of Review

Late renewal with no listed violations. Last reported cleaning July 28, 2021.

There are no open violations in WMS for Client ID 261676 as of 4/6/2023 CWY

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		William H. Mentzer, P.E. Environmental Engineering Specialist	April 5, 2023		
X		Chad W. Yurisic Chad W. Yurisic, P.E. Environmental Engineer Manager	4/6/2023		

Discharge and Stream Data - 2 - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information					
Outfall No.	001	Design Flow (MGD)	.0005		
Latitude	41º 52' 51.86"	Longitude	-79º 48' 47.77"		
Quad Name	Union City	Quad Code	0307		
Wastewater Descri	ption: Treated single residence d	lomestic wastes			
Receiving Waters	Unnamed Tributary to S Br Frencl	h Ck Stream Code	53671		
NHD Com ID	127353733	RMI	1.2		
Drainage Area	3.63	Yield (cfs/mi ²)			
Q ₇₋₁₀ Flow (cfs)	0.184	Q ₇₋₁₀ Basis	Stream Stats		
Elevation (ft)	1376.63	Slope (ft/ft)	0.00579		
Watershed No.	16-A	Chapter 93 Class.	CWF		
Existing Use	statewide	Existing Use Qualifier	none		
Exceptions to Use	none	Exceptions to Criteria	none		
Comments	The outfall is 0.09-mile above trib	utary 53673			
Source(s) of Impair	ment				
TMDL Status		Name			
Background/Ambie	nt Data	Data Source			
pH (SU)					
Temperature (°F)					
Hardness (mg/L)					
Other:					
Nearest Downstrea	am Public Water Supply Intake	Cambridge Springs Borough			
PWS Waters	French Creek	Flow at Intake (cfs)			
PWS RMI	50.28	Distance from Outfall (mi)	40.39		

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 (Ibs/day) ⁽¹⁾			Concentrations (mg/L)			Minimum ⁽²⁾	Required
	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	6.0 Daily Min	XXX	9.0 Daily Max	XXX	Upon Request	Grab
BOD5	ххх	xxx	XXX	10.0	XXX	20.0	1/year	Grab
TSS	ххх	xxx	XXX	10.0	XXX	20.0	1/year	Grab
Fecal Coliform (No./100 ml)	ХХХ	XXX	XXX	200	XXX	XXX	1/year	Grab

Compliance Sampling Location: Outfall 001 after disinfection