

Southeast Regional Office CLEAN WATER PROGRAM

 Application Type
 Renewal

 Non Municipal

 Major / Minor
 Minor

NPDES PERMIT FACT SHEET INDIVIDUAL SEWAGE

Application No. PA0244040

APS ID 1010630

1304240

Authorization ID

	Applicant and Facility Information									
Applicant Name	Shelly Square LP	Facility Name	Shelly Rd Development							
Applicant Address	528 Main Street Suite 200	Facility Address	Rte 63 & Shelly Road							
	Harleysville, PA 19438-2266		Salfordville, PA 18958							
Applicant Contact	Bryan Hunsberger	Facility Contact	Bryan Hunsberger							
Applicant Phone	(215) 513-7368	Facility Phone	(215) 513-7368							
Client ID	242801	Site ID	631736							
Ch 94 Load Status	Not Overloaded	Municipality	Upper Salford Township							
Connection Status	No Limitations	County	Montgomery							
Date Application Rece	eived January 28, 2020	EPA Waived?	Yes							
Date Application Acce	epted	If No, Reason	·							
Purpose of Application	n Permit Renewal.									

Summary of Review

The applicant has submitted an application for NPDES permit to discharge treated sewage from sewage treatment plant serving Shelly Square Shopping Center into East Branch of Perkiomen Creek.

There are different user's flows that STP receives from several businesses at the Shelly Square shopping Center: Vernfield Landis, H&R Block, H/S Therapy Associates, K's Nails, Quality Cleaners, Alderfer Real Estate, Bark Avenue, Super Cuts, Pelleritos Rizza, China Moon, and Univest.

The facility (15,000 gpd) consists of influent Sampler, an equalization tank section with bar screen, treatment train – BESST Process by Purestream, Inc. (rated 12,2446 gpd), sludge holding tank (6395 gallons), Effluent Filter, UV disinfection Unit, Control Building, chemical storage and pumps, and effluent sampling and metering facility.

DEP has conducted a site visit on 12/9/19. Copy of the inspection is attached:



Shelly Square STP 12-09-19 Insp.pdf

Based on the inspection report following recommendation was given:

Alarm dialer was on, but the phone line was dead and modules were not lit. The issues should be investigated, and the results forwarded to this inspector to avoid a violation.

Approve	Deny	Signatures	Date
Y		R O line	
^		Begay Omuralieva Begay Omuralieva / Environmental Engineering Specialist	April 1, 2020
Х			
		Pravin C. Patel, P.E. / Environmental Engineer Manager /s/	April 1, 2020

Summary of Review

The permittee replied that the issue was with their network provider Verizon.

Two effluent non-compliance results were submitted for Ammonia and Phosphorus (see p. 5 of this factsheet).

Since there are no significant effluent violations and quality and quantity of the discharge is relatively the same, all previously established effluent limits and monitoring requirements are proposed in the draft permit as listed on p.6 of this factsheet.

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.

Outfall No. 001		Design Flow (MGD)	.012446		
Latitude 40º	17' 47.56"	Longitude	-75º 24' 54.85"		
Quad Name		Quad Code			
Wastewater Descrip	otion: Sewage Effluent				
	East Branch Perkiomen Creek				
Receiving Waters	(TSF, MF)	Stream Code			
Receiving Waters	East Branch Perkiomen Creek	Stream Code	01168		
NHD Com ID	25987682	RMI	<mark>6.31 mi</mark>		
Drainage Area	47.53	_ Yield (cfs/mi ²)			
Q ₇₋₁₀ Flow (cfs)	0.43	Q ₇₋₁₀ Basis			
Elevation (ft)	180.000 Ft	_ Slope (ft/ft)			
Watershed No.	3-E	Chapter 93 Class.	TSF, MF		
Existing Use		Existing Use Qualifier			
Exceptions to Use					
Assessment Status	Attaining Use(s)				

Changes Since Last Permit Issuance: none

	Tre	eatment Facility Summa	ту	
reatment Facility Nar	ne: Shelly Square STP			
Waste Type	Degree of Treatment	Process Type	Disinfection	Avg Annual Flow (MGD)
Sewage	Tertiary	Activated Sludge With Solids Removal	Ultraviolet	12446
Hydraulic Capacity (MGD)	Organic Capacity (lbs/day)	Load Status	Biosolids Treatment	Biosolids Use/Disposa
16553	98.32	Not Overloaded	Aerobic Digestion	Other WWTP

Changes Since Last Permit Issuance: none

Compliance History

DMR Data for Outfall 001 (from February 1, 2019 to January 31, 2020)

Parameter	JAN-20	DEC-19	NOV-19	OCT-19	SEP-19	AUG-19	JUL-19	JUN-19	MAY-19	APR-19	MAR-19	FEB-19
Flow (MGD)							0.00306	0.00310				
Average Monthly	0.00417	0.00273	0.00208	0.0022	0.00287	0.00318	1	1	0.00352	0.00323	0.00328	0.00318
Flow (MGD)												
Daily Maximum	0.01008	0.00487	0.00379	0.00338	0.00517	0.0056	0.00502	0.00438	0.00536	0.0058	0.00444	0.00546
pH (S.U.)												
Instantaneous												
Minimum	7.0	6.7	6.7	6.6	6.7	6.9	7.0	6.5	6.8	6.7	6.1	6.5
pH (S.U.)												
Maximum	7.8	7.5	7.2	7.5	7.4	7.5	7.8	7.8	7.7	7.7	7.6	8.2
DO (mg/L)												
Minimum	6.0	6.0	6.5	6.1	6.1	6.0	6.1	6.1	6.4	6.4	6.0	7.8
CBOD5 (mg/L)												
Average Monthly	4.0	4.0	4.8	2.0	2.0	2.6	< 2.0	3.5	2.4	2.8	3.0	3.0
TSS (mg/L)												
Average Monthly	9.0	8.0	5.5	3.2	5.8	5.2	5.8	3.5	8.0	8.5	6.0	3.8
Total Dissolved Solids												
(mg/L)												
Average Monthly	1136.0	1318.0	1268	1122.0	1066.0	1074.0	1082.0	1444.0	1224.0	1172.0	248.0	1418.0
Oil and Grease (mg/L)												
Average Monthly	< 5.0	< 5.0	< 5.0	< 5.0	< 5.0	< 5.0	< 5.0	< 5.0	< 5.0	4.6	< 3.9	< 3.8
Fecal Coliform												
(CFU/100 ml)												
Average Monthly	2.0	2.0	4.0	1.0	1.0	5.0	< 1.0	1.0	2.0	< 1.0	< 1.0	< 1.0
Fecal Coliform												
(CFU/100 ml)												
Instantaneous												
Maximum	2.0	9.0	45.0	4.0	3.0	60.0	< 1.0	6.0	6.0	< 1.0	< 1.0	< 1.0
UV Intensity (mW/cm²)												
Minimum	0.1	0.1	0.1	0.1	0.1	0.10	0.2	0.10	0.1	0.1	0.10	0.1
UV Intensity (mW/cm²)					0.5		0.5		0.5			
Average Monthly	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.20	0.2	0.1	0.10	0.1
Total Nitrogen (mg/L)		0.5	05 -	0.5 -					45.	0.5	4.5 .	40 -
Average Monthly	3.61	30.2	38.5	29.8	11.4	34.0	2.62	34.6	45.2	36.3	48.1	40.7
Ammonia (mg/L)	0.40	0.40	0.00	0.00	0.40	0.04	0.4		0.40			
Average Monthly	0.10	0.10	0.90	0.30	0.10	< 0.01	< 0.1	0.4	0.10	0.2	2.0	0.1

NPDES Permit Fact Sheet Shelly Rd Development

NPDES Permit No. PA0244040

Total Phosphorus												
(mg/L)												
Average Monthly	0.65	0.16	0.10	0.08	0.07	0.08	0.06	0.05	0.12	0.15	0.29	0.19

Compliance History

Effluent Violations for Outfall 001, from: March 1, 2019 To: January 31, 2020

Emident violations for Gattar			y	1	I	
Parameter	Date	SBC	DMR Value	Units	Limit Value	Units
Ammonia	03/31/19	Avg Mo	2.0	mg/L	1.5	mg/L
Total Phosphorus	01/31/20	Avg Mo	0.65	mg/L	0.5	mg/L

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 L	imitations			Monitoring Re	quirements
Parameter	Mass Units	(lbs/day) ⁽¹⁾		Concentrat	tions (mg/L)		Minimum ⁽²⁾	Required
raiametei	Average Monthly	Average Weekly	Daily Minimum	Average Monthly	Maximum	Instant. Maximum	Measurement Frequency	Sample Type
Flow (MGD)	Report	Report Daily Max	XXX	XXX	XXX	XXX	Continuous	Recorded
pH (S.U.)	XXX	XXX	6.0 Inst Min	XXX	XXX	9.0	1/week	Grab
DO	XXX	XXX	6.0 Inst Min	XXX	XXX	XXX	1/week	Grab
CBOD5	XXX	XXX	XXX	15	XXX	30	1/week	24-Hr Composite
TSS	XXX	XXX	XXX	15	XXX	30	1/week	24-Hr Composite
Total Dissolved Solids	XXX	XXX	XXX	Report	XXX	XXX	1/month	24-Hr Composite
Oil and Grease	XXX	XXX	XXX	Report	XXX	XXX	1/week	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	1000	1/week	Grab
UV Intensity (mW/cm²)	XXX	XXX	Report	XXX	XXX	XXX	1/week	Metered
Total Nitrogen	XXX	XXX	XXX	Report	XXX	XXX	1/month	Calculation
Ammonia	XXX	XXX	XXX	1.5	XXX	3	1/week	24-Hr Composite
Total Phosphorus	XXX	XXX	XXX	0.5	XXX	1	1/week	24-Hr Composite

Compliance Sampling Location: Outfall 001