

Southeast Regional Office CLEAN WATER PROGRAM

Application Type	New
Wastewater Type	Sewage
Facility Type	SFTF

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No.	PA0245313		
APS ID	1045578		
Authorization ID	1369110		

Applicant, Facility and Project Information				
Applicant Name	PA Historical & Museum Commission (PHMC)	Facility Name	Mather Mill STP	
Applicant Address	400 North Street Room N118	Facility Address	553 S. Bethlehem Pike	
	Harrisburg, PA 17120		Fort Washington, PA 19034-0000	
Applicant Contact	Joseph Lauver	Facility Contact	Joseph Lauver	
Applicant Phone	(717) 787-6242	Facility Phone	(717) 787-6242	
Client ID	95627	Site ID	452811	
SIC Code	4952	Municipality	Whitemarsh Township	
SIC Description	Trans. & Utilities - Sewerage Systems	County	Montgomery	
Date Application Rec	eived September 14, 2021	WQM Required	yes	
Date Application Acce	epted	WQM App. No.		
Project Description	New discharge from Mather Mill ST	P		

Summary of Review

The applicant requests issuance of a new NPDES permit to discharge treated sewage from their Mather Mill STP.

The existing facility received an NPDES permit (PA005387) and a WQM permit (4688414) on May 20, 1988. The system was constructed but the building has now been vacant since 1995 and the NPDES permit has expired.

PHMC is working with a potential buyer that will use the existing building as a law office with 12 employees during work hours and also hoping to maintain event gatherings of 30-40 people few times a year with no lodging accommodations. According to DEP's 537 planning waiver letter the project will generate 396 gallons of sewage per day.

The existing system consists of the following: 2000-gal septic tank, 1000-gal dosing tank, two sand filters (1000 gal each), 1000-gal septic tank with chlorine contact, discharge pipe to Wissahickon Creek. Repairs or upgrades may be required to use the existing system for the treatment of proposed new flow. The applicant is required to obtain a new/amended WQM permit for the needed works at the facility.

Review shows this discharge is eligible to be covered under the "NPDES General Permit for Discharges from Small Flow Treatment Facilities" (PAG04). The statewide PAG04 is expired and currently no new PG04 can be issued for this discharge. The eligibility of a PAG04 can be reevaluated at the next renewal.

According to the application the estimated effluent discharge concentrations are consistent with the effluent limitation requirements of the PAG04 General Permit.

Approve	Deny	Signatures	Date
X		Sara Abraham Sara Reji Abraham, E.I.T. / Project Manager	September 20, 2021
Х		Pravin Patel	
		Pravin C. Patel, P.E. / Environmental Engineer Manager	09/20/2021

Summary of Review

Limits (mg/l)

The following effluent limitations are recommended for the draft permit:

Parameter

Flow Monitor
CBOD5 10
TSS 10
TRC Monitor
Fecal Coliform 200/100 ml
pH 6.0 to 9.0 SU

These limits are consistent with the other similar dischargers and also based on the requirements of PAG04 General 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.

Act 14 Notifications:

Whitemarsh Township - August 30, 2021 Montgomery County - September 1, 2021

Permit Conditions:

- A. AMR to DEP
- B. DMR to DEP
- C. Septage and Scum Measurement
- D. Septic Tank Pumping
- E. Chlorine Optimization
- F. No Stormwater Condition
- G. Acquire Necessary Property Rights
- H. Proper Sludge Disposal
- I. Phase Out When Municipal Sewers Available

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information					
Outfall No. 001 Latitude 40° 7' 0 Quad Name Germ Wastewater Descripti	nantown	Design Flow (MGD) Longitude Quad Code	.000396 -75° 13' 3.00" 1844		
Receiving Waters	Wissahickon Creek	Stream Code	844		
NHD Com ID	25974958	RMI	11.46		
Watershed No.	3-F	Chapter 93 Class.	TSF, MF		
Assessment Status	Impaired				
Cause(s) of Impairme	ent flow regime modification, nu	w regime modification, nutrients, pathogens, siltation			
Source(s) of Impairme	ent municipal point source disch	narges, source unknown, urba	n runoff/storm sewers		
TMDL Status	Final	Name Wissahickor	n TMDL*		

^{*}As an SFTF discharge, this permit is not required to be reviewed by EPA.

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
Parameter	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum		Sample Type
Flow (GPD)	Report Annl Avg	Report Daily Max	XXX	XXX	XXX	XXX	1/year	Measured
pH (S.U.)	XXX	XXX	6.0 Inst Min	XXX	XXX	9.0	1/year	Grab
TRC	XXX	XXX	XXX	Report	XXX	Report	1/month	Grab
CBOD5	XXX	XXX	XXX	10.0	XXX	20	1/year	Grab
TSS	XXX	XXX	XXX	10.0	XXX	20	1/year	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	XXX	1/year	Grab