

| Application Type | Renewal |
|------------------|---------|
| Wastewater Type | Sewage |
| Facility Type | SRSTP |

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0261009

 APS ID
 954657

 Authorization ID
 1405741

Applicant, Facility and Project Information

| Applicant Name | Michael R Baker | Facility Name | Michael Baker Res | | |
|-------------------------|---------------------------------------|------------------|-----------------------------|--|--|
| Applicant Address | 6836 Old Harrisburg Pike | Facility Address | 6836 Old Harrisburg Pike | | |
| | York Springs, PA 17372-8717 | | York Springs, PA 17372-8717 | | |
| Applicant Contact | Michael Baker | Facility Contact | Michael Baker | | |
| Applicant Phone | (717) 528-4805 | Facility Phone | | | |
| Client ID | 339439 | Site ID | 690960 | | |
| SIC Code | 4952 | Municipality | Huntington Township | | |
| SIC Description | Trans. & Utilities - Sewerage Systems | County | Adams | | |
| Date Application Receiv | vedJuly 18, 2022 | WQM Required | Issued | | |
| Date Application Accep | ted August 18, 2022 | WQM App. No. | 0107404 | | |
| | | | | | |
| Project Description | Application for a renewal of an SRS | STP. | | | |

Summary of Review

Michael Baker has submitted an application for a renewal permit for his existing Single Residence Small Flow Treatment Facility located in Adams County. DEP received the renewal NPDES permit application on July 18, 2022 by the applicant. The Department has reviewed the application in order to ensure that the facility does not receive or discharge a flow greater than 500 GPD or exceed the specified limits of CBOD5, Total Suspended Solids, and Fecal Coliform prescribed in the permit. As per 25 Pa. Code § 92a.53, all applicable effluent limits and standards are considered in development of the permit. The limits noted in the permit suggest that any applicable water quality standards will not be violated.

The limits discussed in the permit are based off of several factors that were determined by the Standard Operating Procedure for Small Flow Treatment Facilities (SOP No. BCW-PMT-003).

The TSS limits were prescribed based on The Department's Water Quality Antidegradation Implementation Guidance ID No. 391-0300-002

The Fecal Coliform limits listed in the permit were required by the Bureau of Clean Water, as stated in Chapter 92.2c.b(2) and 93.7.

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 |
|---------|------|--|-----------------|
| х | | Jared Lescavage Jared Lescavage / Project Manager | August 24, 2022 |
| x | | Scott M Arwood Scott M. Arwood, P.E. / Environmental Engineer Manager | 8/24/2022 |

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.

Discharge and Stream Data – 2 - Receiving Waters and PWS

| 001 | | Des | sign Flow | (MGD) | .0005 | |
|------------------------------|---------------|----------------------------|-----------|-------------------------|----------------|-----------------------|
| 39° 59' 34.38" | | Lon | gitude | | -77º 7' 9.10" | 99 |
| Quad Name H | ampton | | | Quad C | ode | 1929 |
| Wastewater Descr | ription: | Sewage Effluent | | | | |
| | | | | | | |
| Receiving Waters | Unna Creel | med Tributary to Bermudian | | Stream Co | de | 08714 |
| NHD Com ID | 5746 | - | | RMI | | 0.95 |
| Drainage Area | 0.55 | | | ′ield (cfs/r | mi²) | |
| Q ₇₋₁₀ Flow (cfs) | 0.034 | | | Q ₇₋₁₀ Basis | | StreamStats report |
| Elevation (ft) | | | S | Slope (ft/ft |) | · |
| Watershed No. | 07F | | C | hapter 93 | 3 Class. | Warm Water Fishes, MF |
| Existing Use | None | | E | xisting U | se Qualifier | N/A |
| Exceptions to Use | None | | E | xceptions | s to Criteria | N/A |
| Assessment Statu | s | Impaired | | | | |
| Cause(s) of Impair | rment | Siltation | | | | |
| Source(s) of Impai | rment | Agriculture | | | | |
| TMDL Status | | None Proposed | | Name | N/A | |
| | | | | | | |
| | | | | | | |
| Nearest Downstre | am Publ | c Water Supply Intake | Wright | sville Bor | o Water Syste | em York County, PA |
| PWS Waters | Susque | hanna River | _ Flow | v at Intak | e (cfs) | |
| PWS RMI | 28.515 | | Dist | ance fron | n Outfall (mi) | 56.14 |

Other Comments: N/A

| Compliance History | | | |
|-------------------------|-----|--|--|
| Summary of DMRs: | N/A | | |
| Summary of Inspections: | N/A | | |

Other Comments: None

NPDES Permit Fact Sheet Michael Baker Res NPDES Permit No. PA0261009

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 |
| Parameter | 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 |
| TRC | ххх | XXX | XXX | Report | XXX | ххх | 1/month | 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 | ххх | 1/year | Grab |

Compliance Sampling Location: Outfall 001

Other Comments: None