

Application Type	Renewal
Wastewater Type	Sewage
Facility Type	SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0261220

 APS ID
 664145

 Authorization ID
 1281378

Applicant, Facility and Project Information

Applicant Name	Jason S. Brenneman		Facility Name	Brenneman Jason Res
Applicant Address	11973 Hartslog Valley Roa	ad	Facility Address	11973 Hartslog Valley Road
	Huntingdon, PA 16652-73	38		Huntingdon, PA 16652-7338
Applicant Contact	Jason Brenneman		Facility Contact	Jason Brenneman
Applicant Phone	(814) 251-2244		Facility Phone	(814) 251-2244
Client ID	269032		Site ID	714939
SIC Code	6514		Municipality	Walker Township
SIC Description	Fin, Ins & Real Est - Dwell Except Apartments	ing Operators,	County	Huntingdon
Date Application Receiv	ed July 22, 2019		WQM Required	
Date Application Accep	ed August 9, 2019		WQM App. No.	
Project Description	NPDES SRSTP p	permit renewal.		

Summary of Review

Mr. Jackson S. Brenneman has applied to the Pennsylvania Department of Environmental Protection (DEP) for reissuance of its NPDES permit. The existing NPDES permit was issued on January 28, 2015, it authorizes the discharge of treated sewage from a small flow treatment facility that serves a single-family residence. The permit became effective on February 1, 2015 and expired on January 31, 2020. The facility has a design capacity of 400 gpd, and discharges to Crooked Creek, which is classified for warm water fishes.

There are no open violations associated to the facility or permittee.

<u>Changes from the previous permit</u>: Unit of Fecal Coliform is changed from CFU/100 ml to No./100 ml. The pH monitoring requirement in the previous permit have been removed in the proposed permit per SOP-New and Reissuance Individual SFTF NPDES Permit Revised, May 17, 2019. The TRC monitoring requirement changed from 1/quarter to 1/month.

Based on the review outline in this fact sheet, it is recommended that the permit be drafted and published in the Pennsylvania Bulletin for public comments for 30 days.

Approve	Deny	Signatures	Date
х		<i>Hilaryle</i> Hilary H. Le / Environmental Engineering Specialist	May 26, 2021
x		/s/ Daniel W. Martin, P.E. / Environmental Engineer Manager	June 2, 2021

Discharge, Receiving Waters and Water Supply Info	rmation	
Outfall No.001Latitude40° 27' 37.18"Quad NameHuntingdonWastewater Description:Sewage Effluent	Design Flow (MGD) Longitude Quad Code	0.0004 -78º 5' 18.27"
Receiving WatersCrooked Creek (WWF)NHD Com ID65607794Drainage Area8.9 mi.²Q7-10 Flow (cfs)0.35Elevation (ft)695.4Watershed No.11-BExisting UseExceptions to UseAssessment StatusAttaining Use(s)	Stream Code RMI Yield (cfs/mi ²) Q ₇₋₁₀ Basis Slope (ft/ft) Chapter 93 Class. Existing Use Qualifier Exceptions to Criteria	15508 6.37 miles 0.04 USGS StreamStats WWF
Cause(s) of Impairment Source(s) of Impairment TMDL Status	Name	
Nearest Downstream Public Water Supply IntakePWS WatersJuniata RiverPWS RMI37 miles	Mifflintown Borough Municipal Flow at Intake (cfs) Distance from Outfall (mi)	Authority, Juniata County Approximate 63 miles

Changes Since Last Permit Issuance: none

Drainage Area:

The discharge is to Crooked Creek at RMI 6.37 miles. A drainage area at the point of discharge is estimated to be 8.9 square miles according to USGS StreamStats available at <u>https://streamstats.usgs.gov/ss/</u>.

Streamflow:

USGS StreamStats was produce a Q7-10 flow of 0.35 cfs at the point of discharge.

Crooked Creek:

Under 25 Pa Code § 93.9n, Crooked Creek is designated as warm water and migratory fishes. No special protection water(s) is impacted by this discharge. No Class A Wild Trout fishery is impacted by this discharge.

Public Water Supply Intake:

The fact sheet prepared for the renewal permit indicated that the nearest downstream public water supply intake is Mifflintown Borough Municipal Authority, Juniata County located on Juniata River, approximately 63 miles from the discharge. Considering dilution, the discharge is not expected to impact the water supply.

Compliance History						
Summary of DMRs:	No Annual Maintenance Reports (AMRs) have been consistently submitted to DEP.					
Summary of Inspections:	Last DEP inspection was on 10/18/2019. There was no violation during inspection. The recommendations were: conduct effluent chlorine test quarterly, test effluent for TSS, CBOD ₅ and Fecal Coliform yearly, inspect the treatment system at least yearly, and submit an annual maintenance report to the Department by June 30 th of each year. The lab results with application on July 17, 2019 were 25 mg/L of CBOD ₅ , 30 mg/L of TSS, 0.9 mg/L of TRC, 7.1 S U of pH and 83 No /100 ml of Fecal coliform. These results					
	0.9 mg/L of TRC, 7.1 S.U. of pH, and 83 No./100 ml of Fecal coliform. These results indicated compliance with the permit limits, except CBOD₅ & TSS.					

Treatment Facility Summary

The treatment system consists of a two-compartment 1000-gallon septic tank, effluent filter, an Ecoflow Peat filter and a 200-gallon chlorine contact tank disinfection, and outfall. The WQM No. 3108403 was issued on 3/4/2009.

Development of Effluent Limitations and Monitoring Requirements

The reviewer notes that the existing CBOD₅, and TSS monitoring frequencies and limits are consistent with the monitoring frequencies and limits recommended in DEP SOP No. BPNPSM-PMT-003 for SFTFs revised on May 17, 2019. The monitoring frequencies and limits from the previous permit will remain in the proposed permit.

pH is no longer a parameter of concern for SFTFs, so the pH monitoring requirement in the previous permit has been eliminated.

The "TRC Spreadsheet" will be not used to determine TRC limits for SRSTPs. Quarterly monitoring for TRC will remain in the proposed permit.

For Flow, it is not necessary to perform daily maximum monitoring since the treated effluent is less than 2,000 GPD. The permit included a non-seasonal fecal coliform limit of 200 / 100 mL which is more stringent than the seasonal fecal limits (200 / 100 mL for summer; and 10,000 / 100 mL for winter). The reviewer notes that the frequency of sampling for Flow, and Fecal Coliform are recommended to remain the same as the existing permit.

Chesapeake Bay Requirements

No nutrient monitoring requirement is recommended for this facility. Facilities that are designed based on a flow of less than or equal to 2,000 GPD or considered as SRSTPs are exempt from the Bay requirements.

Total Maximum Daily Load (TMDL)

The discharge is located in a stream segment listed as attaining uses; therefore, no TMDL has been taken into consideration during this review.

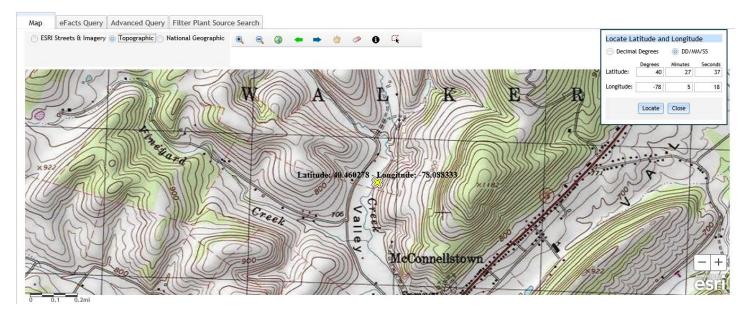
Antidegradation Requirements

All effluent limitations and monitoring requirements have been developed to ensure that existing instream water uses and the level of water quality necessary to protect the existing uses are maintained and protected.

Other Considerations

No Class A Wild Trout Fishery is impacted by this discharge. Considering dilution and distance from the intake, the discharge is not expected to affect the water supply.

This is a topographic.



NPDES Permit No. PA0261220

NPDES Permit Fact Sheet Brenneman Jason Res

	Parameter Code	Parameter Name	Value	Units		Min Limit	Max Limit	Holas		1
ILD A REPORT Report Built >	DRNAREA	Drainage Area	8.9	square mile	s	4.93	1280		Layers	
	+ PRECIP	Mean Annual Precipitation	39	inches		35	50.4	Status C	Base Maps	~ ^
Step 1: You can modify computed basin characteristics here, then select the	_ STRDEN	Stream Density	2.15	miles per s	quare mile	0.51	3.1	a pho		
types of reports you wish to generate.	ROCKDEP	Depth to Rock	4.2	feet		3.32	5.65	and the second s	Application Laye	rs 🗸
Then click the "Build Report" button	CARBON	Percent Carbonate	30	percent		0	99	The state		
✓ Show Basin Characteristics	Low-Flow Statistics Flo	w Report _(Low Flow Region 2) Lower, Plu: Prediction Interval-Upper, S	SEp: Standard	Error of Predic	tion, SE: Standar	d Error (other s	ee report)	A an	PA Map Laye National Laye	
ect available reports to display:	Statistic			Value	Unit	SE	SEp		A HELLYRAN AND	17/1
ce available reports to display.	7 Day 2 Year Low F	low		0.8	ft^3/s	38	38	and the	Smithfield TwpHuntingdon	
Basin Characteristics Report	30 Day 2 Year Low	Flow		1.08	ft^3/s	33	33			
Scenario Flow Reports	7 Day 10 Year Low	Flow		0.352	ft^3/s	51	51	Trounds Ro		
	30 Day 10 Year Low	/ Flow		0.486	ft^3/s	46	46	and and and		
Continue	90 Day 10 Year Low	/ Flow		0.745	ft^3/s	36	36	3035	2 3043 2 3043	00 22 100 22
	Low-Flow Statistics Cita	tions								
POWERED BY WIM		, Low-flow, base-flow, and mean- vestigations Report 2006-5130, 8		sion equation	s for Pennsylv	ania streams:	J.S. Geological	3033	105 fun 3045	
SGS Home Contact USGS Search USGS	Lat:							Junia	- 50 ¹¹	

Existing Effluent Limitations and Monitoring Requirements

		Monitoring Requirements						
Parameter	Mass Units	(lbs/day) ⁽¹⁾		Concentrat	Minimum ⁽²⁾	Required		
	Average Monthly	Average Weekly	Minimum	Annual Average	Instant. Maximum Maximum		Measurement Frequency	Sample Type
Flow (MGD)	Report Annl Avg	XXX	xxx	xxx	xxx	xxx	1/year	Estimate
рН (S.U.)	XXX	XXX	6.0	xxx	XXX	9.0	Upon Request	I-S
TRC	xxx	XXX	xxx	Report Avg Qrtly	xxx	xxx	1/quarter	Grab
CBOD₅	xxx	XXX	XXX	10.0	xxx	20.0	1/year	Grab
TSS	XXX	XXX	ХХХ	10.0	xxx	20.0	1/year	Grab
Fecal Coliform (CFU/100 ml)	XXX	XXX	XXX	200	XXX	XXX	1/year	Grab

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.

		Monitoring Requirements						
Parameter	Mass Units	(lbs/day) ⁽¹⁾		Concentra	Minimum ⁽²⁾	Required		
	Average Average		Annual Minimum 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 Avg Mo	XXX	XXX	1/month	Grab
CBOD5	ххх	xxx	xxx	10.0	XXX	20.0	1/year	Grab
TSS	ххх	xxx	xxx	10.0	ххх	20.0	1/year	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	XXX	1/year	Grab