

## Northwest Regional Office CLEAN WATER PROGRAM

Application Type Renewal

Wastewater Type Sewage

Facility Type SRSTP

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0264415

 APS ID
 1023944

 Authorization ID
 1328224

Applicant Name	Jeffrey & Mary Cusick	Facility Name	Jeffrey & Mary Cusick SRSTP
Applicant Address	1049 Hartford Road	Facility Address	1049 Hartford Road
	Sharpsville, PA 16150-9648		Sharpsville, PA 16150-9648
Applicant Contact	Mary Cusick	Facility Contact	
Applicant Phone	(724) 985-4339	Facility Phone	
Applicant E Mail	Jcue0001	Facility E Mail	
Client ID	325709	Site ID	812698
Municipality	South Pymatuning Township	County	Mercer
SIC Code	8800	SIC Code	4952
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems
Application Received	September 8, 2020	WQM Required	Present permit is adequate
Application Accepted	September 30, 2020	WQM App. No.	

### **Summary of Review**

No violations reported.

#### **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 William H. Mentzer, P.E. Environmental Engineering Specialist	September 30, 2020
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	March 15, 2021

Discharge, Receiving Waters and Water Supply Information					
Outfall No.	001	Design Flow (MGD)	0.0005		
Latitude DP	41° 18' 40.00"	Longitude DP	-80° 29' 58.00"		
Latitude NHD	41º 18' 58.92"	Longitude NHD	-80° 28' 58.13"		
Quad Name	Sharpsville	Quad Code	0302		
Wastewater Descrip	otion: Treated single residence don	nestic wastes			
Receiving Waters	Unnamed Trib to Pymatuning Creek	Stream Code	unknown		
NHD Com ID	130032859	RMI	0.5200		
Drainage Area	0.1	Yield (cfs/mi²)	0		
Q <sub>7-10</sub> Flow (cfs)	0	Q <sub>7-10</sub> Basis	Dry stream		
Elevation (ft)	1054.33	_ Slope (ft/ft)	0.0063		
Watershed No.	20A	Chapter 93 Class.	Warm Water Fish		
Existing Use	none	Existing Use Qualifier	none		
Exceptions to Use	none	Exceptions to Criteria	none		
Comments	Roadside ditch to unnamed tributary	of Pymatuning Creek (Shena	ango River Reservoir)		
Assessment Status	Attaining Use(s)				
Cause(s) of Impairn	nent				
Source(s) of Impairment					
TMDL Status		Name			
Background/Ambient Data		Data Source			
pH (SU)					
Temperature (°F)					
Hardness (mg/L)					
Other:					
Nearest Downstream	m Public Water Supply Intake	Aqua PA			
PWS Waters S	Shenango River	Flow at Intake (cfs)			
PWS RMI 2	29.45	Distance from Outfall (mi)	9.49		

Changes Since Last Permit Issuance: NA

Other Comments: This proposal should not impact any downstream uses

### .0Proposed 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: ./DMR\_EFFECTIVE\_DATE\_MONTH through ./DMR\_EXPIRATION\_DATE\_MONTH.

	Effluent Limitations				Monitoring Requirements			
Parameter	Mass Units	iss Units (Ibs/day) <sup>(1)</sup>		Concentrations (mg/L)			Minimum <sup>(2)</sup>	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 Inst Min	XXX	XXX	9.0	Upon Request	Grab
BOD5	XXX	XXX	XXX	10.0	XXX	20.0	1/year	Grab
TSS	XXX	XXX	XXX	10.0	XXX	20.0	1/year	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	1000	1/year	Grab

Compliance Sampling Location: Outfall 001 after disinfection

Other Comments: AMR lists UV maintenance and reporting