

Northwest Regional Office CLEAN WATER PROGRAM

Application Type
Wastewater Type
Facility Type
SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No. PA0264466

APS ID 1054517

Authorization ID 1381194

Applicant Name	Jose	ph Frugoli	Facility Name	Joseph Frugoli SRSTP	
Applicant Address	145 N	lew Road	Facility Address	58 N Branch Road	
	Churc	chville, PA 18966-1445		Eldred, PA 16731-3902	
Applicant Contact	Josep	oh Frugoli	Facility Contact		
Applicant Phone			Facility Phone		
Applicant E Mail			Facility E Mail		
Client ID	32700	09	Site ID	813935	
Municipality	Eldre	d Township	County	McKean	
SIC Code	8800		SIC Code	4952	
SIC Description	Privat	te Households	SIC Description	Trans. & Utilities - Sewerage Systems	
Date Application Received		January 10, 2022	WQM Required	Existing permit is adequate	
Date Application Accepted		January 19. 2022	WQM App. No.	4216401	

Summary of Review

The facility was cited for a late renewal. This is an occasional use site.

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
V		William H. Mentzer	
Λ		William H. Mentzer, P.E. Environmental Engineering Specialist	April 19, 2022
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	April 21, 2022

Discharge and Stream Data – 2 - Receiving Waters and PWS

ischarge, Receiving	g Water	s and Water Supply Infor	mation			
Outfall No.	001		Design Flow (MGD)	0.0004		
Latitude DP	410 59	9' 15.56"	Longitude DP	-78° 26' 6,35"		
Latitude NJD	410 59	9' 16.07"	Longitude NHD	-78º 26' 5.91"		
Quad Name Eldred			Quad Code	0318		
Wastewater Descrip	ption:	Treated single residence	domestic wastes			
Receiving Waters	Unnar	med tributary to Indian Cre	ek Stream Code	unknown		
NHD Com ID	11236	3307	RMI	0.01		
Drainage Area	0.1		Yield (cfs/mi²)	0		
Q ₇₋₁₀ Flow (cfs)	Q ₇₋₁₀ Flow (cfs) 0			_Dry stream		
Elevation (ft)	1522.8	38	Slope (ft/ft)	0.0069		
Watershed No.	16-C		Chapter 93 Class.	CWF none none		
Existing Use	statev	vide	Existing Use Qualifier			
Exceptions to Use	none		Exceptions to Criteria			
Comments		NHD node RMI 0.77				
Assessment Status		Attaining Use(s)				
Cause(s) of Impairr						
Source(s) of Impair	ment					
TMDL Status		_	Name			
Background/Ambie	nt Data		Data Source			
pH (SU)	in Bata		Data Course			
Temperature (°F)						
Hardness (mg/L)						
Other:						
Othor.						
Nearest Downstrea	ım Publi	c Water Supply Intake	State of New York			
PWS Waters Allegheny River			Flow at Intake (cfs)	102.1		
PWS RMI	264.32		Distance from Outfall (mi)	5.94		

Changes Since Last Permit Issuance: none

Other Comments: none

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	
rarameter	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
TRC	XXX	XXX	XXX	Report	XXX	XXX	1/month	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