

Northwest Regional Office CLEAN WATER PROGRAM

Application Type Renewal

Wastewater Type Sewage

Facility Type SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0264512

 APS ID
 1065271

 Authorization ID
 1399454

Applicant Name	Linda Marino		Facility Name	Linda Marino SRSTP		
applicant Address 354		tilson Hill Road	Facility Address	354 Stilson Hill Road		
	Pittsfield, PA 16340-7210			Pittsfield, PA 16340-7210		
Applicant Contact	Linda	Marino	Facility Contact			
Applicant Phone			Facility Phone			
Client ID	370556 Sugar Grove Township		Site ID	813649		
Municipality			County	Warren		
SIC Code	8800		SIC Code	4952		
SIC Description	Private Households		SIC Description	Trans. & Utilities - Sewerage Syster		
Date Application Receiv	ved	June 3, 2022	WQM Required	Transfer pending		
Date Application Accep	ted	June 23, 2022	WQM App. No.	6216402 T-1		

Summary of Review

No violations are 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
V		William H. Mentzer	
Λ		William H. Mentzer, P.E. Environmental Engineering Specialist	June 23, 2022
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	July 5, 2022

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving	g Waters and Water Supply Infor	mation		
Outfall No.	_001	Design Flow (MGD)	0.0004	
Latitude DP/MP	41° 54' 23.45"	Longitude DP/MP	-79° 23' 1.51"	
Latitude NHD	41° 54' 28.37"	Longitude NHD	-79° 22' 39.54"	
Latitude Application	n _ 41º 54' 28.37"	Longitude Application	-79° 22' 39.54"	
Quad Name	Lottsville	Quad Code	0310	
Wastewater Descrip	otion: Treated single residence	domestic wastes		
Receiving Waters	Mead Run	Stream Code	55917	
NHD Com ID	112373803	RMI	1.3300	
Drainage Area	0.24	Yield (cfs/mi²)	0	
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis	Intermittent stream	
Elevation (ft)	1780	Slope (ft/ft)	0.006	
Watershed No.	16-B	Chapter 93 Class.	CWF	
Existing Use	statewide	Existing Use Qualifier	none	
Exceptions to Use	none	Exceptions to Criteria	none	
Comments				
Assessment Status	Attaining Use(s)			
Cause(s) of Impairn	ment			
Source(s) of Impair	ment			
TMDL Status		Name		
Background/Ambier	nt Data	Data Source		
pH (SU)				
Temperature (°F)				
Hardness (mg/L)	- <u></u>			
Other:				
Nearast Downstraa	m Public Water Supply Intake			
	Allegheny River	Flow at Intake (cfs)	1250	
	90.57	Distance from Outfall (mi)	96.50	
I VVO IXIVII	00.01	Distance from Outrali (IIII)	30.30	

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	
	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	XXX	1/year	Grab

Compliance Sampling Location: Outfall 001 after disinfection