

Northwest Regional Office CLEAN WATER PROGRAM

Application Type
Wastewater Type
Facility Type
Sewage
SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No. PA0264555

APS ID 1049249

Authorization ID 1372085

Applicant Name	cant Name Andrew McMichael		Facility Name	Andrew McMichael SRSTP		
Applicant Address	133 Route 44		Facility Address	133 Route 44		
	Shing	lehouse, PA 16748-3615	_	Shinglehouse, PA 16748-3615		
Applicant Contact	Andre	ew McMichael	_ Facility Contact			
Applicant Phone			Facility Phone			
Client ID	3284	18	Site ID	814840		
SIC Code	4952,	8800	Municipality	Ceres Township		
SIC Description	Private Households, Trans. & Utilities - Sewerage Systems		County	McKean		
Date Application Received		October 8, 2021	WQM Required	No		
Date Application Accepted		October 21, 2021	WQM App. No.			

Summary of Review

This is an existing discharge for an existing 3-bedroom home.

Act 14 - Proof of Notification was submitted and received.

Total Residual Chlorine (TRC) monitoring in included since the facility utilizes chlorine disinfection.

The EPA Waiver is in effect.

There are no open violations in WMS for the subject Client ID (328418) as of 11/30/2021.

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
Х		Jordan A. Frey, E.I.T. Jordan A. Frey, E.I.T. / Civil Engineer Trainee	December 1, 2021
Х		Justin C.Dickey Justin C. Dickey, P.E. / Environmental Engineer Manager	December 6, 2021

Discharge and Stream Data – 2 - Receiving Waters and PWS

scharge, Receiving	g Waters	s and Water Supply Info	rmation			
Outfall No. 001			Design Flow (MGD)	.0004		
Latitude 41° 5	9' 55.63	"	Longitude	-78º 15' 55.07"		
Quad Name Bu	llis Mills		_ Quad Code	41078H3		
Wastewater Descri	otion:	Sewage Effluent				
Receiving Waters	Oswa	yo Creek (WWF)	Stream Code	57116		
NHD Com ID	11236	1	RMI	0.1200		
Drainage Area 227			Yield (cfs/mi²)	0.1		
Q ₇₋₁₀ Flow (cfs) 22.7			Q ₇₋₁₀ Basis	Default		
Elevation (ft)	1438		Slope (ft/ft)			
Watershed No.	16-C		Chapter 93 Class.	WWF		
Existing Use Exceptions to Use			Existing Use Qualifier			
			Exceptions to Criteria			
Assessment Status		Attaining Use(s)				
Cause(s) of Impairr	nent					
Source(s) of Impair	ment					
TMDL Status			Name			
Background/Ambient Data			Data Source			
pH (SU) 7.0		Default				
Temperature (°F) 20			Default			
Hardness (mg/L) 100		Default				
Other:						
Nearest Downstrea	m Public	c Water Supply Intake	New York State Line			
PWS Waters Osewayo Creek			Flow at Intake (cfs)			
PWS RMI			Distance from Outfall (mi) 2.7			

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.

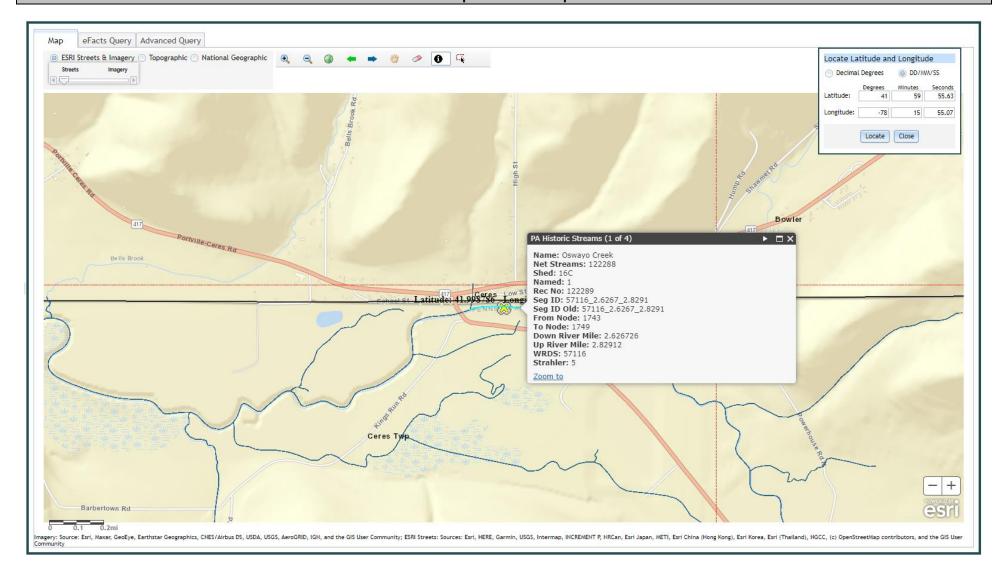
Outfall 001, Effective Period: Permit Effective Date through Permit Expiration Date.

	Effluent Limitations						Monitoring Requirements	
Parameter	Mass Units (lbs/day) (1)		Concentrations (mg/L)				Minimum ⁽²⁾	Required
r ai ailletei	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	XXX	XXX	XXX	Report Avg Mo	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.

Other Comments: Total Residual Chlorine (TRC) limits have been calculated and updated to reflect current standards, based on the TRC spreadsheet.

Attachment 1 eMap – Location Map



Attachment 2 Google Earth Imagery

