

 Application Type
 Renewal

 Wastewater Type
 Sewage

 Facility Type
 SRSTP

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0264733

 APS ID
 1045374

 Authorization ID
 1365103

### Applicant, Facility and Project Information

Applicant Name	Shirle	ey Foster	Facility Name	Shirley Foster SRSTP		
Applicant Address	2558 W Washington Street		Facility Address	2558 W Washington Street		
	Bradfo	ord, PA 16701-2417		Bradford, PA 16701-2417		
Applicant Contact	Peter	Lindstrom	Facility Contact			
Applicant Phone	(814) 362-1282		Facility Phone			
Client ID	33038	34	Site ID Municipality	817104 Corydon Township		
SIC Code	8800					
SIC Description	Private Households		County	McKean		
Date Application Rece	eived	August 3, 2021	WQM Required	N/A		
Date Application Accepted		August 18, 2021	WQM App. No.	4216406 (Existing WQM Permit)		
Project Description		NPDES permit renewal for a	Single Residence Sewage Ti	reatment Plant (SRSTP).		

### Summary of Review

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

Act 14 - Proof of Notification was submitted and received.

The EPA Waiver is in effect.

There are no open violations in WMS for the subject Client ID (330384) as of 10/06/2021.

#### **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	October 6, 2021	
х		Justin C. Dickey Justin C. Dickey, P.E. / Environmental Engineer Manager	October 18, 2021	

# Discharge and Stream Data - 2 - Receiving Waters and PWS

# Discharge, Receiving Waters and Water Supply Information

Outfall No. 001	Design Flow (MGD)	.0004 -78º 47' 42.30" 41078H7			
Latitude 41º 57' 33.58"	Longitude				
Quad Name Stickney	Quad Code				
Wastewater Description: Sewage Effluent					
Receiving Waters Willow Creek (HQ-CWF)	Stream Code	56875			
NHD Com ID 112366737	RMI	0.6800 0.1 Default  HQ-CWF  			
Drainage Area 5.69	Yield (cfs/mi <sup>2</sup> )				
Q <sub>7-10</sub> Flow (cfs) 0.57	Q <sub>7-10</sub> Basis				
Elevation (ft) 1675	Slope (ft/ft)				
Watershed No. <u>16-B</u>	Chapter 93 Class.				
Existing Use	Existing Use Qualifier				
Exceptions to Use	Exceptions to Criteria				
Assessment Status Attaining Use(s)					
Cause(s) of Impairment					
Source(s) of Impairment					
TMDL Status	Name	Name			
Background/Ambient Data	Data Source				
pH (SU) 7.0	Default	Default			
Temperature (°F) 20	Default				
Hardness (mg/L) 100	Default	Default			
Other:					
Nearest Downstream Public Water Supply Inta	ke Aqua Pennsylvania, Inc Em	lenton			
PWS Waters Allegheny River	Flow at Intake (cfs)				
PWS RMI 90.0	Distance from Outfall (mi)	Distance from Outfall (mi) >25			

Changes Since Last Permit Issuance: None.

Other Comments: Treatment consists of a Norweco Singulair Model 960 Aerobic Unit with UV disinfection permitted under WQM permit no. 4216406.

## Proposed Effluent Limitations and Monitoring Requirements

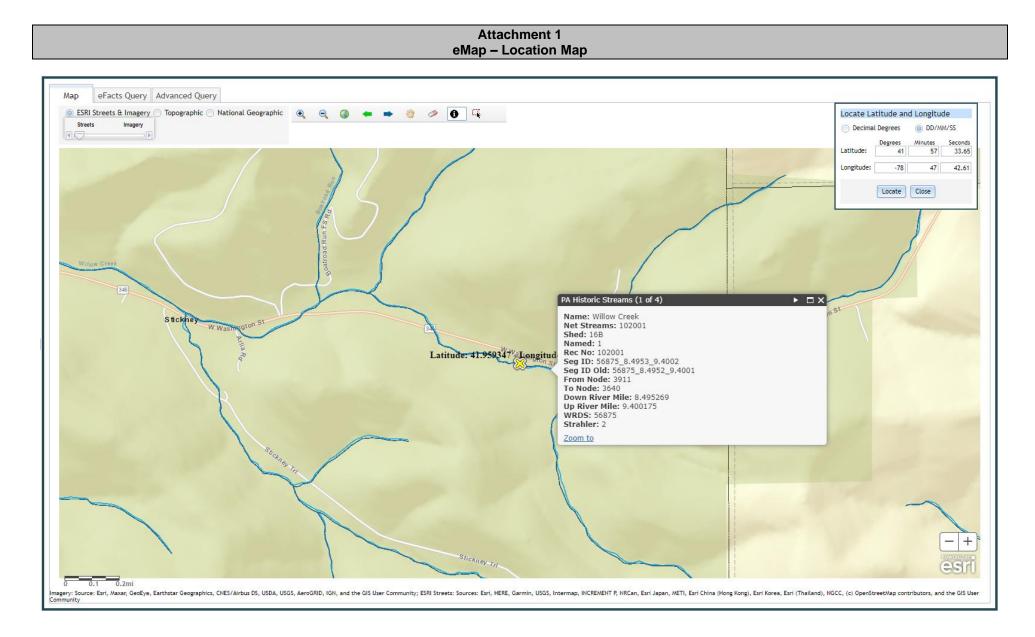
The limitations and monitoring requirements specified below are proposed for the draft permit, and reflect the most stringent limitations amongst technology, water quality and BPJ. Instantaneous Maximum (IMAX) limits are determined using multipliers of 2 (conventional pollutants) or 2.5 (toxic pollutants). 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 (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
рН (S.U.)	ххх	xxx	6.0 Inst Min	XXX	xxx	9.0	1/month	Grab
BOD5	ххх	xxx	xxx	10.0	xxx	20	1/year	Grab
TSS	ХХХ	xxx	xxx	10.0	xxx	20	1/year	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	XXX	1/year	Grab

Compliance Sampling Location: Outfall 001, after disinfection.

Other Comments: None.



Attachment 2 Google Earth Imagery

