

Northwest Regional Office CLEAN WATER PROGRAM

Application Type
Wastewater Type
Facility Type
Sewage
SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No. PA0264806

APS ID 1059624

Authorization ID 1389833

Applicant Name	cant Name Michael L Stempka		Facility Name	Michael L Stempka SRSTP		
Applicant Address	1022	4 Oliver Road	Facility Address	10224 Oliver Road		
	McKean, PA 16426-1905			McKean, PA 16426-1905		
Applicant Contact	Micha	ael Stempka	Facility Contact			
Applicant Phone	(814)	476-7155	Facility Phone			
Applicant E Mail	trapsl	nooter308@gmail.com	Facility E Mail			
Client ID	3084	18	Site ID	776851		
Municipality	McKe	ean Township	County	Erie		
SIC Code	8811		SIC Code	4952		
SIC Description	Servi	ces - Private Households	SIC Description	Trans. & Utilities - Sewerage Systems		
Date Application Received		March 4, 2022	WQM Required	Present permit is adequate		
Date Application Accepted		April 6, 2022	WQM App. No.			

Summary of Review

No violations are reported. The facility is pumped annually.

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 11, 2022
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	April 11, 2022

Discharge and Stream Data – 2 - Receiving Waters and PWS

ischarge, Receiving	g Waters	and Water Supply Inform	nation			
Outfall No.	001		Design Flow (MGD)	0.0004		
Latitude DP	41º 58	8.14"	Longitude DP	-80° 6' 53.36"		
Latitude NHD	41º 58	11.19	Longitude NHD	-80º 6' 56.11		
Quad Name	Cambr	idge Springs NE	Quad Code	0305		
Wastewater Descrip	otion: _	Treated single residence d	domestic wastes			
Receiving Waters	Unnam	ned Tributary of Lamson Ru	un Stream Code	unknown		
NHD Com ID	123920		RMI	0.15		
Drainage Area	-	es 0.01 square miles	Yield (cfs/mi²)	0		
Q_{7-10} Flow (cfs)	0.1 40.	oo o.o r oquaro minoo	Q ₇₋₁₀ Basis	Dry stream		
Elevation (ft)	1400.0		Slope (ft/ft) Chapter 93 Class. Existing Use Qualifier Exceptions to Criteria	Dry otroum		
Watershed No.	15-A			CWF, MF		
Existing Use	statew	vide		none		
Exceptions to Use	none					
Comments		Confluence with 62591 at	t 0.35 mile above 62593 at 62591 RMI 2.03.			
Assessment Status Cause(s) of Impair Source(s) of Impair	nent	Attaining Use(s)				
TMDL Status			Name			
Background/Ambient Data pH (SU)			Data Source			
Temperature (°F)						
Hardness (mg/L)						
Other:						
Nearest Downstrea	m Public	: Water Supply Intake	City of Erie			
PWS Waters L	_ake Erie		Flow at Intake (cfs) NA			

Changes Since Last Permit Issuance: 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
Faidilletei	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum	Measurement S 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	XXX	1/year	Grab

Compliance Sampling Location: Outfall 001 after disinfection

Other Comments: See AMR for UV radiation requirements