

Northwest Regional Office CLEAN WATER PROGRAM

Application Type

Wastewater Type

Facility Type

Renewal

Sewage

SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No. PA0264873

APS ID 1061485

Authorization ID 1392796

Applicant Name	Kimb	erly Cook	Facility Name	Kimberly Cook SRSTP	
Applicant Address	1518	Old State Road	Facility Address	1518 Old State Road	
	Wate	rford, PA 16441-3906		Waterford, PA 16441-3906	
Applicant Contact	Kimb	erly Cook	Facility Contact		
Applicant Phone	814-7	796-2261	Facility Phone		
Applicant E Mail			Facility E Mail		
Client ID	3695	04	Site ID	815552	
Municipality	Wate	rford Township	County	Erie	
SIC Code	8800		SIC Code	4952	
SIC Description	Priva	te Households,	SIC Description	Trans. & Utilities - Sewerage Systems	
Date Application Received		April 14, 2022	WQM Required	Transfer pending	
Date Application Acc	epted	April 28, 2022	WQM App. No.	2516414 T-1	

Summary of Review

No violations reported. Facility installation as of September 18, 2018.

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
		William H. Mentzer	
^		William H. Mentzer, P.E. Environmental Engineering Specialist	June 28, 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

scharge, Receiving	g Waters and Water Supply Informati	ion		
Outfall No.	001	Design Flow (MGD)	.0005	
Latitude DP	41º 55' 55.68"	Longitude DP	-80° 2' 0.72"	
Latitude NHD	41º 55' 56.20"	Longitude NHD	-80° 2' 0.48" 0305	
Quad Name	Cambridge Springs NE	Quad Code		
Wastewater Descri	ption: Treated single residence dom	estic wastes		
Receiving Waters	Unnamed Tributary to French Creek	Stream Code	53461	
NHD Com ID	127344838	RMI	0.9800	
Drainage Area	0.44	Yield (cfs/mi²)	0.06	
Q ₇₋₁₀ Flow (cfs)	0.03	Q ₇₋₁₀ Basis	French Creek at Utica 0.01353	
Elevation (ft)	1279.5	Slope (ft/ft)		
Watershed No.	16-A	Chapter 93 Class.	WWF	
Existing Use	statewide	Existing Use Qualifier Exceptions to Criteria	none none	
Exceptions to Use	none			
Comments	The stream to waste flow 35:1.			
Assessment Status				
Cause(s) of Impairr				
Source(s) of Impair	ment			
TMDL Status		Name		
Background/Ambie pH (SU)	nt Data D	ata Source		
Temperature (°F)				
Hardness (mg/L)				
Other:				
Ouigi.				
Nearest Downstrea	ım Public Water Supply Intake C	ambridge Springs Borough		
Nearest Downstrea				
	French Creek	Flow at Intake (cfs)	NA	

Changes Since Last Permit Issuance: none

Other Comments: No water intake impacts expected.

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 (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: after disinfection

Other Comments: See AMR for UV radiation requirements