

# Northwest Regional Office CLEAN WATER PROGRAM

Application Type
Wastewater Type
Facility Type

Renewal
Sewage
MISF1

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0265411

 APS ID
 1068147

 Authorization ID
 1404385

Applicant Name	Robert D Adams	Facility Name	Robert Adams SRSTP		
Applicant Address	12940 Cherry Hill Road	Facility Address	12940 Cherry Hill Road		
	Albion, PA 16401-9717		Albion, PA 16401-9717		
Applicant Contact	Robert Adams	Facility Contact			
Applicant Phone	(814) 756-5957	Facility Phone			
Applicant E Mail	osubob24@windstream.net	Facility E Mail			
Client ID	338864	Site ID	765489		
Municipality	Conneaut Township	County	Erie		
SIC Code	8800	SIC Code	4952		
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems		
Date Application Red	eived July 25, 2022	WQM Required	Current permit is adequate		
Date Application Acc	epted August 8, 2022	WQM App. No.	2517412		

#### **Summary of Review**

No violations are reported. The application reported 37.1-mg/L BOD5, 121-mg/L TSS and 691#/100-ml fecal coliform. Subsequent ECHD inspection shows no permit violations. Treatment design is 600-GPD based on a 5- bedroom residence.

Facility start-up on May 17, 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
V		William H. Mentzer	
		William H. Mentzer, P.E.	
		Environmental Engineering Specialist	December 29, 2022
X		vacant Program Manager	Okay to Draft JCD 1/11/2023

Discharge and Stream Data – 2 - Receiving Waters and PWS

ischarge, Receivin	g Waters and Water Supply Inforr	nation		
Outfall No.	001	Design Flow (MGD)	0.0006	
Latitude DP	41º 54' 46.67"	Longitude DP	-80° 26' 38.88"	
Latitude NHD	41° 54' 46.45"	Longitude NHD	-80° 26' 38.23"	
Quad Name	East Springfield	Quad Code	0302	
Wastewater Descri	ption: Treated single residence of	domestic wastes		
Receiving Waters	Unnamed Tributary to Conneaut	Creek Stream Code	63389	
NHD Com ID	123922065	RMI	0.6100	
Drainage Area	0.13	Yield (cfs/mi²)	0.01	
Q <sub>7-10</sub> Flow (cfs)	0.00187	Q <sub>7-10</sub> Basis	Conneaut Creek	
Elevation (ft)	877.24	Slope (ft/ft)	0.013065	
Watershed No.	15-A	Chapter 93 Class.	CWF, MF	
Existing Use	statewide	Existing Use Qualifier	<del></del>	
Exceptions to Use	none	Exceptions to Criteria		
Comments	NHD and DP location limited by p	precision		
Assessment Status				
Cause(s) of Impairr				
Source(s) of Impair	ment			
TMDL Status		Name		
Background/Ambient Data pH (SU)		Data Source		
Temperature (°F)				
Hardness (mg/L)				
Other:				
Nearest Downstrea	ım Public Water Supply Intake	State of Ohio		
	Conneaut Creek	•	6.24	
PWS RMI	24.4	Distance from Outfall (mi)		

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	Mass Units (lbs/day) (1)		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
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 disinfection requirements