

 Application Type
 Renewal

 Wastewater Type
 Sewage

 Facility Type
 SRSTP

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0265497

 APS ID
 1092817

 Authorization ID
 1447282

### Applicant, Facility and Project Information

Applicant Name	Michael J Sutherland	Facility Name	Michael Sutherland SRSTP 461 Indian Creek Road		
Applicant Address	469 Indian Creek Road	Facility Address			
	Eldred, PA 16731-4011		Eldred, PA 16731-4011		
Applicant Contact	Michael Sutherland	Facility Contact			
Applicant Phone	(814) 558-1330	Facility Phone			
Applicant E Mail	mjsutherland@verizon.net	Facility E Mail			
Client ID	372168	Site ID	825343		
Municipality	Eldred Township	County	McKean		
SIC Code	8800	SIC Code	4952		
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems		
Date Application Re	ceived June 20, 2023	WQM Required	Present permit is adequate		
Date Application Acc	cepted July 18, 2023	WQM App. No.	4217407		

#### Summary of Review

No open violations. 7/24/2023 CWY This renewal is to resolve a May 17, 2023 NOV for a discharge without an NPDES permit as the permit was expired.

#### 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
X		<i>William H. Mentzer</i> William H. Mentzer, P.E. Environmental Engineering Specialist	July 18, 2023
X		Chad W. Yurisic Chad W. Yurisic, P.E. Environmental Engineer Manager	7/24/2023

# Discharge and Stream Data $-\,2$ - Receiving Waters and PWS

Discharge, Receiving	g Waters and Water Supply Inform	ation			
Outfall No.	001	Design Flow (MGD)	.0004		
Latitude DP	41º 58' 43.70"	Longitude DP	-78º 25' 0.49"		
Latitude NHD	41º 58' 47.33"	Longitude NHD	-78º 24' 51.42"		
Quad Name	Eldred	Quad Code	0318		
Wastewater Descrip	otion: Treated single residence do	omestic wastes			
Receiving Waters	Unnamed tributary to Indian Creek		unknown		
NHD Com ID	112363493	RMI	0.17		
Drainage Area	0.17-square mile	Yield (cfs/mi <sup>2</sup> )	0		
Q <sub>7-10</sub> Flow (cfs)	0	Q <sub>7-10</sub> Basis	Dry stream		
Elevation (ft)	1488.00	Slope (ft/ft)	0.0379		
Watershed No.	16-C	Chapter 93 Class.	CWF		
Existing Use	statewide	Existing Use Qualifier	none		
Exceptions to Use	none	Exceptions to Criteria	none		
Comments	Tributary confluence at Indian Cree	ek RMI 1.466027 (NHD Node RMI 0.03).			
Assessment Status	Not Assessed				
Cause(s) of Impairn	nent				
Source(s) of Impair	ment				
TMDL Status		Name			
Background/Ambier	nt Data	Data Source			
pH (SU)					
Temperature (°F)					
Hardness (mg/L)					
Other:					
Noaroct Downstroo	m Dublic Water Supply Inteks	State of New York			
	m Public Water Supply Intake				
	Allegheny River				
	260.74	Distance from Outfall (mi)	8.126		

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	lass Units (Ibs/day) <sup>(1)</sup>		Concentrations (mg/L)			Minimum <sup>(2)</sup>	Required
Faidifieter	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum	Measurement S	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	ххх	XXX	XXX	10.0	XXX	20.0	1/year	Grab
TSS	ххх	xxx	XXX	10.0	XXX	20.0	1/year	Grab
Fecal Coliform (No./100 ml)	ХХХ	XXX	XXX	200	XXX	XXX	1/year	Grab

Compliance Sampling Location: Outfall 001 after disinfection