

## Northwest Regional Office CLEAN WATER PROGRAM

Application Type
Wastewater Type
Facility Type
Sewage
SRSTP

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No. PA0265748

APS ID 1078178

Authorization ID 1421996

pplicant Name	Keith	Hodinko	Facility Name	Keith Hodinko SRSTP
pplicant Address	10115 Oliver Road		Facility Address	10115 Oliver Road
	Mckean, PA 16426-1904			Mckean, PA 16426
pplicant Contact	Keith Hodinko		Facility Contact	
pplicant Phone	(814)	450-1815	Facility Phone	
lient ID	3407	39	Site ID	826536
IC Code	8800		Municipality	McKean Township
IC Description	Priva	te Households	County	_Erie
Date Application Received		December 16, 2022	WQM Required	
Date Application Accepted		WQM App. No.		

#### **Summary of Review**

This is a renewal of an existing SRSTP permit. Treatment consists of (WQM Permit No. 2518403): Norweco Singulair Model 960 Aerobic unit, Norwecco Bio Film Reactor and a Salcor UV disinfection.

There are no open violations in WMS for the subject Client ID (370739) as of 4/3/2023 4/6/2023 CWY

The EPA Waiver is in effect.

### **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. / Project Manager	April 3, 2023
Х		Chad W. Yurisic Chad W. Yurisic, P.E. / Environmental Engineer Manager	4/6/2023

Discharge and Stream Data – 2 - Receiving Waters and PWS

Outfall No. 001		Design Flow (MGD)	.0005 -80° 6' 35.26" 41080H1		
Latitude 41° 58	8' 31.54"	Longitude			
Quad Name <u>Cam</u>	nbridge Springs	Quad Code			
Wastewater Descript	tion: Sewage Effluent				
	Unnamed Tributary of Lamson	on Run			
Receiving Waters	(CWF, MF)	Stream Code	62587		
NHD Com ID	123920399	RMI	0.6100		
Drainage Area	0.12	Yield (cfs/mi²)	0.1		
Q <sub>7-10</sub> Flow (cfs)	0.01	Q <sub>7-10</sub> Basis	Default		
Elevation (ft)	1399	Slope (ft/ft)			
Watershed No.	15-A	Chapter 93 Class.	CWF, MF		
Existing Use _		Existing Use Qualifier			
Exceptions to Use _		Exceptions to Criteria			
Assessment Status	Attaining Use(s)				
Cause(s) of Impairme	ent				
Source(s) of Impairm	nent				
TMDL Status		Name			
Background/Ambient	t Data	Data Source			
pH (SU) 7.0		Default			
Temperature (°F)	20	Default			
Hardness (mg/L)	100	Default			
Other:					
Nearest Downstream	n Public Water Supply Intake	Erie Water Works			
PWS Waters La	ake Erie (Chestnut and West)	Flow at Intake (cfs)	N/A		
PWS RMI N/A		Distance from Outfall (mi)	25.9		

Changes Since Last Permit Issuance: None.

Other Comments:

### **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.

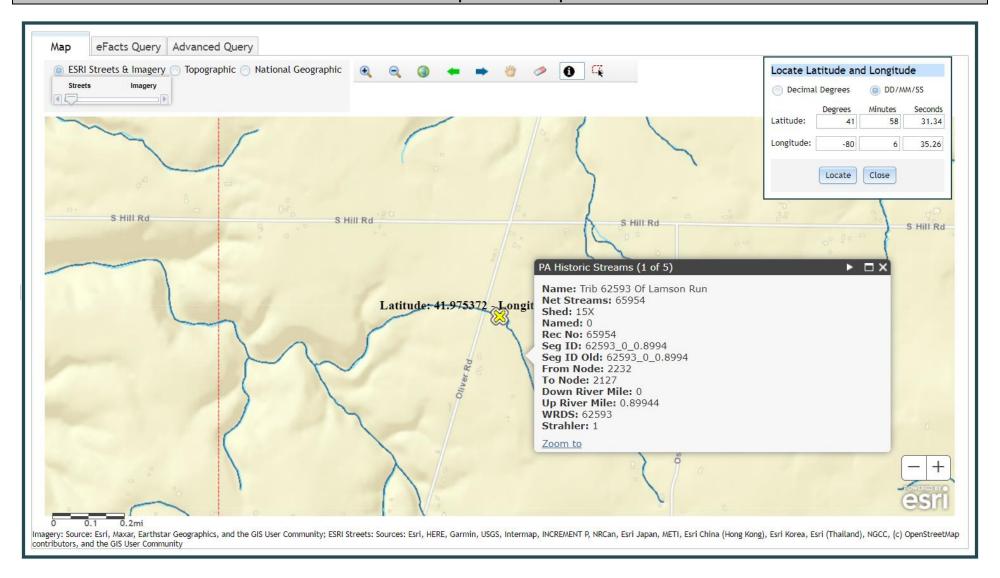
### Outfall 001, Effective Period: Permit Effective Date through Permit Expiration Date.

	Effluent Limitations					Monitoring Requirements		
Parameter	Mass Units (lbs/day) (1)		Concentrations (mg/L)			Minimum <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	1/year	Grab
TSS	XXX	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 1 eMap – Location Map



# Attachment 2 Google Earth Imagery

