

# Northwest Regional Office CLEAN WATER PROGRAM

Application Type	Renewal
Wastewater Type	Sewage
Facility Type	SRSTP

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0271365

 APS ID
 1103051

 Authorization ID
 1465866

Applicant Name	Mich	ael L Yohe	Facility Name	Michael Yohe SRSTP
Applicant Address	5 Yol	ne Road	Facility Address	5 Yohe Road
	Bradf	ford, PA 16701		Bradford, PA 16701
Applicant Contact	Micha	ael Yohe	Facility Contact	
Applicant Phone	(814)	368-6307	Facility Phone	
Applicant E Mail			Facility E Mail	
Client ID	3414	20	Site ID	824339
Municipality	Cory	don Township	County	McKean
SIC Code	8800		SIC Code	4952
SIC Description	Priva	te Households	SIC Description	Sewage Treatment
Date Application Red	eived	December 6, 2023	WQM Required	Existing permit
Date Application Acc	epted	December 16, 2023	WQM App. No.	4218401

#### **Summary of Review**

No open violations. The application is to resolve a expired permit violation.

#### **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	January 29, 2024
<b>\</b>			
			Okay to Draft
		Environmental Engineer Manager	JCD 1/30/2024

Discharge, Receivin	g Waters and Water Supply Informa	ation		
Outfall No.	001	Design Flow (MGD)	.0004	
Latitude DP	41° 58′ 31.00	Longitude DP	-78° 52' 24.00"	
Latitude NHD	41° 58' 30.12"	Longitude NHD	-78° 52' 21.61"	
Quad Name	Stickney	Quad Code	0315	
Wastewater Descri	ption: Treated single residence do	mestic wastes		
Receiving Waters	Unnamed Tributary to Willow Creek	Stream Code	56892	
NHD Com ID	112366625	RMI	0.04	
Drainage Area	0.47	Yield (cfs/mi²)	0.11	
Q <sub>7-10</sub> Flow (cfs)	0.0495	Q <sub>7-10</sub> Basis	Brokenstraw Creek	
Elevation (ft)	1462.77	Slope (ft/ft)	0.0996	
Watershed No.	_16-B	Chapter 93 Class.	HQ-CWF	
Existing Use	statewide	Existing Use Qualifier Exceptions to Criteria	none	
Exceptions to Use	none		none	
Comments	Downstream Node RMI 0.19			
Assessment Status	Attaining Use(s)			
Cause(s) of Impair	ment			
Source(s) of Impair	ment			
TMDL Status		Name		
Background/Ambie	nt Data	Data Source		
pH (SU)				
Temperature (°F)				
Hardness (mg/L)				
Other:	<u> </u>			
Nooroet Downstree	am Public Water Supply Intake	Aqua Pa Emlenton		
	Allegheny River	Flow at Intake (cfs)	1250	
_	90.57	Distance from Outfall (mi)	125.89	
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Changes Since Last Permit Issuance: none

Other Comments: none

This is an existing and previously approved discharge to a High-Quality watershed. No expansion or changes to effluent quantity or quality are proposed. Therefore, no additional anti-degradation review should be required. JCD

## **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 (MGD)	Report Annl Avg	XXX	XXX	XXX	XXX	XXX	1/year	Estimate
pH (S.U.)	XXX	XXX	6.0 Inst Min	XXX	XXX	9.0 Daily Max	1/month	Grab
Biochemical Oxygen Demand (BOD5)	XXX	XXX	XXX	10.0	XXX	20.0	1/year	Grab
Total Suspended Solids	XXX	XXX	XXX	10.0	XXX	20.0	1/year	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	1000	1/year	Grab

Compliance Sampling Location: Outfall 001 after disinfection