

## Northwest Regional Office CLEAN WATER PROGRAM

Application Type

Wastewater Type

Facility Type

Renewal

Sewage

SRSTP

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No.
APS ID
Authorization ID
1079348
1424138

Applicant Name	Christ	ina Young	Facility Name	Christina Young SRSTP	
Applicant Address	89 Patterson School Road		Facility Address	89 Patterson School Road	
	Grove	City, PA 16127-4931		Grove City, PA 16127	
Applicant Contact	Christi	na Young	Facility Contact		
Applicant Phone	(724) 9	997-8887	Facility Phone		
Client ID	34150	1	Site ID	825186	
SIC Code	8800		Municipality	Pine Township	
SIC Description	Private	Households	County	Mercer	
Date Application Rece	eived	January 10, 2023	WQM Required		
Date Application Accepted		WQM App. No.	4318403		

### **Summary of Review**

This is a permit renewal for an existing 3-bedroom home.

Act 14 - Proof of Notification was submitted and received.

Proposed treatment will consist of (WQM Permit No. 4318403): a Norweco Singulair Model 960-500 aerobic unit, Norweco Bio Film Bioreactor, tablet chlorinator and a 500-gallon chlorine contact tank. Design flow is 0.0004 MGD.

The EPA Waiver is in effect.

There are no open violations in WMS for the subject Client ID (341501) as of 3/29/2023. 4/19/2023 CWY

#### **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	March 29, 2023
X		Chad W. Yurisic Chad W. Yurisic, P.E. / Environmental Engineer Manager	4/19/2023

Discharge and Stream Data – 2 - Receiving Waters and PWS

ischarge, Receiving Waters and Wa	upply Information
Outfall No. 001	Design Flow (MGD)0004
Latitude 41º 11' 22"	Longitude80° 1' 13"
Quad Name Grove City	Quad Code 4180B1
Wastewater Description: Sewage	ent
Unnamed Tribu	
Receiving Waters (CWF)	Stream Code
NHD Com ID <u>126219180</u>	RMI0.1400
Drainage Area 0.98	Yield (cfs/mi²) 0.1
Q <sub>7-10</sub> Flow (cfs) 0.098	Q <sub>7-10</sub> BasisDefault
Elevation (ft) 1377	Slope (ft/ft)
Watershed No. 20-C	Chapter 93 Class. CWF
Existing Use	Existing Use Qualifier
Exceptions to Use	Exceptions to Criteria
Assessment Status Attaining	(s)
Cause(s) of Impairment	
Source(s) of Impairment	
TMDL Status	Name
Background/Ambient Data	Data Source
pH (SU) 7.0	Default
Temperature (°F) 20	Default
Hardness (mg/L) 100	Default
Other:	
Nearest Downstream Public Water S	Intake PA American Water Company – Ellwood City
PWS Waters Slippery Rock Cre	Flow at Intake (cfs) 53.1
PWS RMI 0.1	Distance from Outfall (mi)

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.

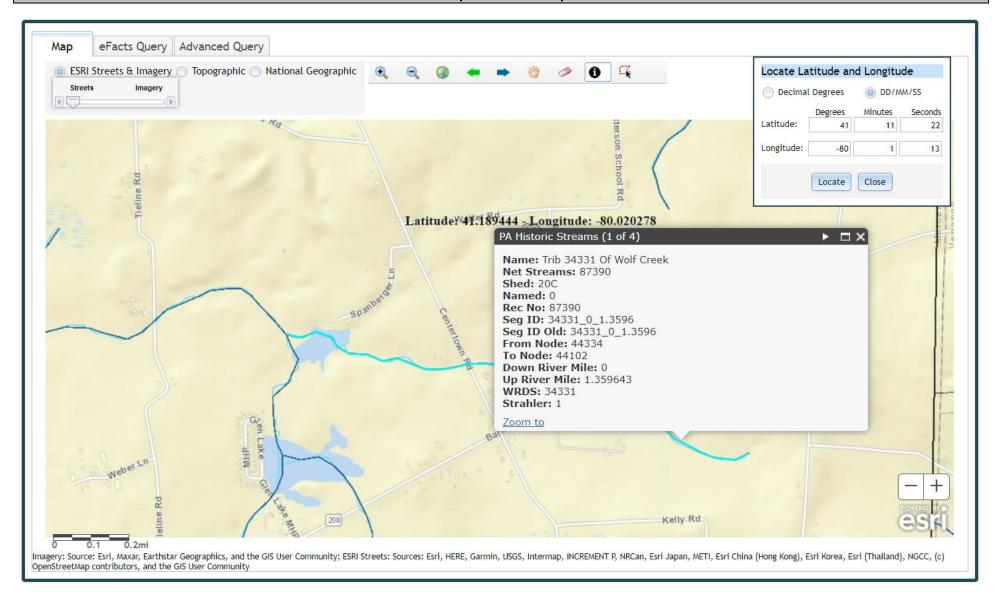
### Outfall 001, Effective Period: Permit Effective Date through Permit Expiration Date.

	Effluent Limitations						Monitoring Requirements	
Parameter	Mass Units (lbs/day) (1)		Concentrations (mg/L)				Minimum <sup>(2)</sup>	Required
Farameter	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum	Measurement Frequency	Sample Type
Flow (MGD)	Report Daily Min	XXX	XXX	XXX	XXX	XXX	1/year	Estimate
pH (S.U.)	XXX	XXX	6.0 Daily Min	XXX	9.0 Daily Max	XXX	Upon Request	Grab
TRC	XXX	XXX	XXX	Report	XXX	XXX	1/month	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	1000	1/year	Grab

Compliance Sampling Location: Outfall 001 (after disinfection)

Other Comments: None

# Attachment 1 eMap – Location Map



# Attachment 2 Google Earth Imagery

