

## Northwest Regional Office CLEAN WATER PROGRAM

Application Type

Wastewater Type

Facility Type

New

Sewage

SRSTP

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0272451

 APS ID
 998088

 Authorization ID
 1281569

Applicant Name	Jonathan Crumbacher	Facility Name	Jonathan Crumbacher SRSTP
Applicant Address	816 Hamburg Road	Facility Address	816 Hamburg Road
	Fredonia, PA 16124-1818		Fredonia, PA 16124
Applicant Contact	Jonathan Crumbacher	Facility Contact	
Applicant Phone	(724) 699-9342	Facility Phone	
Client ID	351368	Site ID	836993
Municipality	Delaware Township	County	Mercer
SIC Code	8800	SIC Code	4952
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems
Application Received	July 11, 2019	WQM Required	Pending coco filter
Application Accepted	August 5, 2019	WQM App. No.	4319409

#### **Summary of Review**

No reported violations.

UV radiation disinfection with the small flow advanced treatment effluent requirements.

#### **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		William H. Mentzer, P.E. Environmental Engineering Specialist	August 5, 2019
X		Justin C. Dickey, P.E. Environmental Engineer Manager	

Discharge, Receiving Waters and Water Supply Information					
Outfall No.	001	Design Flow (MGD)	0.0005		
Latitude NHD	41° 19' 50.68"	Longitude NHD	-80° 20' 0.32"		
Latitude DP	41° 19' 50.83"	Longitude DP	-80° 19 42.78"		
Quad Name	Fredonia	Quad Code	0803		
Wastewater:	Treated single residence domestic	wastes			
Receiving Waters	Unnamed tributary to Lawango Ru	ın Stream Code	unknown		
NHD Com ID	130025810	RMI	0.27		
Drainage Area	0.1	Yield (cfs/mi²)	0		
Q <sub>7-10</sub> Flow (cfs)	0	Q <sub>7-10</sub> Basis	_Dry stream		
Elevation (ft)	1104.20	Slope (ft/ft)	0.0885		
Watershed No.	_20A	Chapter 93 Class.	Warm Water Fish		
Existing Use	statewide	Existing Use Qualifier	none		
Exceptions to Use	none	Exceptions to Criteria	none		
Comments	The secondary waters are Lawang	go Run 36089 RMI 0.92 (node l	RMI 0.81).		
Assessment Status	Attaining Use(s)				
Cause(s) of Impairr	ment				
Source(s) of Impair	ment				
TMDL Status		Name			
Background/Ambie	nt Data	Data Source			
pH (SU)					
Temperature (°F)					
Hardness (mg/L)					
Other:					
Nearest Downstrea	m Public Water Supply Intake	Aqua PA			
PWS Waters	Shenango River	Flow at Intake (cfs)	NA		
PWS RMI 2	29.45	Distance from Outfall (mi)	19.69		

Changes Since Last Permit Issuance: NA

Other Comments: No water supply impairment expected.

### **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 (Ibs/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
pН	XXX	XXX	Inst. Min 6.0	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