

## Northwest Regional Office CLEAN WATER PROGRAM

Application Type Renewal

Wastewater Type Sewage

Facility Type SRSTP

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0272876

 APS ID
 848674

 Authorization ID
 1271744

Applicant Name	Donald Hull	Facility Name	Donald Hull SRSTP
Applicant Address	58 Hamlin Street	Facility Address	Ice Pond Brook
	Smethport, PA 16749-1712		Smethport, PA 16749
Applicant Contact	Donald Hull	Facility Contact	
Applicant Phone	814-568-2143	Facility Phone	814-568-2143
Applicant E mail	none	Facility E mail	none
Client ID	313811	Site ID	777260
Municipality	Keating Township	County	McKean
SIC Code	8800	SIC Code	4952
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems
Application Received	May 2, 2019	WQM Required	No, the existing facility is adequate
Application Accepted	May 8, 2019	WQM No.	

#### **Summary of Review**

No violations listed in eFACTS®.

The applicant was called on May 7, 2020 determining that the applicant is a senior citizen with no e mail and the site is used annually as a hunting camp. Consequently, no discharge is available for analysis.

#### **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 William H. Mentzer, P.E. Environmental Engineering Specialist	May 11, 2020
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	June 1, 2020

		n		
Outfall No.	001	Design Flow (MGD)	0.0004	
Latitude NHD	41° 49' 18.47"	Longitude NHD	-78° 27' 10.29""	
Latitude DP	41° 49' 15.80"	Longitude DP	-78° 27' 9.10""	
Quad Name	Smethport	Quad Code	0418	
Wastewater:	Treated single residence domestic was			
D		0. 0.1		
Receiving Waters	Unnamed tributary to Ice Pond Brook	Stream Code	unknown	
NHD Com ID	112371353	RMI	0.0.5200	
Drainage Area	0.1	Yield (cfs/mi <sup>2</sup> )	O Dry stream  Cold Water Fishes none	
Q <sub>7-10</sub> Flow (cfs)	0	Q <sub>7-10</sub> Basis		
Elevation (ft)	1740	Slope (ft/ft)		
Watershed No.	16C	Chapter 93 Class.		
Existing Use	statewide	Existing Use Qualifier		
Exceptions to Use	none	Exceptions to Criteria	none	
Comments	The discharge is to at intermittent stream	am node RMI 0.52 with a 0.34-square mile drainage		
The GIS map show	s the Blacksmith Run basin a CWF. Prev	vious reviews classified the	receiving waters as HQ-	
CWF Blacksmith R	un above the Smethnort water intake is	a HQ-CWF according to th	e Chapter 93 Drainage List P	
C.T. Diagnomini	dir above the officinport water intake is t		·	
STATE DIGORDITHET IN	an above the omethport water intake is	<u> </u>		
Assessment Status		v		
	Impaired	-		
Assessment Status	Impaired ment CAUSE UNKNOWN, NUTRIEN	ITS, SILTATION		
Assessment Status Cause(s) of Impairr	Impaired ment CAUSE UNKNOWN, NUTRIEN	ITS, SILTATION		
Assessment Status Cause(s) of Impairr Source(s) of Impair	Impaired ment CAUSE UNKNOWN, NUTRIEN	ITS, SILTATION OF RIPARIAN VEGETATION		
Assessment Status Cause(s) of Impairr Source(s) of Impair	Impaired  ment CAUSE UNKNOWN, NUTRIEN  ment GOLF COURSES, REMOVAL 0	ITS, SILTATION OF RIPARIAN VEGETATION		
Assessment Status Cause(s) of Impairr Source(s) of Impair TMDL Status Background/Ambie	Impaired  ment CAUSE UNKNOWN, NUTRIEN  ment GOLF COURSES, REMOVAL 0	ITS, SILTATION OF RIPARIAN VEGETATION Name		
Assessment Status Cause(s) of Impairr Source(s) of Impair TMDL Status Background/Ambie pH (SU)	Impaired  ment CAUSE UNKNOWN, NUTRIEN  ment GOLF COURSES, REMOVAL 0	ITS, SILTATION OF RIPARIAN VEGETATION Name		
Assessment Status Cause(s) of Impairr Source(s) of Impair TMDL Status Background/Ambie pH (SU) Temperature (°F)	Impaired  ment CAUSE UNKNOWN, NUTRIEN  ment GOLF COURSES, REMOVAL 0	ITS, SILTATION OF RIPARIAN VEGETATION Name		
Assessment Status Cause(s) of Impairr Source(s) of Impair TMDL Status  Background/Ambie pH (SU) Temperature (°F) Hardness (mg/L)	Impaired  ment CAUSE UNKNOWN, NUTRIEN  ment GOLF COURSES, REMOVAL 0	ITS, SILTATION OF RIPARIAN VEGETATION Name		
Assessment Status Cause(s) of Impairr Source(s) of Impair TMDL Status Background/Ambie pH (SU) Temperature (°F)	Impaired  ment CAUSE UNKNOWN, NUTRIEN  ment GOLF COURSES, REMOVAL 0	ITS, SILTATION OF RIPARIAN VEGETATION Name		
Assessment Status Cause(s) of Impairr Source(s) of Impair TMDL Status  Background/Ambie pH (SU) Temperature (°F) Hardness (mg/L) Other:	Impaired  ment CAUSE UNKNOWN, NUTRIEN  ment GOLF COURSES, REMOVAL 0	ITS, SILTATION OF RIPARIAN VEGETATION Name		
Assessment Status Cause(s) of Impairr Source(s) of Impair TMDL Status Background/Ambie pH (SU) Temperature (°F) Hardness (mg/L) Other:	Impaired  ment CAUSE UNKNOWN, NUTRIEN  ment GOLF COURSES, REMOVAL (  nt Data Dat  ment Data Dat	ITS, SILTATION OF RIPARIAN VEGETATION Name		

Changes Since Last Permit Issuance: none

Other Comments: No water supply impairment is 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 (lbs/day) (1)		Concentrations (mg/L)			Minimum (2)	Required	
	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum	Measurement San	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
TRC	XXX	XXX	XXX	Report	XXX	XXX	1/month	Grab
CBOD5	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