

Northwest Regional Office CLEAN WATER PROGRAM

Application Type
Wastewater Type
Facility Type
Sewage
SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0272906

 APS ID
 846145

 Authorization ID
 1285158

Applicant Name	Joseph Albright	Facility Name	Joseph Albright SRSTP		
Applicant Address	126 Purvis Road	Facility Address	126 Purvis Road		
	Butler, PA 16001-8332		Butler, PA 16001-8332		
Applicant Contact	Joseph Albright	Facility Contact			
Applicant Phone	(724) 822-3094 email: albrightdenise@zoominternet.net	Facility Phone			
Client ID	313204	Site ID	780683		
Municipality	Franklin Township	County	Butler		
SIC Code	8800	SIC Code	4952		
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems		
Application Received	August 15, 2019	WQM Required	Yes, Present permit should be adequate		
Application Accepted	September 9, 2019	WQM App. No.	1014402		

Summary of Review

Planning (N6-13-072, dated 25 April 2014) approval is for a two three-bedroom homes at 700-gpd. Expected permit coverage was through general permits. Prior to construction the general permits were rescinded and individual permits issued. Conversion to individual permit reduced the design flow to 600-gpd through the WQM permit application and NSF treatment facility review.

Treatment is: NORWECO Singulair Green 960-500 aerobic unit with chlorination and NORWECO Kinetic Bio Film Reactor

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	September 9, 2019
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	July 7, 2020

Outfall No	001	Dooign	Flow (MCD)	0.0006	
Outfall No.	001		Flow (MGD)	0.0006	
Latitude NHD	40° 53' 20.84" 40° 53' 25.67"		ide NHD	-79º 58' 33.48"	
Latitude DP		Longitu		-79° 58' 26.63"	
Quad Name	Mount Chestnut	Quad C	ode	1106	
Wastewater:	Treated domestic	wastewaters			
Receiving Waters	Unnamed Tributary to Lit	tle Connoguenessin	g Code u	ınknown	
NHD Com ID	1288.65	RMI			
Drainage Area	0.1	Yield (cfs/mi²)	<u></u>	0.05	
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis		ry stream	
Elevation (ft)	1267.09	Slope (ft/ft)		02686	
Watershed No.	20C	Chapter 93 Cla		old Water Fish	
Existing Use	Statewide	Existing Use C	· · · · · · · · · · · · · · · · · · ·	one	
3		_		none	
Exceptions to Use	None	Exceptions to	Criteria no	one	
•	None A dry stream discha	Exceptions to (
Comments	A dry stream discha	 irge via road drainag	ge and a drainage	e swale to intermittent stream	
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Changes Since Last Permit Issuance: none

Other Comments: no downstream water use impairments are 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	
Farameter	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	1/year	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	XXX	1/year	Grab

Compliance Sampling Location: Outfall 001