

# Northwest Regional Office CLEAN WATER PROGRAM

Application Type
Wastewater Type
Facility Type
Sewage
SFTF

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0273139

 APS ID
 1023343

 Authorization ID
 1327227

Applicant Name	Dennis & Diann Frampton	Facility Name	Dennis & Diann Frampton SFTF
Applicant Address	246 Devore Drive	Facility Address	13974 N Wayland Road
	Meadville, PA 16335-1412		Meadville, PA 16335-9364
Applicant Contact	Dennis Frampton	Facility Contact	
Applicant Phone	(814) 282-4145	Facility Phone	
Applicant E-Mail	drf1248@zoominternet.net	Facility E-Mail	
Client ID	319902	Site ID	791418
Municipality	East Mead Township	County	Crawford
	8800		4952
	Private Households		Trans. & Utilities - Sewerage Systems
SIC Code	6513	SIC Code	
SIC Description	Fin, Ins & Real Est-Apart Bldg Operators,	SIC Description	
Application Received	August 21, 2020	WQM Required	Existing permit is adequate
Application Accepted	October 7, 2020	WQM App. No.	WQG01201503

### **Summary of Review**

No listed WMS violations. System pumped in 2020.

#### **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	October 7, 2020
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	October 27, 2020

Outfall No.	001	Design Flow (MGD)	0.0008		
Latitude DP	41° 39' 47.10"	Longitude DP	-80° 5' 5.00"		
Latitude NHD	41° 39' 53.41"	Longitude NHD	-80° 5' 0.89" 0505		
Quad Name	Blooming Valley	Quad Code			
Wastewater:	Two apartment treated domestic was	stic wastewaters			
Receiving Waters	Unnamed Tributary of Woodcock Cre	eek Stream Code	Unknown		
NHD Com ID	127343494	RMI	0.16		
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)	1318.000 Ft	Slope (ft/ft)	0.03788 HQ-CWF none		
Watershed No.	_16-A	Chapter 93 Class.			
Existing Use	statewide	Existing Use Qualifier			
Exceptions to Use		Exceptions to Criteria	none		
Comments	Downstream confluence at tributary I	RMI 0.62			
Assessment Ctatu	Attaining Llog(s)				
Assessment Statu					
Cause(s) of Impai	ment				
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Changes Since Last Permit Issuance: None

Other Comments: Stream flow is for the Allegheny River at Franklin upstream of the potable water intake.

# **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 (GPD)	Report Annl Avg	XXX	XXX	XXX	XXX	XXX	1/year	Estimate
pН	XXX	XXX	6.0	XXX	XXX	9.0	1/month	Grab
CBOD5	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 after disinfection