

 Application Type
 New

 Wastewater Type
 Sewage

 Facility Type
 SRSTP

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0287822

 APS ID
 1003223

 Authorization ID
 1291059

## Applicant, Facility and Project Information

Applicant Name	Amber & Jason Digiacomo	Facility Name	Amber & Jason Digiacomo SRSTP
Applicant Address	15304 Hall Road	Facility Address	15304 Hall Road
	Meadville, PA 16335		Meadville, PA 16335-7848
Applicant Contact	Jason Digiacomo	Facility Contact	Jason Digiacomo
Applicant Phone	(814) 338-8101	Facility Phone	
Client ID	352826	Site ID	836865
Municipality	Hayfield Township	Municipality	Hayfield Township
SIC Code	8800	SIC Code	4952
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems
Application Received	September 23, 2019	WQM Required	pending
Application Accepted	December 2m 2019	WQM App. No.	2019402

#### Summary of Review

Proposed is a replacement of a malfunctioning on-lot sewage treatment facility serving a three-bedroom home.

### 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	December 2, 2019		
X		Justin C. Dickey, P.E. Environmental Engineer Manager			

Discharge, Receiving	g Waters and Water Supply Infor	mation		
Outfall No.	001		Design Flow (MGD)	.0004
Latitude DP	41Â 40' 47.10"		Longitude DP	-80º 12' 5.70"
Latitude NHD	41º 40' 47.08"		Longitude NHD	-80º 12' 5.38"
Quad Name	Meadville		Quad Code	0504
Wastewater Descrip	otion:	domestic wa	astes	
<b>Receiving Waters</b>	Unnamed Tributary to Cussewag	o Creek	Stream Code	52491
NHD Com ID	127350234		RMI	0.85
Drainage Area	0.1		Yield (cfs/mi <sup>2</sup> )	0
Q7-10 Flow (cfs)	0		Dry stream	0
Elevation (ft)	1261.67		Slope (ft/ft)	0.03157
Watershed No.	_16D		Chapter 93 Class.	Warm Water Fish
Existing Use	statewide		Existing Use Qualifier	none
Exceptions to Use	none		Exceptions to Criteria	none
Assessment Status	Attaining Use(s)			
Cause(s) of Impairm	nent			
Source(s) of Impairr	ment			
TMDL Status		1	Name	
Background/Ambier	nt Data	Data Sou	irce	
pH (SU)				
Temperature (°C)	_25			
Hardness (mg/L)				
Other:				
Nearest Downstrear	m Public Water Supply Intake	Aqua Pa	Emlenton	
PWS Waters A	Allegheny River	Flow a	at Intake (cfs) NA	
PWS RMI 9	00.57	Distan	nce from Outfall (mi) 67.	17

Changes Since Last Permit Issuance: NA

Other Comments: Downstream potable water uses should not be affected.

## 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	ss Units (Ibs/day) <sup>(1)</sup>		Concentrations (mg/L)			Minimum <sup>(2)</sup>	Required
	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum	Measurement San	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	Upon Request	Grab
Biochemical Oxygen Demand (BOD5)	XXX	XXX	xxx	10.0	xxx	20	1/year	Grab
Total Suspended Solids	xxx	xxx	xxx	10.0	XXX	20	1/year	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	ххх	1/year	Grab

Compliance Sampling Location: Outfall 001 after disinfection