

Northwest Regional Office CLEAN WATER PROGRAM

Application Type	New
Wastewater Type	Sewage
Facility Type	SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0288071

 APS ID
 1010394

 Authorization ID
 1303685

Applicant Name	Thomas A Zeller	Facility Name	Thomas A Zeller SRSTP
Applicant Address	725 Fairchild Avenue	Facility Address	174 Brook Road
	Kent, OH 44240		Clarion, PA 16214
Applicant Contact	Thomas Zeller	Facility Contact	
Applicant Phone	(330) 606-6016	Facility Phone	
Client ID	354878	Site ID	840177
Municipality	Monroe Township	County	Clarion
SIC Code	8800	SIC Code	<mark>4952</mark>
SIC Description	Private Households	SIC Description	Sewage treatment
Application Received	January 27, 2020	WQM Required	Yes under concurrent review
Application Accepted	February 11, 2020	WQM App. No.	1620401

Summary of Review

No listed violations. The discharge is to the main stem Piney Creek

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	February 11, 2020
X		Justin C. Dickey, P.E. Environmental Engineer Manager	

Outfall No.	004	Design Flow (MCD)	0.0005		
Outrail No. Latitude DP	001 41° 9' 3.03"	Design Flow (MGD) Longitude DP	0.0005 -79° 23' 57.73"		
Latitude DF	41° 9′ 2.42"	Longitude DP Longitude NHD	-79° 23' 56.83"		
Quad Name	Clarion	Quad Code	0910		
Wastewater:	Treated single residence dom		0910		
vvaoiowator.	Treated only reductive dem	Notice Wastes			
Receiving Waters	Piney Creek	Stream Code	49494		
NHD Com ID	102671027	RMI	8.5		
Drainage Area	43	Yield (cfs/mi²)	0.06		
Q ₇₋₁₀ Flow (cfs)	2.53	Q ₇₋₁₀ Basis	Stream stats		
Elevation (ft)	1110.77	Slope (ft/ft)	0.00175		
Watershed No.	17B	Chapter 93 Class.	Cold Water Fish none none		
Existing Use	statewide	Existing Use Qualifier			
Exceptions to Use	none	Exceptions to Criteria			
Comments	Discharge is at Piney Creek F	Il 8.5 and 0.41 mile above tributary 49546			
	. Impoired				
Assessment Status	· · · · · · · · · · · · · · · · · · ·				
Cause(s) of Impairr	ment METALS, METALS, M				
Cause(s) of Impairr Source(s) of Impair	ment METALS, METALS, M	SE, ACID MINE DRAINAGE, ACID N	IINE DRAINAGE		
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Cause(s) of Impairs Source(s) of Impairs TMDL Status Background/Ambie pH (SU) Temperature (°F) Hardness (mg/L) Other: Nearest Downstrea	ment METALS, METALS, M rment ACID MINE DRAINAG ent Data	GE, ACID MINE DRAINAGE, ACID N Name	MINE DRAINAGE		

Changes Since Last Permit Issuance: NA

Other Comments: No downstream water supply impairment is expected.

Total stream flow to waste flow ratio is 4000:1

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	Daily Maximum	Instant. Maximum	Measurement Frequency	Sample Type
Flow (GPD)	Report Annl Avg	XXX	XXX	XXX	XXX	XXX	1/year	Estimate
pH (S.U.)	XXX	XXX	6.0 Daily Min	XXX	9.0	XXX	Upon Request	Grab
BOD5	XXX	XXX	XXX	10.0	50.0	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

Other Comments: UV light maintenance as listed on the AMR.