

Northwest Regional Office CLEAN WATER PROGRAM

Application Type	New	Application No.	PA0289230
Wastewater Type	Sewage	NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP APS ID	1035442
Facility Type	SRSTP	Authorization II	1348362

Applicant Name	James & Tabatha Volle	Facility Name	James & Tabatha Volle SRSTP
Applicant Address	3598 Fallen Drive	Facility Address	3598 Fallen Drive
	Jamestown, PA 16134-3412	<u></u>	Jamestown, PA 16134-3412
Applicant Contact	James Volle	Facility Contact	
Applicant Phone	(614) 218-7368	Facility Phone	
Applicant E Mail	toddvolle@yahoo.com	Facility E Mail	
Client ID	361937	Site ID	845559
Municipality	West Shenango Township	County	Crawford
SIC Code	8800	SIC Code	4952
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems
Application Received	March 14, 2021	WQM Required	Yes – concurrently pending
Application Accepted	April 15, 2021	WQM App. No.	2021406

I	Summary of Review					
	No violationa filad					
	No violations filed.					
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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	April 20, 2021		
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	April 23, 2021		

Discharge and Stream Data – 2 - Receiving Waters and PWS

	Discharge, Receiving Water	s and Water Supply Information	on
Outfall No.	001	Design Flow (MGD)	0.0004
Latitude DP	41° 30′ 15.20″	Longitude DP	-80° 28' 57.60"
Latitude NHD	41° 30' 25.88"	Longitude NHD	-80° 28' 19.63"
Quad Name	Hartstown	Quad Code	0602
Wastewater:	Treated single residence domes	stic wastes	
Receiving Waters	Unnamed tributary to the Shena	ango River Stream Code	unknown
NHD Com ID	130030263	RMI	0.62
Drainage Area	0.01 sq mile	Yield (cfs/mi²)	0
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis	Dry stream
Elevation (ft)	1071.60	Slope (ft/ft)	0.02529
Watershed No.	20-A	Chapter 93 Class.	WWF
Existing Use	statewide	Existing Use Qualifier	none
Exceptions to Use	none	Exceptions to Criteria	none
Comments	Shenango River/Pymatuning Re	<u> </u>	
Commonic	Sheriange turent ymataring tu	socres cormaches at rain or is	
Assessment Status	s Not Assessed		
Cause(s) of Impair	ment		
Source(s) of Impair			_
TMDL Status		Name	
	-		
Background/Ambie	ent Data	Data Source	
pH (SU)			
Temperature (°F)			
Hardness (mg/L)			
Other:			
Nearest Downstrea	am Public Water Supply Intake	Greenville Borough	
PWS Waters	Shenango River	Flow at Intake (cfs)	NA
PWS RMI	56.96	Distance from Outfall (mi	13.85

Changes Since Last Permit Issuance: NA

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 L	imitations			Monitoring Requirements		
Parameter	Mass Units	Mass Units (lbs/day) (1)		Concentrations (mg/L)				Required	
Farameter	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum		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	
BOD5	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.

Other Comments: UV disinfection maintenance, monitoring and reporting are as stated on the Annual Monitoring Report (AMR) form.