

Northwest Regional Office CLEAN WATER PROGRAM

Application Type
Wastewater Type
Facility Type
Sewage
SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No. PA0289591

APS ID 1040837

Authorization ID 1357821

Applicant Name	Jennifer & Michael Cameron	Facility Name	Jennifer & Michael Cameron SRSTP
Applicant Address	2450 E 5th Avenue	Facility Address	2450 East 5th Avenue
	Warren, PA 16365-8419	<u></u>	Warren, PA 16365
Applicant Contact	Michael Cameron	Facility Contact	
Applicant Phone	(814) 516-9200	Facility Phone	
Applicant E Mail	Cameron99@atlanticbb.net	Facility E Mail	
Client ID	363551	Site ID	847952
Municipality	Glade Township	County	Warren
SIC Code	8800	SIC Code	4952
Application Received	June 9, 2021	WQM Required	Yes, pending
Application Accepted	July 13, 2021	WQM App. No.	6221406

Summary of Review

This proposal is for a treated discharge from a failed on-lot sewage replacement facility serving a 3-bedroom residence.

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
V		William H. Mentzer	
Λ		William H. Mentzer, P.E. Environmental Engineering Specialist	July 13, 2021
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	July 16, 2021

Discharge and Stream Data – 2 - Receiving Waters and PWS

scharge, Receiving Wate	ers and Water Supply Information					
Outfall No.	_001	Design Flow (MGD)	0.0004			
Latitude DP	41° 52′ 29.80″	Longitude DP	-79° 6' 59.90"			
Latitude NHD	41° 52' 37.35"	Longitude NHD	-79º 6' 50.09"			
Quad Name	Clarendon	Quad Code	0413			
Wastewater Description:	Treated single residence domestic wastes					
Receiving Waters	Unnamed Tributary to Hatch Run	Stream Code	unknown			
NHD Com ID	129446967	RMI	0.24			
Drainage Area	0.01	Yield (cfs/mi ²)	0			
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis	Dry stream			
Elevation (ft)	0	Slope (ft/ft)	0,04078			
Watershed No.	16-B	Chapter 93 Class.	CWF			
Existing Use	Statewide	Existing Use Qualifier	none			
Exceptions to Use	none	Exceptions to Criteria	none			
Comment	The discharge is to an assessed i	ntermittent tributary dry	stream reach			
Assessment Status	Attaining Use(s)					
Cause(s) of Impairment						
Source(s) of Impairment						
TMDL Status		Name				
Background/Ambient Data pH (SU)	a	Data Source				
Temperature (°C)	20	CWF default				
Hardness (mg/L)						
Other:						
Nearest Downstream Pub	lic Water Supply Intake	Aqua PA Emlenton				
PWS Waters	Allegheny River	Flow at Intake (cfs)	NA			
PWS RMI	90.57	Distance from Outfall (m	ni) 101.51			

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 Limitations				Monitoring Requirements			
Parameter	Mass Units	Inits (lbs/day) ⁽¹⁾		Concentrations (mg/L)			Minimum ⁽²⁾	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
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 radiation disinfection requirements are stated on the Annual Maintenance Report (AMR)