

Northwest Regional Office CLEAN WATER PROGRAM

Application Type	New
Wastewater Type	Sewage
Facility Type	SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0289736

 APS ID
 1043180

 Authorization ID
 1361570

Applicant Name	Nicholas Castaldi	Facility Name	Nicholas Castaldi SRSTP
Applicant Address	117 James Circle	Facility Address	James Circle
	New Castle, PA 16102-2711		New Castle, PA 16102
Applicant Contact	Nicholas Castaldi	Facility Contact	
Applicant Phone	(724) 944-4000	Facility Phone	
Applicant E Mail	ncastfam@hotmail.com	Facility E Mail	
Municipality	North Beaver Township	County	Lawrence
Client ID	364195	Site ID	849456
SIC Code	8800	SIC Code	4952
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems
Application Received	June 30, 2021	WQM Required	Yes- pending
Application Accepted	August 18, 2021	WQM App. No.	3721404

Summary of Review	۷
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No violations reported

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	August 18, 2021
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	August 23, 2021

Discharge and Stream Data – 2 - Receiving Waters and PWS

scharge, Receiving	g Wate	rs and Water Supply Informa	ation			
Outfall No.	001		Design Flow (MGD)	.0004		
Latitude DP		9' 16.22"	Longitude DP	-80° 26' 14.32"		
Latitude NHD		9' 16.44"	Longitude NHD	-80° 26' 13.96"		
Quad Name	Bess		Quad Code	1102		
Wastewater:	Treate	ed single residence domestic v	vaste			
Receiving Waters	Unna	med Tributary to Mahoning Ri	ver Stream Code	35431		
NHD Com ID	1255	60997	RMI	1.70		
Drainage Area	1.0		Yield (cfs/mi²)	0.023077		
Q ₇₋₁₀ Flow (cfs)	0.023	3 (0.015-MGD)	Q ₇₋₁₀ Basis	Coolspring Creek		
Elevation (ft)	988.1	2	Slope (ft/ft)	0.00846		
Watershed No.	20-B		Chapter 93 Class.	WWF		
Existing Use	state	wide	Existing Use Qualifier	none		
Exceptions to Use	none		Exceptions to Criteria	none		
Comment	Discha	arge at NHD Node RMI 0.73				
Assessment Status	;	Impaired				
Cause(s) of Impairr	ment	NUTRIENTS				
Source(s) of Impair	ment	AGRICULTURE				
TMDL Status			Name			
Background/Ambient Data pH (SU)			Data Source			
Temperature (°F)						
Hardness (mg/L)						
Other:						
Nearest Downstrea	m Publ	ic Water Supply Intake	Beaver Falls			
PWS Waters	Beaver	River	Flow at Intake (cfs) NA			
PWS RMI 5	5.39		Distance from Outfall (mi) 22	2.53		

Changes Since Last Permit Issuance: none

Other Comments: none

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
Farameter	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 requirements are on the Annual Maintenance Report (AMR)