

Northwest Regional Office CLEAN WATER PROGRAM

Application Type
Wastewater Type
Facility Type
SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0289809

 APS ID
 1043825

 Authorization ID
 1362544

Applicant Name	Deborah & Richard Moran	Facility Name	Deborah & Richard Moran SRSTP
Applicant Address	5975 Buman Road	Facility Address	5829 Buman Road
	McKean, PA 16426-1049		McKean, PA 16426
Applicant Contact	Richard Moran	Facility Contact	
Applicant Phone	(814) 476-7886	Facility Phone	
Applicant E Mail	drmoran1@roadrunner.com	Facility E Mail	
Client ID	364361	Site ID	848423
Municipality	McKean Township	County	Erie
SIC Code	8800	SIC Code	4952
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems
Application Received	July 16, 2021	WQM Required	Yes – pending concurrently
Application Accepted	August 24. 2021	WQM App. No.	2521423

Summary of Review

No violations are reported. This is a new discharge from a new sewage treatment facility.

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 24, 2021
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	September 2, 2021

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving Wat	ters and Water Supply Inforr	mation	
Outfall No.	001	Design Flow (MGD)	0.0004
Latitude DP	42° 0' 46.94"	Longitude DP	-80° 9' 40.90"
Latitude NHD	42° 0' 46.94"	Longitude NHD	-80° 9' 40.90"
Quad Name	Swanville	Quad Code	0204
Wastewater:	Treated single residence de	omestic wastes	
Receiving Waters	Unnamed Tributary of Elk	Creek Stream Code	62584
NHD Com ID	134205227	RMI	1.15
Drainage Area	0.23	Yield (cfs/mi²)	0
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis	dry stream
Elevation (ft)	1075.39	Slope (ft/ft)	-
Watershed No.	_15-A	Chapter 93 Class.	CWF, MF
Existing Use	statewide	Existing Use Qualifier	none
Exceptions to Use	none	Exceptions to Criteria	none
Comments	Stream assessment ends	at RMI 0.97. The outfall is 0.18 m	le above the assessment.
Assessment Status	Attaining Use(s)		
Cause(s) of Impairment			
Source(s) of Impairment	-		
TMDL Status	-	Name	
Background/Ambient Da	ta	Data Source	
pH (SU)			
Temperature (°F)			
Hardness (mg/L)			
Other:			
Nearest Downstream Pu	• • •	City of Erie	
PWS Waters Lake	Erie	-	NA
PWS RMI 915		Distance from Outfall (mi) _	45

Changes Since Last Permit Issuance: NA

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.

Parameter	Effluent Limitations				Monitoring Requirements			
	Mass Units	Mass Units (lbs/day) (1)		Concentrations (mg/L)			Minimum (2)	Required
	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum		Sample Type
Flow (GPD)	Report Annl Avg	XXX	XXX	XXX	XXX	XXX	1/year	Measured
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)