

Northwest Regional Office CLEAN WATER PROGRAM

Application Type
Wastewater Type
Facility Type

New
Sewage
SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No. PA0289876

APS ID 1045613

Authorization ID 1365481

Applicant Name	Sandra & William Thornton	Facility Name	Sandra & William Thornton SRSTP
Applicant Address	14110 Route 226	Facility Address	State Route 226
	Albion, PA 16401-7804		Albion, PA 16401
Applicant Contact	William Thornton	Facility Contact	
Applicant Phone	(814) 450-2298	Facility Phone	
Applicant E Mail	wathornton1952@gmail.com	Facility E Mail	
Client ID	142557	Site ID	530973
Municipality	Conneaut Township	County	Erie
SIC Code	8800	SIC Code	4952
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems
Application Received	August 10, 2021	WQM Required	Yes – under concurrent review
Application Accepted	September 1, 2021	WQM App. No.	2500404 A-1

Summary of Review

No violations are reported.

A WQM permit redesign for a septic tank coco filter facility requires an individual discharge permit and cancellation of general permit PAG0948660.

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 74. Mentzer William H. Mentzer, P.E. Environmental Engineering Specialist	September 2, 2021
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	September 10, 2021

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receivin	g Waters and Water Supply Infor	rmation
Outfall No.	_001	Design Flow (MGD)
Latitude DP	41° 52' 30.20"	Longitude DP80° 29' 21.70"
Latitude NHD	41° 52' 13.90"	Longitude NHD -80° 29' 26.09"
Quad Name	East Springfield	Quad Code <u>0302</u>
Wastewater:	Treated single residence domest	stic wastes
Receiving Waters	Unnamed Tributary to Ashtabula	a Creek Stream Code 63614
NHD Com ID	128582185	RMI 1.59
Drainage Area	13/9 acre 0.02 square mile	Yield (cfs/mi²) 0
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis Dry stream
Elevation (ft)	946	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	Discharge is at NHD node NHD	RMI 0.19. This is a dry swale draining to a pond.
Assessment Status	Attaining Use(s)	
Cause(s) of Impair	ment	_
Source(s) of Impair	rment	_
TMDL Status		Name
		
Background/Ambie	ent Data	
		Data Source
pH (SU)		
Temperature (°F)		
Hardness (mg/L)		
Other:		
	am Public Water Supply Intake	State of Ohio
_	Ashtabula Creek	Flow at Intake (cfs) NA
PWS RMI	0	Distance from Outfall (mi) 2.29

Changes Since Last Permit Issuance: NA

Other Comments: No downstream water use 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	Mass Units (lbs/day) (1)		Concentrations (mg/L)			Minimum (2)	Required
	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum	Measurement S 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 disifection

Other Comments: UV radiation disinfection requirements are stated on the Annual Maintenance Report (AMR) form.