

## Northwest Regional Office CLEAN WATER PROGRAM

Application Type
Wastewater Type
Facility Type
Sewage
SRSTP

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0290050

 APS ID
 1050235

 Authorization ID
 1373753

Applicant Name	Sheena Peach	Facility Name	Peach Properties SRSTP
Applicant Address	300 N Broadway Street	Facility Address	971 Indian Creek Road
	Lebanon, OH 45036-1717		Eldred, PA 16731
Applicant Contact	Sheena Peach	Facility Contact	
Applicant Phone	(513) 708-7168	Facility Phone	
Applicant E Mail	Sheenapeach15@gmail.com	Facility E Mail	
Client ID	366328	Site ID	852793
Municipality	Eldred Township	County	McKean
SIC Code	8800	SIC Code	4952
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems
Received	October 18, 2021	WQM Required	pending
Accepted	October 28, 2021	WQM App. No.	4221404

#### **Summary of Review**

Design is for 400-GPD and 1.1-PPD BOD5 based on a 3-bedroom residence. No violations are reported for this client.

#### **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
$\boldsymbol{\mathcal{X}}$		William 74. Mentzer William H. Mentzer, P.E. Environmental Engineering Specialist	November 1, 2021
$\boldsymbol{\chi}$		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	November 1, 2021

Discharge and Stream Data – 2 - Receiving Waters and PWS

Outfall No.	001	Design Flow (MGD)	0.0004		
_atitude DP	41° 59' 10.10"	Longitude DP	-78° 25' 59.20"		
titude NHD 41° 59' 13.24"		Longitude NHD	-78° 25' 59.14"		
Quad Name	Eldred	Quad Code	0318		
Wastewater Description:	Treated single residence domestic wastes				
Receiving Waters	Indian Creek	Stream Code	unknown		
NHD Com ID	112363307	RMI	0.07		
Orainage Area	13.5 acres 0.02 square miles	Yield (cfs/mi²)			
Q <sub>7-10</sub> Flow (cfs) 0		Q <sub>7-10</sub> Basis	0		
Elevation (ft)	1559.00	Slope (ft/ft)			
Watershed No.	16-C	Chapter 93 Class.	CWF		
Existing Use statewide		Existing Use Qualifier	none		
Exceptions to Use	none	Exceptions to Criteria	none		
Assessment Status	miles Elevation 1511.84 feet.  Attaining Use(s)				
Cause(s) of Impairment					
Source(s) of Impairment					
TMDL Status		Name			
_	a D	ata Source			
oH (SU)	a D	ata Source			
oH (SU) Temperature (°F)	D	ata Source			
pH (SU) Temperature (°F) Hardness (mg/L)	D	ata Source			
pH (SU) Temperature (°F) Hardness (mg/L) Other:		ata Source			
Background/Ambient Data pH (SU) Temperature (°F) Hardness (mg/L) Other: Nearest Downstream Pub PWS Waters Alleghe			NA		

Changes Since Last Permit Issuance: NA

Other Comments: No downstream impairments are 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	(lbs/day) <sup>(1)</sup>	Concentrations (mg/L)			Minimum (2)	Required	
r ai ailletei	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 listed on the Annual Maintenance Report (AMR)