

CLEAN WATER PROGRAM

Application Type	New
Wastewater Type	Sewage
Facility Type	SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No.	PA0290122
APS ID	1051856
Authorization ID	1376522

Applicant Name	Matthew Shollenberger	Facility Name	Matthew Shollenberger SRSTP
Applicant Address	8200 Keefer Road	Facility Address	8200 Keefer Road
	Girard, PA 16417-8030		Girard, PA 16417-8030
Applicant Contact	Matthew Shollenberger	Facility Contact	
Applicant Phone	(814) 449-2102	Facility Phone	
Applicant E Mail	shollenberger@millcreekpd.com	Facility E Mail	
Client ID	366822	Site ID	851737
Municipality	Fairview Township	County	Erie
SIC Code	8800	SIC Code	4952
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems
Received	November 16, 2021	WQM Required	pending
Accepted	November 24, 2021	WQM App. No.	2521432

Summary of Review

No violations are 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	November 24, 2021
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	November 30, 2021

Discharge and Stream Data – 2 - Receiving Waters and PWS $\,$

Discharge, Receiving Waters and Water Supply Information					
Outfall No.	001		Design Flow (MGD)	0.0004	
Latitude DP	41° 59' 27.30"		Longitude DP	-80° 15' 14.91"	
Latitude NHD	410 59	9' 22.46"	Longitude NHD	-80° 15' 28.88" 0303	
Quad Name	Albion		Quad Code		
Wastewater:	Treate	ed single residence domes	tic wastes		
Receiving Waters	Unnar	med Tributary to Elk Creek	Stream Code	62354	
NHD Com ID	12391	9758	RMI	1.09	
Drainage Area	4.25-a	cres 0.01 square miles	Yield (cfs/mi²)	0	
Q ₇₋₁₀ Flow (cfs)	0		Q ₇₋₁₀ Basis	Dry stream	
Elevation (ft)	1925.	50	Slope (ft/ft)		
Watershed No.	15-A		Chapter 93 Class.	CWF, MF	
Existing Use	statewide none		Existing Use Qualifier	none	
Exceptions to Use			Exceptions to Criteria	none	
Comments	NHD	confluence is downstream	at RMI 0.82		
_					
Assessment Status		Attaining Use(s)			
Cause(s) of Impairm					
Source(s) of Impairr	ment				
TMDL Status			Name		
5 1 1/4 1:			D / 0		
Background/Ambier	nt Data		Data Source		
pH (SU)					
Temperature (°F)					
Hardness (mg/L)		<u> </u>			
Other:					
Nearest Downstrear	m Publi	c Water Supply Intake	State of New York		
PWS Waters L	ake Eri	e	Flow at Intake (cfs)	NA	
PWS RMI 915.04			Distance from Outfall (mi	23.78	

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
	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: see the Annual Maintenance Report (AMR) for UV radiation requirements.