

Northwest Regional Office CLEAN WATER PROGRAM

Application Type	New
Wastewater Type	Sewage
Facility Type	SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No.	PA0290297
APS ID	1054211
Authorization ID	1380678

Applicant Name	Ruth Lemmon	Facility Name	Ruth Lemmon SRSTP
Applicant Address	697 Mushrush Road	Facility Address	697 Mushrush Road
	Butler, PA 16002-0947	<u></u>	Butler, PA 16002-0947
Applicant Contact	Ruth Lemmon	Facility Contact	
Applicant Phone	(724) 355-5517	Facility Phone	
Applicant E Mail	rkrlemmon@zoominternet.net	Facility E Mail	
Client ID	367470	Site ID	852996
Municipality	Jefferson Township	County	Butler
SIC Code	8800	SIC Code	4952
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems
Application Received	January 5, 2022	WQM Required	pending
Application Accepted	January 11, 2022	WQM App. No.	1022401

Summary of Review

No violations are reported. Proposed is a discharge at a replacement of a failed on-lot sewage treatment facility serving a three-bedroom residence. Design is for 400-gpd flow and 1.1-PPD BOD5.

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	January 12, 2022
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	January 13, 2022

Discharge and Stream Data – 2 - Receiving Waters and PWS

Outfall No.	001	Design Flow (MGD)	0.0004
Latitude DP	40° 48' 39.63"	Longitude DP	-79° 51' 22.27
Latitude NHD	40° 48' 39.90"	Longitude NHD	-79° 51' 23.05
Quad Name	Saxonburg	Quad Code	1207
Wastewater:	Treated single residence domestic	wastes	
Receiving Waters	Patterson Run	Stream Code	35202
NHD Com ID	126221621	RMI	0.380
Drainage Area	0.1	Yield (cfs/mi²)	0
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis	Dry stream
Elevation (ft)	1270.00	Slope (ft/ft)	0.02367
Watershed No.	20-C	Chapter 93 Class.	CWF
Existing Use	statewide	Existing Use Qualifier	none
Exceptions to Use	none	Exceptions to Criteria	none
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Comments	NHD outfall at node RMI 0.35 and	Patterson Run RMI 2.94044	
Comments		Patterson Run RMI 2.94044	
Comments Assessment Status	Attaining Use(s)	Patterson Run RMI 2.94044	
Comments Assessment Status Cause(s) of Impairr	Attaining Use(s)	Patterson Run RMI 2.94044	
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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	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	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 001after disinfection

Other Comments: The Annual Maintenance Report specifies UV radiation requirements