

Application Type	New
Wastewater Type	Sewage
Facility Type	SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No.	PA0290505
APS ID	1059255
Authorization ID	1389199

Applicant, Facility and Project Information

Applicant Name	Nadin	e Pollock	Facility Name	Nadine Pollock SRSTP 5909 Rte 666		
Applicant Address	5909	Route 666	Facility Address			
	Sheffi	eld, PA 16347-2131		Sheffield, PA 16347		
Applicant Contact	Nadin	e Pollock	Facility Contact			
Applicant Phone	(814)	968-4260	Facility Phone			
Applicant E Mail	jmufo	rester\$msn.com	Facility E Mail			
Client ID	36883	38	Site ID	854090		
Municipality	Sheffi	eld Township	County	Warren		
SIC Code	8800		SIC Code	4952		
SIC Description	Privat	e Households,	SIC Description	Trans. & Utilities - Sewerage System		
Date Application Received Ma		March 14, 2022	WQM Required	Yes, pending		
Date Application Accepted		March 29, 2022	WQM App. No.	6222404		

Project Description

Proposed malfunctioning on-lot sewage treatment facility replacement serving a two-bedroom home.

Summary of Review

No WMS listed violations. Design is for 1.1-PPD BOD5 and 400-GPD, the minimum residential home Wasteload.

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 H. Mentzer	
~		William H. Mentzer, P.E. Environmental Engineering Specialist	April 25, 2022
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	April 25, 2022

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

ischarge, Receiving	g Waters and Water Supply Informat	ion		
Outfall No.	001	Design Flow (MGD)	0.0004	
Latitude DP	41º 38' 20.73"	Longitude DP	-79º 2' 49.88"	
Latitude NHD	41º 38' 16.96"	Longitude NHD	-79° 2' 54.12" 0513	
Quad Name	Sheffield	Quad Code		
Wastewater Descrip		nestic wastes		
	<u>v</u>			
Receiving Waters	Unnamed tributary to Tionesta Creel	Stream Code	unknown	
NHD Com ID	100470315	RMI	0.09	
Drainage Area	2.76 acres/0.004-square miles	– Yield (cfs/mi²)	0	
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis	Dry stream	
Elevation (ft)	1330.00	Slope (ft/ft)	0.01	
Watershed No.	16-F	Chapter 93 Class.	CWF	
Existing Use	statewide	Existing Use Qualifier	none	
Exceptions to Use	none	Exceptions to Criteria	none	
Comments	Confluence with Tionesta Creek 0.26	6-mile above tributary 55291	at RMI 37.554594	
Assessment Status	Impaired			
Cause(s) of Impairn	ment MERCURY			
Source(s) of Impair	ment SOURCE UNKNOWN			
TMDL Status		Name		
Background/Ambier	nt Data D	Data Source		
pH (SU)				
Temperature (°F)				
Hardness (mg/L)				
Other:				
Nearost Downstrea	m Public Water Supply Intake	qua PA Emlenton		
Nearest Downstream Public Water Supply Intake Addition PWS Waters Allegheny River		Flow at Intake (cfs)	NA	
PWS RMI 90.57		Distance from Outfall (mi)	99.53	
			00.00	

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 (Ibs/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
рН (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)	ххх	XXX	xxx	200	XXX	ххх	1/year	Grab

Compliance Sampling Location: Outfall 001 after disinfection

Other Comments: See AMR for UV radiation requirements