

Northwest Regional Office CLEAN WATER PROGRAM

Application Type	New
Wastewater Type	Sewage
Facility Type	SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No.	PA0290777
APS ID	1064260
Authorization ID	1307688

Applicant Name	Dolores Glenn	Facility Name	Dolores Glenn SRSTP	
Applicant Address	131 Bonaire Plaza	Facility Address	1311 W Sunbury Road	
	Butler, PA 16001			
Applicant Contact	Mike Burgoon	Facility Contact		
Contact Phone	(724) 290-2499	Facility Phone		
Contact E Mail	mburgoon@howardhanna.com	Facility E Mail	cabartley60@aol.com	
Client ID	370267	Site ID	855630	
Municipality	Clay Township	County	Butler	
SIC Code	8800	SIC Code	4952	
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems	
Date Application Recei	ived May 23, 2022	WQM Required	pending	
Date Application Accep	oted June 7, 2022	WQM App. No.	1022409	

Summary of Review

No violations reported. Design is for 1.4-PPD BOD5 and 500-gpd based on a four-bedroom residence.

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	June 7, 2022		
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	June 10, 2022		

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information				
Outfall No.	001	Design Flow (MGD)	0.0005	
Latitude DP	41° 0' 37.73"	Longitude DP	-79° 53' 47.28"	
Latitude NHD	41° 0' 42.99"	Longitude NHD	-79° 53' 40.106"	
Quad Name	West Sunbury	Quad Code	1006	
Wastewater Descrip	otion: Treated single residence do	omestic wastes		
Receiving Waters	Unnamed Trib of SB Slippery Rock	Stream Code	unknown	
NHD Com ID	126223136	RMI	0.110	
Drainage Area	0.01	Yield (cfs/mi²)	0	
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis	Dry stream	
Elevation (ft)	1346.67	Slope (ft/ft)	0.06313	
Watershed No.	20-C	Chapter 93 Class.	CWF	
Existing Use	statewide	Existing Use Qualifier	none	
Exceptions to Use	none	Exceptions to Criteria	none	
Comments	Confluence with tributary 34634 at	NHD RMI 0.48 (measured RM	I 0.47) Drainage 0.24 square	
	Mile at 1328.14 feet.			
Assessment Status	Attaining Use(s)			
Cause(s) of Impairn	nent			
Source(s) of Impair	ment			
TMDL Status		Name		
Background/Ambier	nt Data	Data Source		
pH (SU)				
Temperature (°F)				
Hardness (mg/L)				
Other:				
Nearest Downstread	m Public Water Supply Intake	PA American		
PWS Waters C	Connoquenessing Creek	Flow at Intake (cfs)	NA	
PWS RMI 0	0.01	Distance from Outfall (mi)	42.79	

Changes Since Last Permit Issuance: NA

Other Comments: NA

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
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 AMR for UV radiation disinfection requirements