

 Application Type
 New

 Wastewater Type
 Sewage

 Facility Type
 SRSTP

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0290785

 APS ID
 1064315

 Authorization ID
 1397784

### Applicant, Facility and Project Information

Applicant Name	Daphne Knapp	Facility Name	Daphne Knapp SRSTP 265 Main Street		
Applicant Address	265 Main Street	Facility Address			
	Duke Center, PA 16729-9715		Duke Center, PA 16729-9715		
Applicant Contact	Daphne Knapp	Facility Contact			
Applicant Phone	(814) 331-1492	Facility Phone			
Applicant E Mail	Daphnejean77@hotmail.com	Facility E Mail			
Client ID	370274	Site ID	855344		
Municipality	Otto Township	County	McKean		
SIC Code	8800	SIC Code	4952		
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems		
Date Application ReceivedMay 23, 2022Date Application AcceptedJune 8, 2022		WQM Required	pending		
		WQM App. No.	4222404		

**Project Description** 

New treated discharge from a proposed malfunctioning on-lot sewage treatment facility replacement

#### Summary of Review

No violations reported. Design is for 1.1-PPD BOD5 and 400-gpd based on three bedrooms

#### 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 74. Mentzer William H. Mentzer, P.E. Environmental Engineering Specialist	June 9, 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)	.0004		
Latitude DP	41º 56' 0.49"	Longitude DP	-78º 30' 48.59"		
Latitude NHD	41º 58' 0.20"	Longitude NHD	-78º 30' 41.99"		
Quad Name	Derrick City	Quad Code	0317		
Wastewater Descrip	otion: Treated single residence de	omestic wastes			
<b>Receiving Waters</b>	Unnamed tributary to Tram Hollow	Run Stream Code	unknown		
NHD Com ID	112365023	RMI	0.13		
Drainage Area	1.66 acres	Yield (cfs/mi <sup>2</sup> )	0		
Q <sub>7-10</sub> Flow (cfs)	0	Q <sub>7-10</sub> Basis	Dry stream		
Elevation (ft)	1732.80	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		
Comments	Dry swale discharge to Tram Hollo	ow Run at Node RMI 0.65			
Assessment Status	Attaining Use(s)				
Cause(s) of Impairm	nent				
Source(s) of Impairr	ment				
TMDL Status		Name			
Background/Ambier	nt Data	Data Source			
pH (SU)					
Temperature (°F)					
Hardness (mg/L)					
Other:					
Nearest Downstrea	m Public Water Supply Intake	State of New York			
	Allegheny River	Flow at Intake (cfs) N	A		
	260.74		7.69		

Changes Since Last Permit Issuance: 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) <sup>(1)</sup>		Concentrations (mg/L)			Minimum <sup>(2)</sup>	Required
Faidillelei	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.)	ххх	xxx	6.0 Inst Min	xxx	xxx	9.0	Upon Request	Grab
BOD5	ххх	xxx	xxx	10.0	xxx	20.0	1/year	Grab
TSS	ХХХ	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 requireents