

Northwest Regional Office CLEAN WATER PROGRAM

Application Type	New
Wastewater Type	Sewage
Facility Type	SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No. PA0290947

APS ID 1067524

Authorization ID 1403341

Applicant Name	Jerro	ld Frank	Facility Name	Jerrold Frank SRSTP	
Applicant Address	2027	N Camp Run Road	Facility Address	2027 North Camp Run Road	
	Fomb	pell, PA 16123-3127		Fombell, PA 16123	
Applicant Contact	Jerro	ld Frank	Facility Contact		
Applicant Phone	(412)	519-3244	Facility Phone		
Applicant E Mail	jfrank@voyagerjet.com		Facility E Mail		
Client ID	3712	25	Site ID	855981	
Municipality	Perry	Township	County	Lawrence	
SIC Code	8800		SIC Code	4952	
SIC Description	Priva	te Households	SIC Description	Trans. & Utilities - Sewerage Systems	
Date Application Red	eived	July 12, 2022	WQM Required	pending	
Date Application Acc	epted	July 28, 2022	WQM App. No.	3722404	

Summary of Review

No violations listed. Design is 0.9-PPD BOD5 and 500-GPD based on four 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 H. Mentzer			
		William H. Mentzer, P.E. Environmental Engineering Specialist	July 28, 2022		
X		Vacant Environmental Engineer Manager	Okay to Draft JCD 8/1/2022		

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving	g Waters and Water Supply Inforn	nation		
Outfall No.	001	Design Flow (MGD)	0.0005	
Latitude DP	40° 52' 15.00"	Longitude DP	-80° 10' 49.00"	
Latitude NHD	40° 52' 12.12"	Longitude NHD	-80° 10' 41.36"	
Quad Name	Zelienople	Quad Code	1204	
Wastewater Descri	ption: _Treated single residence d	omestic wastes		
Receiving Waters	Unnamed tributary to Camp Run	Stream Code	unknown	
NHD Com ID	126223457	RMI	0.13	
Drainage Area	0.12	Yield (cfs/mi²)	0	
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis	Dry stream	
Elevation (ft)	1007.50	Slope (ft/ft)	0.02367	
Watershed No.	20-C	Chapter 93 Class.	_WWF	
Existing Use	statewide	Existing Use Qualifier	none	
Exceptions to Use	none	Exceptions to Criteria	none	
Comments	Confluence at perennial stream C	amp Run RMI 1.21 and 0.12 m	ile below tributary 34884	
Assessment Status	Attaining Use(s)			
Cause(s) of Impairr	ment			
Source(s) of Impair	ment			
TMDL Status		Name		
Background/Ambie	nt Data	Data Source		
pH (SU)				
Temperature (°F)				
Hardness (mg/L)				
Other:				
Nearest Downstrea	m Public Water Supply Intake	Pa American Water		
	Connoquenessing Creek	Flow at Intake (cfs)	NA	
	0.01	Distance from Outfall (mi)	15.17	

Changes Since Last Permit Issuance: NA

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	nits (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 AMR for UV radiation disinfection requirements