

Northwest Regional Office CLEAN WATER PROGRAM

Application Type	New
Wastewater Type	Sewage
Facility Type	SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No. PA0290980

APS ID 1068072

Authorization ID 1404264

Applicant Name	Everett McClincy	Facility Name	Everett McClincy SRSTP
Applicant Address	20703 Fisher Road	Facility Address	20703 Fisher Road
	Meadville, PA 16335-5367		Meadville, PA 16335-5367
Applicant Contact	Everett McClincy	Facility Contact	
Applicant Phone	(814) 573-8321	Facility Phone	
Applicant E Mail	Everettm21@gmail.com	Facility E Mail	
Client ID	371392	Site ID	855787
Municipality	Woodcock Township	County	Crawford
SIC Code	8800	SIC Code	4952
SIC Description	Private Households	SIC Description	Trans. & Utilities - Sewerage Systems
Date Application Red	ceived July 20, 2022	WQM Required	pending
Date Application Acc	epted July 28, 2022	WQM App. No.	2022409

Summary of Review

This is a failed on-lot sewage treatment facility replacement. No reported violations. Design is for 400-gpd and 1.1-PPD BOD5 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		
V		William H. Mentzer			
		William H. Mentzer, P.E. Environmental Engineering Specialist	August 1, 2022		
X		Vacant Environmental Engineer Manager	Okay to Draft JCD 8/8/2022		

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving	y Waters and Water Su	pply Information		
Outfall No.	001		Design Flow (MGD)	.0004
Latitude DP	41° 40′ 52.20″		Longitude DP	-80° 7' 34.90"
Latitude NHD	41° 40′ 56.43″		Longitude NHD	-80° 7' 36.21"
Quad Name	Meadville		Quad Code	0504
Wastewater Descrip	otion: Treated single	residence domestic w	vastes	
Receiving Waters	Unnamed Tributary of	Woodcock Creek	Stream Code	52684
NHD Com ID	127350238		RMI	1.0400
Drainage Area	26 acres 0.04 square	miles	Yield (cfs/mi ²)	0
Q ₇₋₁₀ Flow (cfs)	0		Q ₇₋₁₀ Basis	Dry stream
Elevation (ft)	1333.00		Slope (ft/ft)	0.02104
Watershed No.	16-A		Chapter 93 Class.	CWF
Existing Use	statewide		Existing Use Qualifier	none
Exceptions to Use	none		Exceptions to Criteria	none
Comments	Intermittent str	eam 0.14 mile below		
Assessment Status	Attaining Use(s	s)		
Cause(s) of Impairn	nent			
Source(s) of Impairs	ment			
TMDL Status			Name	
Background/Ambient Data pH (SU)		Data So	urce	
Temperature (°F)				
Hardness (mg/L)	<u></u>			
Other:				
Nearest Downstrea	m Public Water Supply I	Intake Agua PA	A Emlenton	
	Allegheny River		·	NA
	90.57		` ′ —	73.77

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	(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