

Northwest Regional Office CLEAN WATER PROGRAM

Application Type	New
Wastewater Type	Sewage
Facility Type	SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0291226

 APS ID
 1070376

 Authorization ID
 1408227

Applicant Name	Pink	Patti	Facility Name	Watson Properties SRSTP	
Applicant Address	573 H	larmony Road	Facility Address	712 New Castle Road	
	Slippe	ery Rock, PA 16057-2417		Slippery Rock, PA 16057-4220	
Applicant Contact	Patti	Pink	Facility Contact		
Applicant Phone	(724)	974-9660	Facility Phone		
Applicant E Mail	pinkp	atti57@gmail.com	Facility E Mail		
Client ID	37213	38	Site ID	858210	
Municipality	Worth Township		County	Butler	
SIC Code	le 4952,8800				
SIC Code	8800		SIC Code	4952	
Date Application Rec	eived	August 26, 2022	WQM Required	pending	
Date Application Acce	epted	September 8, 2022	WQM App. No.	1022413	

Summary of Review

No violations are listed. Design is for 400-gpd and 1.1-PPD BOD5 based on the minimum residential home requirements.

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	September 8, 2022
X		Vacant Environmental Engineer Manager	Okay to Draft JCD 9/12/2022

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving	Waters and Water Supply Informa	ation		
Outfall No.	001	Design Flow (MGD)	.0004	
Latitude DP	41° 2' 44.4"	Longitude DP	-80° 5' 53.760"	
Latitude NHD	41° 2' 44.36"	Longitude NHD	-80° 5' 29.76"	
Quad Name	Slippery Rock	Quad Code	1005	
Wastewater Descrip	otion: Treated single residence do	mestic wastes		
Receiving Waters	Unnamed Tributary to Slippery Roc	k C Stream Code	34405	
NHD Com ID	126221990	RMI	0.3200	
Drainage Area	0.15 square mile 98.7 acres	Yield (cfs/mi²)	0	
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis	intermitent	
Elevation (ft)	1145.71	Slope (ft/ft)		
Watershed No.	20-C	Chapter 93 Class.	CWF	
Existing Use	Statewide	Existing Use Qualifier	none	
Exceptions to Use	none	Exceptions to Criteria	none	
Comments	DP is at the facility and is the monit	coring point. NHD is the stream	outfall point	
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 Downstream	m Public Water Supply Intake	PA American		
	Connoquenessing Creek	Flow at Intake (cfs)	NA	
	0.01	Distance from Outfall (mi)	27.37	

Changes Since Last Permit Issuance: NA

Other Comments: No downstream impairment expected

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.