

Northwest Regional Office CLEAN WATER PROGRAM

Application Type
Wastewater Type
Facility Type
SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No. PA0291315

APS ID 1071892

Authorization ID 1411243

Applicant Name	Larry	Houben	Facility Name	Larry Houben SRSTP		
Applicant Address	PO B	ox 23	Facility Address	School Street (Parcel 28-005-122)		
	Rixfor	d, PA 16745-0023		Duke Center, PA 16729		
Applicant Contact	Larry	Houben	Facility Contact			
Applicant Phone	(407)	415-6340	Facility Phone			
Applicant E Mail	lhoub	en@comcast.net	Facility E Mail			
Client ID	37254	40	Site ID rnship County	856651 McKean		
Municipality	Otto 7	ownship				
SIC Code	8800		SIC Code	4952		
SIC Description	Privat	e Households,	County	Trans. & Utilities - Sewerage Systems		
Date Application Received		September 19, 2022	WQM Required	pending		
Date Application Accepted		September 29, 2022	WQM App. No.	4222406		

Summary of Review

No violations reported. Design is for 400-gpd and 1.1-PD BOD5.

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 29, 2022
X		vacant Environmental Engineer Manager	Okay to Draft JCD 10/3/2022

Outfall No.	001	Design Flow (MGD)	.0004	
Latitude DP	41° 55' 20.30"	Longitude DP	-78° 30' 40.63"	
Latitude NHD	41° 55' 20.73"	Longitude NHD	-78° 30' 40.81" 0317	
Quad Name	Derrick City	Quad Code		
Wastewater Descr	iption: Treated single residence	domestic wastes		
Receiving Waters	South Branch Knapp Creek	Stream Code	57527	
NHD Com ID	112366935	RMI	2.94	
Drainage Area	1,6	Yield (cfs/mi ²)	0.1	
Q ₇₋₁₀ Flow (cfs)	0.16	Q ₇₋₁₀ Basis Slope (ft/ft) Chapter 93 Class. Existing Use Qualifier Exceptions to Criteria	default	
Elevation (ft)	1640.00			
Watershed No.	16-C		CWF none	
Existing Use	statewide			
Exceptions to Use	none		none	
Assessment Statu: Cause(s) of Impair				
Source(s) of Impail				
TMDL Status		Name		
TMDL Status				
TMDL Status Background/Ambie pH (SU)	ent Data	Data Source		
Background/Ambio pH (SU) Temperature (°F)	ent Data			
Background/Ambie pH (SU) Temperature (°F) Hardness (mg/L)				
Background/Ambie pH (SU) Temperature (°F) Hardness (mg/L)	ent Data			
Background/Ambie pH (SU) Temperature (°F) Hardness (mg/L) Other:	ent Data am Public Water Supply Intake			
Background/Ambie pH (SU) Temperature (°F) Hardness (mg/L) Other: Nearest Downstrea		Data Source	NA	

Changes Since Last Permit Issuance: NA

Other Comments: none

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	
Farameter	Average Monthly	Average Weekly	Minimum	Annual Average	Annual Average	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
CBOD5	XXX	XXX	XXX	10.0	20.0	20	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

See AMR for UV radiation disinfection requirements