

## WATER QUALITY MANAGEMENT PERMIT

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| A. PERMITTEE (Name and Address): CLIENT ID#: <b>390440</b><br><b>April &amp; Timothy Clark</b><br><b>993 Pine Ridge Road</b><br><b>Freeport, PA 16229-1735</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | B. PROJECT/FACILITY (Name):<br><b>April &amp; Timothy Clark SRSTP</b>                                                                                |
| C. LOCATION (Municipality, County):<br><b>South Buffalo Township, Armstrong County</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | SITE ID#: <b>834185</b>                                                                                                                              |
| D. This permit approves the transfer of sewage facilities consisting of:<br><br><b>A 1,000-gallon dual compartment septic tank with a Zabel effluent filter, a Premier Tech EC7-500-P Coco Filter, and a Salcor 3G Ultraviolet (UV) light disinfection unit.</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Small Flow Sewage Treatment Facility (SFTF):<br>Annual Average Flow: <b><u>0.0004</u></b> MGD<br>Design Hydraulic Capacity: <b><u>0.0004</u></b> MGD |
| E. APPROVAL GRANTED BY THIS PERMIT IS SUBJECT TO THE FOLLOWING:<br>1. <b>Transfers:</b> Water Quality Management Permit No. <b><u>0319401</u></b> dated <b><u>October 24, 2019</u></b> , and conditions, supporting documentation and addendums are also made part of this transfer.<br>2. Permit Conditions for SFTFs are attached and made part of this permit.<br>3. Special Conditions <b><u>N/A</u></b> are attached and made part of this permit.                                                                                                                                                                                                                                        |  |                                                                                                                                                      |
| F. THE AUTHORITY GRANTED BY THIS PERMIT IS SUBJECT TO THE FOLLOWING FURTHER QUALIFICATIONS:<br>1. If there is a conflict between the application or its supporting documents and amendments and the attached conditions, the attached conditions shall apply.<br>2. Failure to comply with the rules and regulations of DEP or with the terms or conditions of this permit shall void the authority given to the permittee by the issuance of this permit.<br>3. This permit is issued pursuant to the Clean Streams Law Act of June 22, 1937, P.L. 1987, as amended 35 P.S. §691.1 et seq. Issuance of this permit shall not relieve the permittee of any responsibility under any other law. |  |                                                                                                                                                      |
| PERMIT ISSUED:<br><br><u>May 1, 2025</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | BY: <u>Justin C. Dickey</u><br><br>Justin C. Dickey, P.E.<br>TITLE: Clean Water Program Manager<br>Northwest Regional Office                         |



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF CLEAN WATER

**PERMIT CONDITIONS FOR SFTFs**

**General**

1. The Department of Environmental Protection (DEP) considers the licensed Professional Engineer whose seal is affixed to the design documents to be fully responsible for the adequacy of all aspects of the facility design.
2. The outfall sewer or drain shall be extended to the low water mark of the receiving body of water. Where necessary to ensure proper mixing and waste assimilation, an outfall sewer or drain may be extended with appurtenances below the low water mark and into the bed of a navigable stream provided that the permittee has secured an easement, right-of-way, license or lease from DEP in accordance with Section 15 of the Dam Safety and Encroachments Act, the Act of November 26, 1978, P.L. 1375, as amended.
3. The approval is specifically made contingent on the permittee acquiring all necessary property rights, by easement or otherwise, providing for the satisfactory construction, operation, maintenance and replacement of all sewers or sewerage structures in, along, or across private property with full rights of ingress, egress and regress.
4. If, at any time, the SFTF covered by this permit creates a public nuisance, including but not limited to, causing malodors or causing environmental harm to waters of the Commonwealth, DEP may require the permittee to adopt appropriate remedial measures to abate the nuisance or harm.
5. If, after the issuance of this permit, DEP approves a municipal sewage facilities official plan or an amendment to an official plan under Act 537 (Pennsylvania Sewage Facilities Act, the Act of January 24, 1966, P.L. 1535 as amended) in which sewage from the herein approved facilities will be treated and disposed of at other planned facilities, the permittee shall, upon notification from the municipality or DEP, provide for the conveyance of its sewage to the planned facilities, abandon use and decommission the herein approved facilities including the proper disposal of solids, and notify DEP accordingly. The permittee shall adhere to schedules in the approved official plan, amendments to the plan, or other agreements between the permittee and municipality. This permit shall then, upon notice from DEP, terminate and become null and void and shall be relinquished to DEP.
6. The approval of the plans, and the authority granted in this permit, if not specifically extended, shall cease and be null and void 5 years from the issuance date of this permit unless construction or modification of the facilities covered by this permit has begun on or before the fifth anniversary of the permit date.
7. This permit does not relieve the permittee of any obligations to comply with all federal, interstate, state or local laws, ordinances and regulations applicable to the sewerage facilities.
8. This permit does not give any real or personal property rights or grant any exclusive privileges, nor shall it be construed to grant or confer any right, easement or interest in, on, to, or over any lands which belong to the Commonwealth.
9. The authority granted by this permit is subject to all effluent requirements, monitoring requirements, and other conditions as set forth in the NPDES Permit and all subsequent amendments and renewals. No discharge is authorized from these facilities unless approved by an NPDES Permit.

**Operation and Maintenance**

10. The permittee shall maintain SFTF operation and maintenance (O&M) manuals at the facility and ensure proper O&M of the permitted facility. The permittee shall file the O&M manuals with DEP upon request.
11. Stormwater from roofs, foundation drains, basement drains or other sources shall not be admitted directly to the SFTF.
12. The SFTF shall be properly maintained so that the facility will perform as designed.
13. There shall be no physical connection between a public water supply system and a sewer or appurtenance to it which would permit the passage of any sewage or polluted water into the potable water supply. No water pipe shall pass through or come in contact with any part of the SFTF.
14. Collected screenings, slurries, sludge and other solids shall be handled and disposed of in compliance with Title 25 Pa. Code, Chapters 271, 273, 275, 283 and 285 (related to permits and requirements for land filling, land application, incineration and storage of sewage sludge), Federal Regulations (40 CFR Part 257) and the Federal Clean Water Act and its amendments.



**WATER QUALITY MANAGEMENT  
POST CONSTRUCTION CERTIFICATION**

| PERMITTEE IDENTIFIER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Permittee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | April & Timothy Clark                         |
| Municipality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | South Buffalo Township                        |
| County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Armstrong                                     |
| WQM Permit No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>0319401 T-1</u>                            |
| Facility Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sewage                                        |
| <b>All of the above information should be taken directly from the Water Quality Management Permit.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               |
| CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |
| <p>This certification must be completed and returned to the permits section of the DEP's regional office issuing the WQM permit within 30 days of completion of the project and received by DEP prior to operation, and if requested, as-built drawings, photographs (if available) and a discussion of any DEP-approved deviations from the design plans during construction.</p> <p>I, being a Registered Professional Engineer in Pennsylvania, do hereby certify to the best of my knowledge and belief, based upon personal observation and interviews, that the above facility approved under the Water Quality Management Permit has been constructed in accordance with the plans, specifications and modifications approved by DEP.</p> <p>Construction Completion Date (MM/DD/YYYY): _____</p> |                                               |
| <div>Engineer's Seal</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Professional Engineer</b>                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name _____<br>(Please Print or Type)          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Signature                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | License Expiration Date                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Firm or Agency                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Telephone                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Permittee or Authorized Representative</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name _____<br>(Please Print or Type)          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Signature                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Title                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Telephone                                     |