

### Southeast Regional Office CLEAN WATER PROGRAM

Application Type
Renewal
NonFacility Type
Municipal
Major / Minor
Minor

# NPDES PERMIT FACT SHEET INDIVIDUAL SEWAGE

Application No. PA0027987

APS ID 1100657

Authorization ID 1461345

Applicant Name	Applegreen PA Welcome Center LLC	Facility Name	Peter J Camiel Service Plaza
Applicant Address	208 Harristown Road Route 208	Facility Address	5 Marsh Road
	Glen Rock, NJ 07452	<u>-</u>	Elverson, PA 19520
Applicant Contact	Elizabeth Pierce	Facility Contact	Shawn Leslie
Applicant Phone	(443) 206-6899	Facility Phone	(443) 206-6899
Client ID	370385	Site ID	254845
Ch 94 Load Status	Not Overloaded	Municipality	Wallace Township
Connection Status	No Limitations	County	Chester
Date Application Rece	eived October 19, 2023	EPA Waived?	No
Date Application Acce	epted	If No, Reason	, DEP Discretion

Summary of	of Review
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Sludge use and disposal description and location(s):

#### **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
		./AUTH_LEAD_REV_INFO/AUTH_LEAD_REV_INFO_ROW/FULL	
		_NAME /	
		./AUTH_LEAD_REV_INFO/AUTH_LEAD_REV_INFO_ROW/JOB_	
		TITLE	March 6, 2024
		./AUTH_LEAD_REV_INFO/AUTH_LEAD_REV_INFO_ROW/PERM	
		ITS_CHIEF_NAME /	
		./AUTH_LEAD_REV_INFO/AUTH_LEAD_REV_INFO_ROW/PERM	
		ITS_CHIEF_TITLE	

Discharge, Receiving Waters and Water Supply Inform	nation
Outfall No. 001  Latitude 40º 7' 13.20"  Quad Name  Wastewater Description: Sewage Effluent	Design Flow (MGD) .05  Longitude -75º 45' 51.01"  Quad Code
Receiving Waters NHD Com ID Drainage Area Q <sub>7-10</sub> Flow (cfs)  Marsh Creek (HQ-TSF, MF) 26105494	O Pasis
Elevation (ft)  Watershed No. 3-H  Existing Use  Exceptions to Use	Slope (ft/ft) Chapter 93 Class. HQ-TSF, MF Existing Use Qualifier
Assessment Status Cause(s) of Impairment Source(s) of Impairment TMDL Status  Attaining Use(s)  Final	Name _Christina River Basin
Background/Ambient Data pH (SU) Temperature (°F) Hardness (mg/L) Other:	Data Source
Nearest Downstream Public Water Supply Intake PWS Waters PWS RMI	Flow at Intake (cfs) Distance from Outfall (mi)

Changes Since Last Permit Issuance:

Treatment Facility Summary											
Treatment Facility Na	ame: Peter J Camiel Se	rvice Plaza									
WQM Permit No.	Issuance Date										
	Degree of			Avg Annual							
Waste Type	Treatment	Process Type	Disinfection	Flow (MGD)							

		Extended Aeration With	Chlorine With	
Sewage	Tertiary	Solids Removal	Dechlorination	0.05
Hydraulic Capacity	Organic Capacity			Biosolids
(MGD)	(lbs/day)	Load Status	Biosolids Treatment	Use/Disposal
0.05	136	Not Overloaded	Holding Tank	Other WWTP

Changes Since Last Permit Issuance:

#### **Compliance History**

#### DMR Data for Outfall 001 (from February 1, 2023 to January 31, 2024)

Parameter	JAN-24	DEC-23	NOV-23	OCT-23	SEP-23	AUG-23	JUL-23	JUN-23	MAY-23	APR-23	MAR-23	FEB-23
Flow (MGD)												
Average Monthly	0.0063	0.006	0.0055	0.0059	0.0069	0.0082	0.0085	0.0064	0.0055	0.0065	0.0052	0.0054
pH (S.U.)												
Instantaneous												
Minimum	7.1	6.9	7.1	7.4	6.8	6.9	7.0	7.0	7.4	7.0	7.5	7.7
pH (S.U.)												
Instantaneous												
Maximum	8.6	8.8	8.5	9.4	9.5	8.8	8.9	8.6	8.8	8.7	8.7	8.5
DO (mg/L)												
Instantaneous												
Minimum	7.4	7.9	7.7	5.2	5.1	5.2	5.6	5.4	6.0	4.7	8.9	10.2
TRC (mg/L)												
Average Monthly	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.1	< 0.05	< 0.1	< 0.04	< 0.1	< 0.1
CBOD5 (lbs/day)												
Average Monthly	1.0	0.3	0.4	0.9	0.7	1.6	1.6	0.8	0.3	0.6	0.3	0.1
CBOD5 (mg/L)												
Average Monthly	23.0	5.0	15.0	14.0	22.0	22.0	22.0	18.0	16.0	13.0	6.0	4.0
BOD5 (lbs/day)												
Raw Sewage Influent												
 br/> Average												
Monthly	13	22	12	29	7	23	29	16	4	12	20	14
BOD5 (mg/L)												
Raw Sewage Influent												
 br/> Average												
Monthly	419	431	441	454	253	291	362	336	214	226	341	429
TSS (lbs/day)												
Average Monthly	1.6	0.6	0.1	0.3	0.09	0.2	0.5	0.2	< 0.02	0.2	0.1	< 0.07
TSS (lbs/day)												
Raw Sewage Influent												
 br/> Average												
Monthly	6	34	17	49	21	50	55	36	15	39	37	23
TSS (mg/L)												
Average Monthly	34.0	12.0	4.0	5.0	3.0	2.0	7.0	5.0	< 1.0	4.0	3.0	< 2.0

### NPDES Permit Fact Sheet Peter J Camiel Service Plaza

TSS (mg/L)												
Raw Sewage Influent												
   Average												
Monthly	200	644	597	764	690	631	684	754	787	749	657	742
Fecal Coliform	200	011	007	701	000	001	001	701	707	7 10	007	7 12
(No./100 ml)												
Average Monthly	< 26	< 39	47	111	< 15	< 8	15	41	< 2	< 5	22	< 29
Fecal Coliform	120	100			1.0	10			` -	10		120
(No./100 ml)												
Instantaneous												
Maximum	4200	755	200	270	110	39	15	110	< 2	13	62	2500
Nitrate-Nitrite (lbs/day)					-			-			-	
Average Monthly	3	5	3	6	3	9	11	6	2	5	4	3
Nitrate-Nitrite (mg/L)												
Average Monthly	85.3	88.4	110.56	96.2	90.1	117	133	117	91.9	95.4	79	96.5
Total Nitrogen												
(lbs/day)												
Average Monthly	< 3	< 5	< 3	< 6	3	< 9	11	6	2	5	4	< 3
Total Nitrogen (mg/L)												
Average Monthly	< 85.8	< 88.9	< 110.81	< 97	91.33	< 118.68	134.1	117.98	98.36	97.56	80.17	< 97.24
Ammonia (lbs/day)												
Average Monthly	0.02	0.03	0.02	0.003	0.01	< 0.05	0.004	0.004	0.09	0.02	0.009	< 0.0006
Ammonia (mg/L)												
Average Monthly	0.6	0.5	0.5	0.05	0.3	< 0.6	0.1	0.1	4.2	0.3	0.2	< 0.02
TKN (lbs/day)												
Average Monthly	< 0.02	< 0.03	< 0.04	< 0.05	0.03	< 0.1	0.1	0.07	0.1	0.1	0.07	< 0.03
TKN (mg/L)												
Average Monthly	< 0.5	< 0.5	< 1.31	< 0.85	1.28	< 1.68	1.6	1.48	6.51	2.21	1.22	< 0.79
Total Phosphorus												
(lbs/day)												
Average Monthly	0.04	0.05	0.05	0.02	0.01	0.06	0.05	0.01	0.009	0.02	0.01	0.004
Total Phosphorus												
(mg/L)												
Average Monthly	1.2	1.0	1.9	0.3	0.6	0.8	0.6	0.3	0.5	0.4	0.2	0.1

#### Compliance History

Effluent Violations for Outfall 001, from: March 1, 2023 To: January 31, 2024

Parameter	Date	SBC	DMR Value	Units	Limit Value	Units
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## NPDES Permit Fact Sheet Peter J Camiel Service Plaza

#### NPDES Permit No. PA0027987

		1				
рН	09/30/23	IMAX	9.5	S.U.	9.0	S.U.
рН	10/31/23	IMAX	9.4	S.U.	9.0	S.U.
DO	04/30/23	Inst Min	4.7	mg/L	5.0	mg/L
CBOD5	07/31/23	Avg Mo	22.0	mg/L	10.0	mg/L
CBOD5	08/31/23	Avg Mo	22.0	mg/L	10.0	mg/L
CBOD5	06/30/23	Avg Mo	18.0	mg/L	10.0	mg/L
CBOD5	09/30/23	Avg Mo	22.0	mg/L	10.0	mg/L
CBOD5	05/31/23	Avg Mo	16.0	mg/L	10.0	mg/L
CBOD5	01/31/24	Avg Mo	23.0	mg/L	20.0	mg/L
CBOD5	10/31/23	Avg Mo	14.0	mg/L	10.0	mg/L
TSS	01/31/24	Avg Mo	34.0	mg/L	20.0	mg/L
Fecal Coliform	01/31/24	IMAX	4200	No./100 ml	1000	No./100 ml
Ammonia	05/31/23	Avg Mo	4.2	mg/L	3.0	mg/L

Summary of Inspections:

Development of Effluent Limitations									
Outfall No.	001		Design Flow (MGD)	.05					
Latitude	40° 7' 16.94"		Longitude	-75° 46' 29.09"					
Wastewater	Description:	Sewage Effluent	-						

#### **Technology-Based Limitations**

The following technology-based limitations apply, subject to water quality analysis and BPJ where applicable:

Pollutant	Limit (mg/l)	SBC	Federal Regulation	State Regulation
CBOD₅	25	Average Monthly	133.102(a)(4)(i)	92a.47(a)(1)
CBOD5	40	Average Weekly	133.102(a)(4)(ii)	92a.47(a)(2)
Total Suspended	30	Average Monthly	133.102(b)(1)	92a.47(a)(1)
Solids	45	Average Weekly	133.102(b)(2)	92a.47(a)(2)
pН	6.0 – 9.0 S.U.	Min – Max	133.102(c)	95.2(1)
Fecal Coliform				
(5/1 - 9/30)	200 / 100 ml	Geo Mean	-	92a.47(a)(4)
Fecal Coliform				
(5/1 – 9/30)	1,000 / 100 ml	IMAX	-	92a.47(a)(4)
Fecal Coliform				
(10/1 – 4/30)	2,000 / 100 ml	Geo Mean	-	92a.47(a)(5)
Fecal Coliform				
(10/1 - 4/30)	10,000 / 100 ml	IMAX	-	92a.47(a)(5)
Total Residual Chlorine	0.5	Average Monthly	-	92a.48(b)(2)

Comments:

#### **Water Quality-Based Limitations**

A "Reasonable Potential Analysis" (Attachment ) determined the following parameters were candidates for limitations:

The following limitations were determined through water quality modeling (output files attached):

Parameter	Limit (mg/l)	SBC	Model		

Comments:

#### **Best Professional Judgment (BPJ) Limitations**

Comments:

#### **Anti-Backsliding**

#### **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" (386-0400-001), 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
raiailletei	Average Monthly	Average Weekly	Minimum	Average Monthly	Maximum	Instant. Maximum	Measurement Frequency	Sample Type
Flow (MGD)	Report	XXX	XXX	XXX	XXX	XXX	Continuous	Metered
pH (S.U.)	XXX	XXX	6.0 Inst Min	XXX	XXX	9.0	1/day	Grab
DO	XXX	XXX	5.0 Inst Min	XXX	XXX	XXX	1/day	Grab
TRC	XXX	XXX	XXX	0.5	XXX	1.2	1/day	Grab
CBOD5 Nov 1 - Apr 30	8.3	XXX	XXX	20.0	XXX	40	2/month	24-Hr Composite
CBOD5 May 1 - Oct 31	4.2	XXX	XXX	10.0	XXX	20	2/month	24-Hr Composite
BOD5		XXX	XXX		XXX	XXX	2/month	24-Hr
Raw Sewage Influent	Report			Report				Composite 24-Hr
TSS TSS	8.3	XXX	XXX	20.0	XXX	40	2/month	Composite 24-Hr
Raw Sewage Influent	Report	XXX	XXX	Report	XXX	XXX	2/month	Composite
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	1000	2/month	Grab
Nitrate-Nitrite	Report	XXX	XXX	Report	XXX	XXX	2/month	24-Hr Composite

Outfall 001, Continued (from Permit Effective Date through Permit Expiration Date)

		Monitoring Requirements						
Parameter	Mass Units (lbs/day) (1)			Concentrat	Minimum <sup>(2)</sup>	Required		
raidilletei	Average Monthly	Average Weekly	Minimum	Average Monthly	Maximum	Instant. Maximum	Measurement Frequency	Sample Type
								24-Hr
Total Nitrogen	Report	XXX	XXX	Report	XXX	XXX	2/month	Composite
Ammonia								24-Hr
Nov 1 - Apr 30	3.7	XXX	XXX	9.0	XXX	18	2/month	Composite
Ammonia								24-Hr
May 1 - Oct 31	1.3	XXX	XXX	3.0	XXX	6	2/month	Composite
								24-Hr
TKN	Report	XXX	XXX	Report	XXX	XXX	2/month	Composite
Total Phosphorus								24-Hr
Nov 1 - Mar 31	0.83	XXX	XXX	2.0	XXX	4	2/month	Composite
Total Phosphorus								24-Hr
Apr 1 - Oct 31	0.42	XXX	XXX	1.0	XXX	2	2/month	Composite

Compliance Sampling Location:



Approve	Deny	Signatures	Date
		./AUTH_LEAD_REV_INFO/AUTH_LEAD_REV_INFO_ROW/FULL	
		_NAME /	
		./AUTH_LEAD_REV_INFO/AUTH_LEAD_REV_INFO_ROW/JOB_	
		TITLE	March 6, 2024
		./AUTH_LEAD_REV_INFO/AUTH_LEAD_REV_INFO_ROW/PERM	
		ITS_CHIEF_NAME /	
		./AUTH_LEAD_REV_INFO/AUTH_LEAD_REV_INFO_ROW/PERM	
		ITS_CHIEF_TITLE	