

Application Type Renewal  
Facility Type Non-Municipal  
Major / Minor Minor

## NPDES PERMIT FACT SHEET INDIVIDUAL SEWAGE

Application No. PA0042641  
APS ID 1125715  
Authorization ID 1506487

### Applicant and Facility Information

|   |   |
|---|---|
| Applicant Name <u>PA DCNR State Parks Bureau</u>                                    | Facility Name <u>Nockamixon State Park STP</u>                                |
| Applicant Address <u>2808 Three Mile Run Road</u><br><u>Perkasie, PA 18944-2065</u> | Facility Address <u>1542 Mountain View Drive</u><br><u>Perkasie, PA 18944</u> |
| Applicant Contact <u>Bilal Baqai</u>  | Facility Contact <u>Obie Derr</u>   |
| Applicant Phone <u>(215) 453-5019</u>   | Facility Phone <u>(215) 529-7300</u>  |
| Client ID <u>64584</u>  | Site ID <u>452366</u>   |
| Ch 94 Load Status <u>Not Overloaded</u>   | Municipality <u>Haycock Township</u>  |
| Connection Status <u>No Limitations</u>   | County <u>Bucks</u>   |
| Date Application Received <u>October 25, 2024</u>                                   | EPA Waived? <u>Yes</u>  |
| Date Application Accepted _____   | If No, Reason _____   |
| Purpose of Application <u>Renewal.</u>  |   |

### Summary of Review

The permittee has submitted a renewal for their treated sewage discharge into unnamed tributary to Tohickon Creek (CWF,MF) through Outfall 001.

The facility is the sewage treatment plant that serves Nockamixon State Park. The collection system includes Bucks County Tech vocation school, few houses, the park and cabins. Influent flow goes through bar screen/comminutor before entering pre-eq tank followed by dual basin SBR's. Treated effluent is decanted from SBR's to a post equalization tank prior to discharge to chlorine contact tank and then to outfall. Solids are wasted to aerobic digester.

The site visit was conducted on 03/19/2025. The violations are noted below:

1. **25 Pa. Code 91.34(a):** Failure to take necessary measures to prevent pollutants from causing injury or from directly or indirectly reaching waters of the Commonwealth.  
Sodium hypochlorite tank leaking.
2. **25 Pa. Code 92a.41(a)(10):** Failure to collect representative samples.  
Effluent samples are not flow proportional.
3. **25 Pa. Code 92a.41(a)(12):** Failure to submit monitoring reports or properly complete monitoring reports.  
Daily Effluent Supplemental From needs to be submitted monthly.

No changes in effluent quality or quantity.

| Approve | Deny | Signatures   | Date          |
|---------|------|--|---------------|
| X       |      | <i>Begay Omuralieva</i><br>Begay Omuralieva / Environmental Engineering Specialist | July 24, 2025 |
| X       |      | <i>Pravin Patel</i><br>Pravin C. Patel, P.E. / Environmental Engineer Manager      | 07/24/2025    |

### Summary of Review

All previously established effluent limits and monitoring requirement will be proposed

Page 6 of this fact sheet shows development of previously established limits. Since there are no changes to quality and quantity of wastewater all existing limits, and monitoring requirements are proposed in the draft permit except quarterly E.Coli monitoring based on statewide requirements for collecting data.

Act 14 Notification: Bucks County Commissioners has received on 10/21/2024  
Bedminster Township has received on 10/18/2024

#### 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.

**Discharge, Receiving Waters and Water Supply Information**

|  |   |                              |                 |
|--|---|------------------------------|-----------------|
| Outfall No.  | 001   | Design Flow (MGD)            | 0.02            |
| Latitude   | 40° 28' 0.66"                                 | Longitude                    | -75° 11' 14.90" |
| Quad Name  | Bedminster                                    | Quad Code                    | 1544            |
| Wastewater Description: Sewage Effluent from Nockamixon State Park STP |   |                              |                 |
| Receiving Waters   | Unnamed Tributary to Tohickon Creek (CWF, MF) | Stream Code                  | 03153           |
| NHD Com ID   | 26031024                                      | RMI                          | 0.4             |
| Drainage Area  | 1.55 sq mi                                    | Yield (cfs/mi <sup>2</sup> ) | 0.006           |
| Q <sub>7-10</sub> Flow (cfs)   | <b>0.009</b>                                  | Q <sub>7-10</sub> Basis      | StrteamStat*    |
| Elevation (ft)   | 373   | Slope (ft/ft)                |                 |
| Watershed No.  | 2-D   | Chapter 93 Class.            | CWF, MF         |
| Existing Use   | Cold Water Fishes, Migratory Fishes           | Existing Use Qualifier       |                 |
| Exceptions to Use  | None  | Exceptions to Criteria       |                 |

Changes Since Last Permit Issuance: none

Compliance History

DMR Data for Outfall 001 (from March 1, 2024 to February 28, 2025)

| Parameter  | FEB-25 | JAN-25 | DEC-24 | NOV-24 | OCT-24 | SEP-24 | AUG-24 | JUL-24 | JUN-24 | MAY-24 | APR-24 | MAR-24 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Flow (MGD)<br>Average Monthly                                      | 0.043  | 0.017  | 0.038  | 0.011  | 0.021  | 0.031  | 0.018  | 0.013  | 0.021  | 0.032  | 0.062  | 0.092  |
| pH (S.U.)<br>Instantaneous<br>Minimum                              | 6.7    | 7.2    | 6.7    | 6.9    | 6.7    | 6.5    | 6.6    | 6.8    | 6.9    | 6.6    | 6.7    | 6.7    |
| pH (S.U.)<br>Instantaneous<br>Maximum                              | 7.7    | 7.7    | 7.9    | 7.4    | 7.5    | 7.4    | 7.6    | 7.5    | 7.5    | 7.3    | 7.5    | 7.7    |
| DO (mg/L)<br>Instantaneous<br>Minimum                              | 8.6    | 8.1    | 7.3    | 6.8    | 7.4    | 6.8    | 6.4    | 6.8    | 6.6    | 8.3    | 6.6    | 8.6    |
| TRC (mg/L)<br>Average Monthly                                      | 0.1    | 0.1    | 0.1    | 0.2    | 0.1    | 0.1    | 0.2    | 0.1    | 0.1    | 0.1    | < 0.1  | 0.1    |
| CBOD5 (lbs/day)<br>Average Monthly                                 | 3      | 2      | 1      | 1.0    | 1      | 1      | 1      | 2      | 1      | 7      | 2      | 6      |
| CBOD5 (lbs/day)<br>Raw Sewage Influent<br><br/> Average<br>Monthly | 9      | 6      | 7      | 9      | 5      | 7      | 8      | 11     | 6      | 9      | 7      | 8      |
| CBOD5 (mg/L)<br>Average Monthly                                    | 10     | 11     | 15     | 6      | 4      | 5      | 12     | 17     | 9      | 15     | 5      | 7      |
| CBOD5 (mg/L)<br>Raw Sewage Influent<br><br/> Average<br>Monthly    | 30     | 40     | 32     | 80     | 44     | 47     | 65     | 95     | 43     | 38     | 22     | 16     |
| CBOD5 (mg/L)<br>Daily Maximum                                      | 14     | 27     | 35     | 8      | 9      | 10     | 28     | 27     | 15     | 57     | 8      | 11     |
| TSS (lbs/day)<br>Average Monthly                                   | 3      | 1      | 2      | 1.0    | 0.51   | 2      | 1      | 2      | 1      | 2      | 6      | 7      |
| TSS (lbs/day)<br>Raw Sewage Influent<br><br/> Average<br>Monthly   | 10     | 6      | 9      | 10     | 8      | 9      | 8      | 13     | 10     | 14     | 9      | 8      |
| TSS (mg/L)<br>Average Monthly                                      | 10     | 9      | 9      | 8      | 8      | 8      | 8      | 8      | 12     | 8      | 12     | 9      |

**NPDES Permit Fact Sheet  
Nockamixon State Park STP**

**NPDES Permit No. PA0042641**

|   |       |       |      |      |       |      |       |      |       |      |       |      |
|---|-------|-------|------|------|-------|------|-------|------|-------|------|-------|------|
| TSS (mg/L)<br>Raw Sewage Influent<br><br/> Average<br>Monthly | 39    | 40    | 47   | 83   | 88    | 56   | 64    | 121  | 96    | 61   | 28    | 16   |
| TSS (mg/L)<br>Daily Maximum                                   | 12    | 11    | 10   | 8    | 8     | 8    | 8     | 8    | 20    | 8    | 20    | 10   |
| Total Dissolved Solids<br>(lbs/day)<br>Average Quarterly      |       |       | 41   |      |       | 38   |       |      | 31    |      |       | 0.06 |
| Total Dissolved Solids<br>(mg/L)<br>Average Quarterly         |       |       | 769  |      |       | 346  |       |      | 318   |      |       | 0.23 |
| Fecal Coliform<br>(No./100 ml)<br>Geometric Mean              | 10    | 14    | 21   | 43   | 12    | 10   | 12    | 12   | 28    | 9    | 30    | 19   |
| Fecal Coliform<br>(No./100 ml)<br>Instantaneous<br>Maximum    | 10    | 24    | 24   | 120  | 17    | 15   | 45    | 10   | 185   | 15   | 170   | 90   |
| Ammonia (lbs/day)<br>Average Monthly                          | 0.6   | 0.10  | 0.03 | 2.0  | 0.05  | 0.43 | 1.0   | 1.0  | 0.12  | 0.27 | 0.37  | 0.34 |
| Ammonia (mg/L)<br>Average Monthly                             | 0.8   | 0.34  | 0.19 | 3.0  | 1.5   | 1.5  | 0.07  | 0.3  | 1.0   | 1.0  | 1.0   | 1.0  |
| Total Phosphorus<br>(lbs/day)<br>Average Monthly              | 0.05  | 0.04  | 0.14 | 0.15 | 0.064 | 1    | 0.07  | 0.08 | 0.06  | 0.10 | 0.10  | 0.20 |
| Total Phosphorus<br>(mg/L)<br>Average Monthly                 | 0.271 | 0.245 | 0.44 | 1.0  | 1.2   | 1.1  | 0.559 | 0.74 | 0.539 | 0.36 | 0.236 | 0.27 |

**Compliance History**

**Effluent Violations for Outfall 001, from: April 1, 2024 To: February 28, 2025**

| Parameter | Date     | SBC       | DMR Value | Units | Limit Value | Units |
|-----------|----------|-----------|-----------|-------|-------------|-------|
| CBOD5     | 05/31/24 | Daily Max | 57        | mg/L  | 30          | mg/L  |

Summary of Inspections:

**Development of Effluent Limitations**

Outfall No. 001  
Latitude 40° 28' 0.44"  
Wastewater Description: Sewage Effluent

Design Flow (MGD) .02  
Longitude -75° 11' 20.61"

**Technology-Based Limitations**

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

| Parameter                                   | Minimum | Average Monthly   | Average Weekly      | IMAX   | Basis             |
|---|---------|-------------------|---------------------|--------|-------------------|
| Flow (MGD)                                  | XXX     | Report            | Report<br>Max Daily | XXX    | §§ 92a.27, 92a.61 |
| CBOD5 (mg/L)                                | XXX     | 25                | 40                  | 50     | §92a.47           |
| TSS (mg/L)                                  | XXX     | 30                | 45                  | 60     | §92a.47           |
| TRC (mg/L)                                  | XXX     | 0.5               | XXX                 | 1.6    | §§92a.47-48       |
| NH3-N (mg/L)                                | XXX     | 25                | XXX                 | 50     | BPJ               |
| D.O. (mg/L)                                 | 4.0     | XXX               | XXX                 | XXX    | BPJ               |
| pH (SU)                                     | 6.0     | XXX               | XXX                 | 9.0    | §92a.47, §95.2    |
| Total N (mg/L)                              | XXX     | Report            | XXX                 | XXX    | 92a.61            |
| Total P (mg/L)                              | XXX     | Report            | XXX                 | XXX    | 92a.61            |
| Fecal Coliform<br>May-Sept<br>(No./100 ml)  | XXX     | 200<br>Geo Mean   | XXX                 | 1,000  | §92a.47           |
| Fecal Coliform<br>Oct-April<br>(No./100 ml) | XXX     | 2,000<br>Geo Mean | XXX                 | 10,000 | §92a.47           |

**WQBELs:**

10% Fecal Coliform Rule:

Following special requirement was added to Part C of the permit, based on the condition that discharge not direct to the Delaware River main stem:

*The seasonal effluent limitations for fecal coliform are based on Chapter 92a (§ 92a.47(4) & (5)) of DEP's regulations and Delaware River Basin Commission's (DRBC's) Water Quality Regulations at § 4.30.4.A. DEP's regulations govern the summer limits for fecal coliform while the winter limits are based on DRBC's regulations. The DRBC regulations state that during winter season from October through April, the instantaneous maximum concentration of fecal coliform organisms shall not be greater than 1,000 per 100 milliliters in more than 10 percent of the samples tested. For reporting purposes, a copy of the guidelines on the 10 percent rule is enclosed with the permit.*

**TDS:**

Based on Guidance: "Policy and Procedure for NPDES Permitting of Discharges of Total Dissolved Solids (TDS) -- 25 Pa. Code §95.10" that became effective on August 21, 2010, monitoring for TDS is included in the proposed draft. This guidance applies to all discharges of wastewater in the Commonwealth of Pennsylvania subject to regulation under Chapter 92a (NPDES Permitting, Monitoring and Compliance) and Chapter 95 (Wastewater Treatment Requirements).

**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.**

| Parameter                                     | Effluent Limitations                |                   |                       |                     |                  |                     | Monitoring Requirements                            |                            |
|---|-------------------------------------|-------------------|-----------------------|---------------------|------------------|---------------------|--|----------------------------|
|   | Mass Units (lbs/day) <sup>(1)</sup> |                   | Concentrations (mg/L) |                     |                  |                     | Minimum <sup>(2)</sup><br>Measurement<br>Frequency | Required<br>Sample<br>Type |
|   | Average<br>Monthly                  | Average<br>Weekly | Minimum               | Average<br>Monthly  | Daily<br>Maximum | Instant.<br>Maximum |  |                            |
| Flow (MGD)                                    | Report                              | XXX               | XXX                   | XXX                 | XXX              | XXX                 | Continuous   | Metered                    |
| pH (S.U.)                                     | XXX                                 | XXX               | 6<br>Inst Min         | XXX                 | XXX              | 9                   | 1/day  | Grab                       |
| DO  | XXX                                 | XXX               | 5.0<br>Inst Min       | XXX                 | XXX              | XXX                 | 1/day  | Grab                       |
| TRC   | XXX                                 | XXX               | XXX                   | 0.5                 | XXX              | 1.2                 | 1/day  | Grab                       |
| CBOD5<br>Raw Sewage Influent                  | Report                              | XXX               | XXX                   | Report              | XXX              | XXX                 | 1/week   | 24-Hr<br>Composite         |
| CBOD5<br>Nov 1 - Apr 30                       | 42                                  | XXX               | XXX                   | 25                  | 40               | 50                  | 1/week   | 24-Hr<br>Composite         |
| CBOD5<br>May 1 - Oct 31                       | 33                                  | XXX               | XXX                   | 20                  | 30               | 40                  | 1/week   | 24-Hr<br>Composite         |
| TSS   | 50                                  | XXX               | XXX                   | 30                  | 45               | 60                  | 1/week   | 24-Hr<br>Composite         |
| TSS<br>Raw Sewage Influent                    | Report                              | XXX               | XXX                   | Report              | XXX              | XXX                 | 1/week   | 24-Hr<br>Composite         |
| Total Dissolved Solids                        | Report<br>Avg Qrtly                 | XXX               | XXX                   | Report<br>Avg Qrtly | XXX              | XXX                 | 1/quarter  | 24-Hr<br>Composite         |
| Fecal Coliform (No./100 ml)<br>Nov 1 - Apr 30 | XXX                                 | XXX               | XXX                   | 200<br>Geo Mean     | XXX              | 1000                | 1/week   | Grab                       |
| Fecal Coliform (No./100 ml)<br>May 1 - Oct 31 | XXX                                 | XXX               | XXX                   | 200<br>Geo Mean     | XXX              | 1000                | 1/week   | Grab                       |

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

| Parameter                 | Effluent Limitations                |                   |                       |                      |                  |                     | Monitoring Requirements                            |                            |
|---------------------------|-------------------------------------|-------------------|-----------------------|----------------------|------------------|---------------------|--|----------------------------|
|                           | Mass Units (lbs/day) <sup>(1)</sup> |                   | Concentrations (mg/L) |                      |                  |                     | Minimum <sup>(2)</sup><br>Measurement<br>Frequency | Required<br>Sample<br>Type |
|                           | Average<br>Monthly                  | Average<br>Weekly | Minimum               | Average<br>Monthly   | Daily<br>Maximum | Instant.<br>Maximum |  |                            |
| Ammonia<br>Nov 1 - Apr 30 | 7.0                                 | XXX               | XXX                   | 4.0                  | XXX              | 8                   | 1/week   | 24-Hr<br>Composite         |
| Ammonia<br>May 1 - Oct 31 | 3.0                                 | XXX               | XXX                   | 2.0                  | XXX              | 4                   | 1/week   | 24-Hr<br>Composite         |
| Total Phosphorus          | Report                              | XXX               | XXX                   | Report               | XXX              | XXX                 | 1/week   | 24-Hr<br>Composite         |
| E. Coli (No./100 ml)      | XXX                                 | XXX               | XXX                   | Report<br>Ave. Qrtly | XXX              | Report              | 1/quarter  | Grab                       |

Compliance Sampling Location: Outfall 001.