

Southeast Regional Office CLEAN WATER PROGRAM

Application Type
Renewal
NonFacility Type
Municipal
Major / Minor
Minor

NPDES PERMIT FACT SHEET INDIVIDUAL SEWAGE

Application No. PA0044474

APS ID <u>1011718</u>

Authorization ID 1306128

Applicant and Facility Information									
Applicant Name	Brinton Manor Rehab And Nursing Center LLC	_ Facility Name	Brinton Manor STP						
Applicant Address	549 Baltimore Pike	Facility Address	549 Baltimore Pike						
	Glen Mills, PA 19342-1020	_	Glen Mills, PA 19342-1020						
Applicant Contact	Nigel Hevener	_ Facility Contact	Nigel Hevener (610) 358-6005						
Applicant Phone	(610) 358-6005	_ Facility Phone							
Client ID	42677	_ Site ID	197725						
Ch 94 Load Status	Not Overloaded	Municipality	Concord Township						
Connection Status		County	Delaware						
Date Application Rece	eived February 3, 2020	EPA Waived?	Yes						
Date Application Accepted		If No, Reason							

Summary of Review

The applicant requests approval for renewal of an NPDES permit to discharge 13,000 gpd of treated sewage from Brinton Manor STP to West Branch Chester Creek. The receiving stream is classified as TSF/MF.

The sewage treatment plant consists of a bar screen, comminutor, aeration tank, clarifier, sand filter, chlorine contact tank, and sludge holding tank. The treatment plant is permitted under WQM Permit No. 2371408.

Based on the DMRs review and operations section comments, there were few effluent limit violations in the last permit term. According to the permittee and the consultant those were due to operational issues, suspected sample contamination and issue with the chemical feed pump. Those were already resolved and currently the facility is in compliance.

Because there are no changes in flow, treatment units, stream designation, influent characteristics, effluent quality, the current permit limits will be carried over to the new permit as follows:

Parameter	Average Monthly Limits (mg/l)	Basis
CBOD5	25	Ch.92a.47/ previous WQM Model
Total Suspended Solids	30	Ch.92a.47/DRBC
NH3 as N (5-1 to 10-31)	10	Previous WQM Model
NH3 as N (11-1 to 4-30)	20	Previous WQM Model
Phosphorus (5-1 to 10-31)	1.0	BPJ
Phosphorus (11-1 to 4-30)	2.0	BPJ
Dissolved Oxygen	4.0	BPJ/SOP
Total Residual Chlorine	0.5	Ch.92a.48 / BAT

Approve	Deny	Signatures	Date
Х		Sara Abraham Sara Reji Abraham, E.I.T. / Project Manager	04-13-2020
Х		Pravín Patel Pravin C. Patel, P.E. / Environmental Engineer Manager/	04/13/2020

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Fecal Coliform (CFU/100ml) 200 Geo. Mean 92a.47/Ch.93 pH 6.0 – 9.0 SU at all times 92a.47/Ch.93 Total Nitrogen Report SOP/data collection

Summary of Review

Anti-Backsliding

N/A

Act 14 Notifications:

Concord Township - January 10, 2020 Delaware County - January 10, 2020

Permit Conditions:

- A. No Stormwater
- B. Acquire Necessary Property Rights
- C. Proper Sludge Disposal
- D. Abandon STP when Municipal Sewers Available
- E. Chlorine Optimization
- F. Operator Notification
- G. Solids Management

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.

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Outfall No. 001		Design Flow (MGD)	.013			
_atitude 39° 5	3' 21.34"	Longitude	-75° 30' 41.10"			
Quad Name We	est Chester	Quad Code	1941			
Wastewater Descrip	otion: Sewage Effluent					
Receiving Waters	West Branch Chester Creek (TSF, MF)	Stream Code	00542			
NHD Com ID	25621448	RMI	5.9			
Drainage Area	4.74 sq.mi.					
Q ₇₋₁₀ Flow (cfs)	0.854	Q ₇₋₁₀ Basis	Previous record			
Watershed No.	3-G	Chapter 93 Class.	TSF, MF			
Assessment Status Cause(s) of Impairn Source(s) of Impairn	nent <u>SILTATION</u> HABITAT MODIFICATION - 0	Impaired CAUSE UNKNOWN, FLOW REGIME MODIFICATION, HABITAT ALTERATIONS,				

	Tro	eatment Facility Summar	у	
reatment Facility Na	me: Brinton Manor STP			
	Degree of			Avg Annual
Waste Type	Treatment	Process Type	Disinfection	Flow (MGD)
		Extended Aeration With		
Sewage	Tertiary	Solids Removal	Hypochlorite	0.013
Hydraulic Capacity	Organic Capacity			Biosolids
(MGD)	(lbs/day)	Load Status	Biosolids Treatment	Use/Disposa
0.013	•	Not Overloaded		•

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Compliance History

DMR Data for Outfall 001 (from March 1, 2019 to February 29, 2020)

Parameter	FEB-20	JAN-20	DEC-19	NOV-19	OCT-19	SEP-19	AUG-19	JUL-19	JUN-19	MAY-19	APR-19	MAR-19
Flow (MGD)												
Average Monthly	0.0022	0.0007	0.0005	0.0009	0.0009	0.0013	0.0049	0.0062	0.0052	0.0047	0.0046	0.0036
Flow (MGD)												
Daily Maximum	0.0037	0.0033	0.0018	0.0015	0.0017	0.0052	0.0069	0.0078	0.0105	0.0067	0.0085	0.0069
pH (S.U.)												
Instantaneous												
Minimum	7.0	7.0	6.5	6.9	6.4	6.9	6.8	6.2	6.9	6.6	7.1	7.3
pH (S.U.)												
Instantaneous												
Maximum	7.8	7.7	7.6	7.5	7.7	7.6	7.5	7.3	7.3	7.9	7.6	7.8
DO (mg/L)												
Instantaneous												
Minimum	5.1	4.3	4.2	5.9	4.3	5.2	5.3	4.0	4.8	5.7	5.5	5.4
TRC (mg/L)												
Average Monthly	0.4	0.1	0.3	0.3	0.3	0.3	0.3	0.4	0.3	0.4	0.4	0.4
TRC (mg/L)												
Instantaneous												
Maximum	0.8	0.3	0.7	0.4	0.5	0.4	0.4	0.8	0.5	0.6	0.5	0.5
CBOD5 (lbs/day)												
Average Monthly	0.04	< 0.006	0.02	< 0.02	< 0.06	< 0.02	< 0.09	< 0.08	< 0.10	< 0.09	0.20	0.04
CBOD5 (mg/L)	_		_	_	_	_	_	_	_	_		_
Average Monthly	3	< 4.9	3	2	< 5	< 3	< 2	< 2	3	< 2	4	3
TSS (lbs/day)												
Average Monthly	< 0.07	< 0.007	0.02	< 0.04	0.07	< 0.03	< 0.20	< 0.20	0.60	< 0.20	2.04	0.10
TSS (mg/L)			_	_	_		_	_				_
Average Monthly	< 4	< 4	5	< 5	6	< 4	< 4	< 4	13	< 4	33	7
Fecal Coliform												
(CFU/100 ml)	470		40		4.0	444	4.4			00	0.4	
Geometric Mean	179	< 2	< 12	2	> 13	> 141	< 14	< 1	4	62	24	< 2
Fecal Coliform												
(CFU/100 ml)												
Instantaneous	2000	4	228		. 20000	. 20000	200	. 4	10	EEO.	200	
Maximum Total Nitrogen (mg/l)	2000	4	228	6	> 20000	> 20000	208	< 1	10	550	300	3
Total Nitrogen (mg/L)	. 20 04	. 10.00	0.55	. 45.00	10.7	. 40.00	. 10 55	. 40 40	. 44 77	. 24. 40	. 22 70	10.07
Average Monthly	< 20.94	< 19.28	6.55	< 15.03	18.7	< 18.23	< 19.55	< 18.13	< 11.77	< 21.49	< 23.79	< 19.37

NPDES Permit Fact Sheet Brinton Manor STP

NPDES Permit No. PA0044474

Ammonia (lbs/day) Average Monthly	0.004	0.0003	0.004	0.0009	0.02	0.02	0.03	0.01	0.02	< 0.004	< 0.01	< 0.003
Ammonia (mg/L)												
Average Monthly	0.2	0.2	5	< 0.1	2	3	1	0.2	1	< 0.1	< 0.2	< 0.2
Total Phosphorus (lbs/day)												
Average Monthly	0.003	0.0004	0.002	0.002	0.01	0.002	0.01	0.04	0.02	0.02	0.09	0.004
Total Phosphorus (mg/L)												
Average Monthly	0.2	0.2	0.3	0.2	0.5	0.2	0.2	0.8	0.5	0.6	1.9	0.3

Compliance History

Effluent Violations for Outfall 001, from: April 1, 2019 to: February 29, 2020

Parameter	Date	SBC	DMR Value	Units	Limit Value	Units
TSS	04/30/19	Avg Mo	33	mg/L	30	mg/L
Fecal Coliform	10/31/19	IMAX	> 20000	CFU/100 ml	1000	CFU/100 ml
Fecal Coliform	02/29/20	IMAX	2000	CFU/100 ml	1000	CFU/100 ml
Fecal Coliform	09/30/19	IMAX	> 20000	CFU/100 ml	1000	CFU/100 ml

Proposed Effluent Limitations and Monitoring Requirements

Outfall 001, Effective Period: Permit Effective Date through Permit Expiration Date.

		Monitoring Re	quirements					
Parameter	Mass Units	(lbs/day) (1)		Concentrat		Minimum (2)	Required	
Farameter	Average Monthly	Average Weekly	Minimum	Average Monthly	Maximum	Instant. Maximum	Measurement Frequency	Sample Type
Flow (MGD)	Report	Report Daily Max	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	4.0 Inst Min	XXX	XXX	XXX	1/day	Grab
TRC	XXX	XXX	XXX	0.5	XXX	1.2	1/day	Grab
CBOD5	2.71	XXX	XXX	25	XXX	50	2/month	24-Hr Composite
TSS	3.25	XXX	XXX	30	XXX	60	2/month	24-Hr Composite
Fecal Coliform (No./100 ml) Oct 1 - Apr 30	XXX	XXX	XXX	200 Geo Mean	XXX	1000	2/month	Grab
Fecal Coliform (No./100 ml) May 1 - Sep 30	XXX	XXX	XXX	200 Geo Mean	XXX	1000	2/month	Grab
Total Nitrogen	XXX	XXX	XXX	Report	XXX	XXX	2/month	24-Hr Composite
Ammonia Nov 1 - Apr 30	2.1	XXX	XXX	20	XXX	40	2/month	24-Hr Composite
Ammonia May 1 - Oct 31	1.0	XXX	XXX	10	XXX	20	2/month	24-Hr Composite
Total Phosphorus Nov 1 - Apr 30	0.21	XXX	XXX	2.0	XXX	4	2/month	24-Hr Composite
Total Phosphorus May 1 - Oct 31	0.10	XXX	XXX	1.0	XXX	2	2/month	24-Hr Composite