

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

**NPDES PERMIT FACT SHEET
INDIVIDUAL SEWAGE**

Application No. PA0051586
 APS ID 1060329
 Authorization ID 1390974

Applicant and Facility Information

Applicant Name	<u>Tohickon Family Camping LLC</u>	Facility Name	<u>Tohickon Family Campground WWTP</u>
Applicant Address	<u>100 Carroll Drive</u> <u>Dillsburg, PA 17019-9328</u>	Facility Address	<u>8308 Covered Bridge Road</u> <u>Quakertown, PA 18951</u>
Applicant Contact	<u>Glenn Brad</u>	Facility Contact	<u>Kevin Franks</u>
Applicant Phone	<u>(717) 638-8071</u>	Facility Phone	<u>(267) 446-2728</u>
Client ID	<u>367105</u>	Site ID	<u>252218</u>
Ch 94 Load Status	<u>Not Overloaded</u>	Municipality	<u>East Rockhill Township</u>
Connection Status		County	<u>Bucks</u>
Date Application Received	<u>April 5, 2022</u>	EPA Waived?	<u>Yes</u>
Date Application Accepted		If No, Reason	
Purpose of Application	<u>Permit Renewal.</u>		

Summary of Review

The applicant requests renewal of an NPDES permit to discharge 25,000 gallons per day (GPD) of treated sewage into Tohickon Creek from the STP serving Tohickon Family Campground.

The STP is an extended aeration plant with one influent bar screen, one aeration tank, two clarifiers, plate settlers and chlorine contact tank. The treatment plant serves campground and onsite residential home. The treatment plant is old and some parts of the plant are deteriorated and may need to be upgraded in future. The discharge is generally in compliance with existing effluent limits. There were couple of exceedances for Fecal Coliform and Phosphorus limits last year. The ownership for NPDES permit was transferred from Clover D. Inc. to Tohickon Family Camping LLC on January 13, 2022.

The TMDL for Lake Nockamixon was completed in March 2003 for nutrients. TMDL requires permit limit of 0.5 mg/l for Phosphorus for all discharges to Tohickon Creek upstream of Lake Nockamixon. The current permit has a limit of 0.5 mg/l for Phosphorus. Therefore, no further reduction is warranted for this renewal. The discharge is located in Special Protection Waters of (SPW) Delaware River. Therefore, any increase in the flow or expansion of the treatment plant may result in stringent limits to reflect "SPW" requirements. Effluent limits for all the parameters are carried over from the previous permit. Effluent limits for all the parameters will remain same as there is no change in effluent characteristics or stream designation. The effluent flow is very low during winter season and is about 3300 gpd annual average per year. Monitoring requirements for Total Dissolved Solids, Total Nitrogen will continue in this permit renewal as recommended by DRBC. Quarterly monitoring for E. Coli is included in this permit renewal and is consistent with SOP.

Approve	Deny	Signatures	Date
X		<i>Ketan Thaker</i> Ketan Thaker / Project Manager	5/20/2022
X		<i>Pravin Patel</i> Pravin C. Patel, P.E. / Environmental Engineer Manager	05/20/2022

Summary of Review

Following are effluent limits:

PARAMETER	EFFLUENT LIMITS (Av. Mo. in mg/l)	BASIS
CBOD5	15	Existing limits, Previous PR
Total Suspended Solids	30	92a.47
Ammonia-Nitrogen	3.0	BPJ, Existing limits, Previous PR
Dissolved Oxygen	4.0 Minimum	BPJ
Fecal Coliform (#/100 ml)	200 Geo Mean	92a.47
Total Residual Chlorine	0.5	92a.47-48
pH (SU)	6.0 to 9.0 SU at all times	92a.47, 95.2
Total Phosphorus	0.5	Lake Nockamixon TMDL
Total Nitrogen	Report	92a.61
E. Coli (#/100 ml)	Report	92a.47
Total Dissolved Solids	Report	DRBC

Sludge use and disposal description and location(s): Sewage sludge is sent to Pennridge WWTP for proper treatment and disposal.

Act-14 Notification to East Rockhill Township on March 31, 2022

Act-14 Notification to Bucks County on March 31, 2022.

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.	<u>001</u>	Design Flow (MGD)	<u>0.025</u>
Latitude	<u>40° 27' 8.52"</u>	Longitude	<u>-75° 16' 25.87"</u>
Quad Name	<u>Quakertown</u>	Quad Code	<u>1543</u>
Wastewater Description: <u>Sewage Effluent</u>			

Receiving Waters	<u>Tohickon Creek (TSF, MF)</u>	Stream Code	<u>03110</u>
NHD Com ID	<u>26053704</u>	RMI	<u>20.5</u>
Drainage Area	_____	Yield (cfs/mi ²)	_____
Q ₇₋₁₀ Flow (cfs)	_____	Q ₇₋₁₀ Basis	_____
Elevation (ft)	_____	Slope (ft/ft)	_____
Watershed No.	<u>2-D</u>	Chapter 93 Class.	<u>TSF, MF</u>
Existing Use	_____	Existing Use Qualifier	_____
Exceptions to Use	_____	Exceptions to Criteria	_____

Assessment Status	<u>Impaired</u>
Cause(s) of Impairment	<u>NUTRIENTS, SILTATION</u>
Source(s) of Impairment	<u>AGRICULTURE, REMOVAL OF RIPARIAN VEGETATION</u>
TMDL Status	Name _____

Background/Ambient Data	Data Source
pH (SU)	_____
Temperature (°F)	_____
Hardness (mg/L)	_____
Other:	_____

Nearest Downstream Public Water Supply Intake	
PWS Waters	Flow at Intake (cfs)
PWS RMI	Distance from Outfall (mi)

Treatment Facility Summary				
Treatment Facility Name: Tohickon Family Campground WWTP				
Waste Type	Degree of Treatment	Process Type	Disinfection	Avg Annual Flow (MGD)
Sewage	Secondary with Phosphorus Reduction	Extended Aeration	Hypochlorite	0.05
Hydraulic Capacity (MGD)	Organic Capacity (lbs/day)	Load Status	Biosolids Treatment	Biosolids Use/Disposal
0.025		Not Overloaded		

Compliance History

DMR Data for Outfall 001 (from April 1, 2021 to March 31, 2022)

Parameter	MAR-22	FEB-22	JAN-22	DEC-21	NOV-21	OCT-21	SEP-21	AUG-21	JUL-21	JUN-21	MAY-21	APR-21
Flow (GPD) Average Monthly	0.00068 7	0.00023 6	0.00093 2	0.00070 5	0.00197 9	0.00264 9	0.00689 5	0.00367 1	0.00352 9	0.00475 3	0.00307	0.00357 4
Flow (GPD) Daily Maximum	0.00270 4	0.00209 5	0.00051 73	0.00109 6	0.00566 6	0.01691	0.04066 7	0.01443 3	0.00670 8	0.01331 2	0.01294	0.00727 4
pH (S.U.) Instantaneous Minimum	6.0	6.1	6.1	6.8	6.5	6.3	6.1	6.2	6.2	6.2	6.3	6.3
pH (S.U.) Instantaneous Maximum	6.2	6.6	7.6	7.2	7.1	6.7	7.1	6.7	6.8	7.0	6.9	7.2
DO (mg/L) Instantaneous Minimum	4.1	6.5	6.1	8.1	6.5	6.8	6.2	6.2	5.6	5.0	5.7	6.7
TRC (mg/L) Average Monthly	0.02	0.3	0.3	0.3	0.2	0.2	0.2	0.2	0.1	0.1	0.2	0.2
TRC (mg/L) Instantaneous Maximum	0.4	0.45	0.42	0.51	0.49	0.3	0.4	0.48	0.46	0.51	0.4	0.3
CBOD5 (lbs/day) Average Monthly	FF	0.01	< 0.02	< 0.01	< 0.05	< 0.03	< 0.05	< 0.09	< 0.05	< 0.20	< 0.04	< 0.06
CBOD5 (mg/L) Average Monthly	4.7	3.3	< 4.5	< 2.0	< 3.0	< 2.8	< 2.0	< 4.0	< 2.6	< 5.1	< 2.3	< 2.4
BOD5 (mg/L) Raw Sewage Influent Average Quarterly	183			78.6			182			2.5		
TSS (lbs/day) Average Monthly	FF	0.02	0.05	0.02	0.10	0.03	0.30	0.07	0.30	0.10	0.07	0.08
TSS (mg/L) Average Monthly	10.0	7.0	5.5	4.0	6.5	4.0	10.0	3.5	13.5	4.0	4.0	3.0
TSS (mg/L) Raw Sewage Influent Average Quarterly	157			104			39			2.0		

**NPDES Permit Fact Sheet
Tohickon Family Campground WWTP**

NPDES Permit No. PA0051586

Total Dissolved Solids (mg/L) Average Quarterly	388			116			649			432		
Fecal Coliform (No./100 ml) Geometric Mean	410	< 2.0	< 2	< 2.0	< 2.0	< 2.0	< 6.0	< 2.0	< 2.0	< 46	< 2.0	< 2.0
Fecal Coliform (No./100 ml) Instantaneous Maximum	410	< 2.0	< 2	< 2.0	< 2.0	< 2.0	18	2.0	< 2.0	1070	< 2.0	2.0
Total Nitrogen (mg/L) Average Monthly	15.14	< 12.85	< 15.38	< 29.64	< 32.53	< 62.76	< 34.62	< 54.29	< 40.41	35.98	28.93	< 14.66
Ammonia (lbs/day) Average Monthly	FF	0.003	0.0002	< 0.002	0.004	0.04	0.05	0.10	0.02	0.05	0.10	0.20
Ammonia (mg/L) Average Monthly	4.4	0.8	< 0.1	< 0.4	0.2	7.2	1.8	14.2	< 1.0	1.9	5.5	7.0
Total Phosphorus (lbs/day) Average Monthly	FF	0.002	0.004	0.001	0.009	0.003	0.009	0.003	0.02	0.01	0.003	0.005
Total Phosphorus (mg/L) Average Monthly	0.39	0.7	0.4	0.2	0.5	0.6	0.30	0.1	1.0	0.3	0.1	0.20

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" (362-0400-001), SOPs and/or BPJ.

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

Parameter	Effluent Limitations						Monitoring Requirements	
	Mass Units (lbs/day) ⁽¹⁾		Concentrations (mg/L)				Minimum ⁽²⁾ Measurement Frequency	Required Sample Type
	Average Monthly	Average Weekly	Minimum	Average Monthly	Maximum	Instant. Maximum		
Flow (GPD)	Report	Report Daily Max	XXX	XXX	XXX	XXX	1/day	Calculation
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 Nov 1 - Apr 30	5.21	XXX	XXX	25.0	XXX	50	2/month	8-Hr Composite
CBOD5 May 1 - Oct 31	3.12	XXX	XXX	15.0	XXX	30	2/month	8-Hr Composite
BOD5 Raw Sewage Influent	XXX	XXX	XXX	Report Avg Qrtly	XXX	XXX	1/quarter	8-Hr Composite
TSS Raw Sewage Influent	XXX	XXX	XXX	Report Avg Qrtly	XXX	XXX	1/quarter	8-Hr Composite
TSS	6.25	XXX	XXX	30.0	XXX	60	2/month	8-Hr Composite
Total Dissolved Solids	XXX	XXX	XXX	Report Avg Qrtly	XXX	XXX	1/quarter	8-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

Outfall001 , Continued (from Permit Effective Date through Permit Expiration Date)

Parameter	Effluent Limitations						Monitoring Requirements	
	Mass Units (lbs/day) ⁽¹⁾		Concentrations (mg/L)				Minimum ⁽²⁾ Measurement Frequency	Required Sample Type
	Average Monthly	Average Weekly	Minimum	Average Monthly	Maximum	Instant. Maximum		
E. Coli (No./100 ml)	XXX	XXX	XXX	XXX	XXX	Report	1/quarter	Grab
Total Nitrogen	XXX	XXX	XXX	Report	XXX	XXX	1/month	8-Hr Composite
Ammonia Nov 1 - Apr 30	1.25	XXX	XXX	6.0	XXX	12	2/month	8-Hr Composite
Ammonia May 1 - Oct 31	0.63	XXX	XXX	3.0	XXX	6	2/month	8-Hr Composite
Total Phosphorus	0.10	XXX	XXX	0.5	XXX	1	2/month	8-Hr Composite