

Southeast Regional Office CLEAN WATER PROGRAM

Application Type

Wastewater Type

Facility Type

SRSTP

Renewal

Sewage

SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0053546

 APS ID
 1017946

 Authorization ID
 1317230

Applicant Name	Dzedzy Frank	Facility Name	Dzedzy SRSTP
pplicant Address	412 Lincoln Road	Facility Address	412 Lincoln Road
	Phoenixville, PA 19460-2112		Phoenixville, PA 19460
Applicant Contact	Frank Dzedzy	Facility Contact	Frank Dzedzy
Applicant Phone	(610) 917-3567	Facility Phone	(610) 917-3567
Client ID	143549	Site ID	236841
SIC Code	8811	Municipality	East Pikeland Township
SIC Description	Services - Private Households	County	Chester
Date Application Rece	ived May 27, 2020	WQM Required	
ate Application Acce	pted	WQM App. No.	
roject Description	Permit Renewal.		

Summary of Review

The permittee has submitted NPDES permit renewal application to discharge sewage from single resident STP to Pickering Creek (HQ-TSF, MF) from their Outfall 001.

The facility is serving residential property and consists: Norweco individual aerobic treatment, pump station to sand filter tank, chlorinator and outfall. Chlorination is conducted by chlorine tablet.

DEP has conducted inspection report on 9/12/17 (Copy of the report is attached). No issues are found.



Adobe Acrobat Document

No changes in effluent quality and quantity of the effluent, therefore all previously established effluent limits will be proposed in the draft permit.

See Proposed Effluent Limitations and Monitoring Requirements listed in p. 3 of the fact sheet.

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
Х		Begay Omuralieva Begay Omuralieva / Environmental Engineering Specialist	August 18, 2020
		Pravin Patel	7 tagast 10, 2020
^		Pravin C. Patel, P.E. / Environmental Engineer Manager	08/19/2020

Outfall No. 001			Design Flow (MGD)	.0004		
Latitude 40º 6' 14.16"			Longitude	-75º 34' 24.29""		
Quad Name			Quad Code			
Wastewater Descrip	tion:	Sewage Effluent				
Receiving Waters	Picke	ring Creek (HQ-TSF, MF)	Stream Code	01508		
NHD Com ID 2598		-	- RMI	6.63		
Drainage Area			Yield (cfs/mi²)			
Q ₇₋₁₀ Flow (cfs)			Q ₇₋₁₀ Basis			
Elevation (ft)			Slope (ft/ft)			
Watershed No. 03D		Chapter 93 Class.	High Quality Waters - Trou Stocking, Mi			
Existing Use		Existing Use Qualifier				
Exceptions to Use		Exceptions to Criteria				
Assessment Status		Impaired				
Cause(s) of Impairment CAUSE UNKNOWN						
Source(s) of Impairment SOURCE UNKNOWN						

Changes Since Last Permit Issuance:

Other Comments:

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)	Required
	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum	Measurement Frequency	Sample Type
Flow (MGD)	Report Annl Avg	XXX	XXX	XXX	XXX	XXX	1/year	Estimate
pH (S.U.)	XXX	XXX	6.0 Inst Min	XXX	XXX	9.0	1/year	Grab
DO	XXX	XXX	6.0 Inst Min	XXX	XXX	XXX	1/year	Grab
TRC	XXX	XXX	XXX	Report	XXX	Report	1/month	Grab
CBOD5 Nov 1 - Apr 30	XXX	XXX	XXX	20.0	XXX	40	1/year	Grab
CBOD5 May 1 - Oct 31	XXX	XXX	XXX	Report	XXX	20	1/year	Grab
TSS	XXX	XXX	XXX	10.0	XXX	20	1/year	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	1000	1/year	Grab
Ammonia Nov 1 - Apr 30	XXX	XXX	XXX	6.0	XXX	12	1/year	Grab
Ammonia May 1 - Oct 31	XXX	XXX	XXX	2.0	XXX	4	1/year	Grab

Compliance Sampling Location: Outfall 001.