



**Summary of Review**

Act 14 Notifications:

Willistown Township - October 8, 2021  
Chester County - October 8, 2021

Permit Conditions:

- A. AMR to DEP
- B. DMR to DEP
- C. Septage and Scum Measurement
- D. Septic Tank Pumping
- E. Chlorine Optimization
- F. No Stormwater
- G. Acquire Necessary Property Rights
- H. Proper Sludge Disposal
- I. Abandon STP when Municipal Sewers Available

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information			
Outfall No.	<u>001</u>	Design Flow (MGD)	<u>.0004</u>
Latitude	<u>39° 57' 26.28"</u>	Longitude	<u>-75° 29' 23.28"</u>
Quad Name	<u>Media</u>	Quad Code	<u>1942</u>
Wastewater Description: <u>Treated Sewage</u>			
Receiving Waters	<u>Unnamed Tributary to Ridley Creek (HQ-TSF)</u>	Stream Code	<u>00663</u>
NHD Com ID	<u>25605882</u>	RMI	<u>0.25</u>
Watershed No.	<u>3-G</u>	Chapter 93 Class.	<u>HQ-TSF</u>
Assessment Status	<u>Impaired</u>		
Cause(s) of Impairment	<u>cause unknown, flow regime modification, siltation</u>		
Source(s) of Impairment	<u>urban runoff/storm sewers</u>		

**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) <sup>(1)</sup>		Concentrations (mg/L)				Minimum <sup>(2)</sup> Measurement Frequency	Required Sample Type
	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum		
Flow (GPD)	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	3.0 Inst Min	XXX	XXX	XXX	1/year	Grab
TRC	XXX	XXX	XXX	0.5	XXX	1.2	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	10.0	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	XXX	1/year	Grab
Ammonia Nov 1 - Apr 30	XXX	XXX	XXX	9.0	XXX	18	1/year	Grab
Ammonia May 1 - Oct 31	XXX	XXX	XXX	3.0	XXX	6	1/year	Grab