

Application Type Renewal
Wastewater Type Sewage
Facility Type SRSTP

**NPDES PERMIT FACT SHEET
INDIVIDUAL SFTF/SRSTP**

Application No. PA0101176
APS ID 996106
Authorization ID 1278203

Applicant, Facility and Project Information

Applicant Name	<u>Wolfe Harvey J</u>	Facility Name	<u>Harvey J Wolfe SFTF</u>
Applicant Address	<u>1547 Rosely Road</u> <u>Saint Marys, PA 15857-3116</u>	Facility Address	<u>1547 Rosely Road</u> <u>St Marys, PA 15857</u>
Applicant Contact	<u>Harvey Wolfe</u>	Facility Contact	<u></u>
Applicant Phone	<u>(814) 834-7675</u>	Facility Phone	<u></u>
Client ID	<u>1198</u>	Site ID	<u>242809</u>
SIC Code	<u>4952,8800</u>	Municipality	<u>Saint Marys City</u>
SIC Description	<u>Private Households, Trans. & Utilities - Sewerage Systems</u>	County	<u>Elk</u>
Date Application Received	<u>June 7, 2019</u>	WQM Required	<u></u>
Date Application Accepted	<u></u>	WQM App. No.	<u></u>
Project Description	<u></u>		

Summary of Review

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
		Stephen A. McCauley, E.I.T. / Environmental Engineering Specialist	April 13, 2020
		Justin C. Dickey, P.E. / Environmental Engineer Manager	

Discharge, Receiving Waters and Water Supply Information

Outfall No.	<u>001</u>	Design Flow (MGD)	<u>.0004</u>
Latitude	<u>41° 25' 43.04"</u>	Longitude	<u>-78° 30' 3.52"</u>
Quad Name	<u></u>	Quad Code	<u></u>
Wastewater Description: <u>Sewage Effluent</u>			

Receiving Waters	<u>Unnamed Tributary of South Fork West Creek (HQ-CWF, MF)</u>	Stream Code	<u></u>
NHD Com ID	<u>61429834</u>	RMI	<u></u>
Drainage Area	<u></u>	Yield (cfs/mi ²)	<u></u>
Q ₇₋₁₀ Flow (cfs)	<u></u>	Q ₇₋₁₀ Basis	<u></u>
Elevation (ft)	<u></u>	Slope (ft/ft)	<u></u>
Watershed No.	<u>08A</u>	Chapter 93 Class.	<u>High Quality-Cold Water, Migratory Fish</u>
Existing Use	<u></u>	Existing Use Qualifier	<u></u>
Exceptions to Use	<u></u>	Exceptions to Criteria	<u></u>
Assessment Status	<u>Attaining Use(s)</u>		
Cause(s) of Impairment	<u></u>		
Source(s) of Impairment	<u></u>		
TMDL Status	<u></u>	Name	<u></u>

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

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

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⁾ Measurement Frequency	Required Sample Type
	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum		
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
TRC	XXX	XXX	XXX	Report Avg Mo	XXX	Report	1/month	Grab
BOD5	XXX	XXX	XXX	25.0	XXX	50.0	1/year	Grab
TSS	XXX	XXX	XXX	25.0	XXX	50.0	1/year	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	XXX	1/year	Grab

Compliance Sampling Location:

Other Comments: