

## Northwest Regional Office CLEAN WATER PROGRAM

Application Type	Renewal
Facility Type	Municipal
Major / Minor	Minor

# NPDES PERMIT FACT SHEET INDIVIDUAL SEWAGE

Application No.	PA0104141			
APS ID	988274			
Authorization ID	1264709			

Applicant Name	Jay T	ownship Authority	Facility Name	Jay Township Weedville STP
Applicant Address	P.O. I	Box 186	Facility Address	1766 Redwood Avenue
	Weed	lville, PA 15868-0186		Weedville, PA 15868
Applicant Contact	Richa	rd Filer	Facility Contact	Holly Martinchek, Plant Operator
Applicant Phone	(814)	787-7233	Facility Phone	(814) 787-7233
Client ID	78795	5	Site ID	457573
Ch 94 Load Status	Not O	verloaded	Municipality	_Jay Township
Connection Status	No Li	mitations	County	Elk
Date Application Rece	eived	February 19, 2019	EPA Waived?	Yes
Date Application Acce	epted	March 18, 2019	If No, Reason	

#### **Summary of Review**

This is a Phase 4 facility with a discharge to the Chesapeake Bay Watershed. See Page 7 of this Fact Sheet for further discussion.

No changes to discharge quantity or quality are being proposed as part of this permit renewal.

There are currently no open violations listed in EFACTS for this permittee (1/22/2020).

#### 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.

Deny	Signatures	Date
	Adam J. Pesek, E.I.T. / Environmental Engineering Specialist	
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	Justin C. Dickey, P.E. / Environmental Engineer Manager	
	Deny	Deny Signatures  Adam J. Pesek, E.I.T. / Environmental Engineering Specialist  Justin C. Dickey, P.E. / Environmental Engineer Manager

scharge, Necelving	vvale	rs and Water Supply Inform	ilation			
Outfall No. 001			Design Flow (MGD)	0.2		
Latitude 41° 1	6' 26.7'	1	Longitude	-78° 29' 20.3"		
Quad Name We	edville		Quad Code	0818		
Wastewater Descrip	otion:	Sewage Effluent				
	Benn	ett Branch Sinnemahoning				
Receiving Waters	Creel	<	Stream Code	24508		
NHD Com ID	6143	1746	RMI	28.0		
Drainage Area	93		Yield (cfs/mi²)	0.02095		
Q <sub>7-10</sub> Flow (cfs)	1.948	9	Q <sub>7-10</sub> Basis	USGS #01543000 (1992- 2012)		
Elevation (ft)	1155		Slope (ft/ft)	0.00063		
Watershed No.	8-A		Chapter 93 Class.	WWF		
Existing Use			Existing Use Qualifier			
Exceptions to Use			Exceptions to Criteria			
Assessment Status		Impaired				
Cause(s) of Impairn	nent	METALS				
Source(s) of Impairs	ment	ACID MINE DRAINAGE				
TMDL Status		Final, 04/08/2009	Name Bennett Branch Sinnemahoning Creek			
Background/Ambier	nt Data		Data Source			
pH (SU)		7.2	8/9/2017 sample taken upstream by Redwood Ave Bridge			
Temperature (°C)		25	Default			
Hardness (mg/L)						
Other: NH3-N (mg/	l)	0.1	Default			
Nearest Downstread	m Publ	ic Water Supply Intake	Keystone Water Company			
PWS Waters West Branch Susquehanna River			Flow at Intake (cfs)			
PWS RMI			Distance from Outfall (mi) 125			

## Changes Since Last Permit Issuance:

Other Comments: According to Department Biologists, the Bennett Branch continues to improve dramatically in water quality and habitat.

## **Treatment Facility Summary**

Treatment Facility Name: Jay Township Weedville STP

WQM Permit No.	Issuance Date
2405401	8/02/2005
2498401	3/20/1998
2491402 A-1	8/27/1996

Waste Type	Degree of Treatment	Process Type	Disinfection	Avg Annual Flow (MGD)
0	0	Sequencing Batch	I litera da la t	0.0
Sewage	Secondary	Reactor	Ultraviolet	0.2

Hydraulic Capacity (MGD)	Organic Capacity (Ibs/day)	Load Status	Biosolids Treatment	Biosolids Use/Disposal
0.2	367	Not Overloaded	Aerobic Digestion	Landfill

Changes Since Last Permit Issuance: None

Other Comments:

## **Compliance History**

## DMR Data for Outfall 001 (from October 1, 2018 to September 30, 2019)

Parameter	SEP-19	AUG-19	JUL-19	JUN-19	MAY-19	APR-19	MAR-19	FEB-19	JAN-19	DEC-18	NOV-18	OCT-18
Flow (MGD)												
Average Monthly	0.0879	0.0868	0.0969	0.1316	0.1347	0.1344	0.1177	0.1512	0.112	0.1308	0.1446	0.1255
Flow (MGD)												
Daily Maximum	0.1479	0.1362	0.3009	0.3121	0.3352	0.2616	0.2405	0.4303	0.2485	0.3249	0.2097	0.3453
pH (S.U.)												
Minimum	6.5	6.3	6.5	6.6	6.3	6.2	6.4	6.2	6.6	6.3	6.9	6.7
pH (S.U.)												
Maximum	7.1	7.0	7.0	7.1	7.3	6.9	7.1	7.3	7.1	8.2	7.3	7.7
DO (mg/L)												
Minimum	4	4	3	3	4	6	6	6	4	4	4	5
CBOD5 (lbs/day)												
Average Monthly	1	2	1	1	1	2	2	2	2	2	1	1
CBOD5 (lbs/day)												
Weekly Average	1	3	3	2	2	2	3	2	3	4	2	2
CBOD5 (mg/L)												
Average Monthly	1	2	2	2	2	2	2	1	2	2	1	1
CBOD5 (mg/L)												
Weekly Average	2.0	3.0	3.0	3.0	2.0	3	2	2	2	4	2	2.0
BOD5 (lbs/day)												
Raw Sewage Influent												
 br/> Average												
Monthly	67	78	62	88	69	116	103	155	86	54	81	65
BOD5 (lbs/day)												
Raw Sewage Influent												
 br/> Daily Maximum	79	106	147	142	93	150	227	396	227	70	109	94
BOD5 (mg/L)												
Raw Sewage Influent												
 br/> Average												
Monthly	112.2	101.8	95.1	118.5	87	129.9	101.9	120.7	70.5	65	77.4	76.9
TSS (lbs/day)												
Average Monthly	2	5	4	< 2	< 2	< 3	< 4	< 3	< 5	< 2	< 3	< 3
TSS (lbs/day)												
Raw Sewage Influent												
 br/> Average												
Monthly	19	45	20	21	34	22	52	26	31	16	31	20
TSS (lbs/day)												
Raw Sewage Influent												
 br/> Daily Maximum	23	81	34	26	51	35	121	35	60	25	61	31

## NPDES Permit Fact Sheet Jay Township Weedville STP

		ı	ı		1	ı	1		1		ı	1
TSS (lbs/day)		_										
Weekly Average	3	7	6	< 2	< 4	4	6	< 4	15	< 2	< 4	4
TSS (mg/L)		_										
Average Monthly	4	7	6	< 3	< 3	< 3	< 4	< 3	< 4	< 3	< 3	< 3
TSS (mg/L)												
Raw Sewage Influent												
  Average	0.4	50	04.0	00.0	40	00.0	0.4	00	00	40	0.7	00
Monthly	31	58	31.6	28.2	42	23.8	64	28	23	19	27	23
TSS (mg/L)	4	44	0.0	0			0	. 0		. 0		4
Weekly Average	4	11	8.0	3	3	4	9	< 3	9	< 3	3	4
Fecal Coliform												
(CFU/100 ml)	. 4				477	207	. 207	00		252	. 00	82
Geometric Mean	< 1	< 5	< 2	< 1	177	227	> 307	22	> 63	352	< 23	82
Fecal Coliform												
(CFU/100 ml)												
Instantaneous Maximum	< 1	22	5	2	6212	1379	> 4839	65	> 2420	1986	228	1119
UV Transmittance (%)	< 1	22	3		0212	1379	> 4039	65	> 2420	1900	220	1119
Average Monthly	74.6	72.1	69.8	74.7	74.4	75.3	75.4	78.4	77.2	79	80.2	73.7
Nitrate-Nitrite (mg/L)	74.0	12.1	09.0	74.7	74.4	75.5	73.4	70.4	11.2	13	00.2	13.1
Average Monthly	6.35	6.54	2.34	3.52	9.54	6.13	8.36	7	4.8	11.3	6.85	9.13
Nitrate-Nitrite (lbs)	0.33	0.54	2.34	3.32	9.54	0.13	0.30	,	4.0	11.5	0.03	9.13
Total Monthly	125	128	48	71	232	238	3	165	125	273	200	248
Total Nitrogen (mg/L)	120	120	70	7 1	202	230	<u> </u>	100	120	210	200	240
Average Monthly	8.27	8.9	4.2	5.07	9.95	6.906	9.35	7.7	5.548	12.044	7.93	9.922
Total Nitrogen (lbs)	0.21	0.0	1.2	0.07	0.00	0.000	0.00	7	0.010	12.011	7.00	0.022
Total Monthly	163	174	87	102	242	269	370	181	145	291	231	269
Ammonia (lbs/day)			<u> </u>			200	0.0		1.10	201	20.	200
Average Monthly	< 0.2	0.2	< 0.1	0.1	< 0.1	0.3	0.1	< 0.2	< 0.2	0.1	0.2	< 0.1
Ammonia (mg/L)							911					
Average Monthly	< 0.4	0.2	< 0.2	0.1	< 0.1	0.3	0.1	< 0.2	< 0.2	0.2	0.2	< 0.1
Ammonia (lbs)	-	-		-	_		-		_	-	-	
Total Monthly	< 6	5	< 4	2	< 3	8	3	< 7	< 7	4.3	6.3	< 3.1
TKN (mg/L)					_		-					
Average Monthly	1.92	2.36	1.86	1.55	0.412	0.776	0.988	0.7	0.748	0.744	1.08	0.792
TKN (lbs)												
Total Monthly	38	46	38	31	10	30	39	16	20	18	32	22
Total Phosphorus												
(mg/L)												
Average Monthly	5.6	6.21	6.02	4.48	2.17	1.61	2.18	2.3	3.36	2.88	2.59	3.22
Total Phosphorus (lbs)												
Total Monthly	110	122	125	90	53	63	86	54	88	70	76	87

Development of Effluent Limitations						
Outfall No.	001		Design Flow (MGD)	0.2		
Latitude	41º 16' 26.70	)"	 Longitude	-78° 29' 20.30"		
Wastewater D	escription:	Sewage Effluent	<del></del>			

#### **Technology-Based Limitations**

The following technology-based limitations apply, subject to water quality analysis and BPJ where applicable:

Pollutant	Limit (mg/l)	SBC	Federal Regulation	State Regulation
CBOD₅	25	Average Monthly	133.102(a)(4)(i)	92a.47(a)(1)
CBOD5	40	Average Weekly	133.102(a)(4)(ii)	92a.47(a)(2)
Total Suspended	30	Average Monthly	133.102(b)(1)	92a.47(a)(1)
Solids	45	Average Weekly	133.102(b)(2)	92a.47(a)(2)
pН	6.0 – 9.0 S.U.	Min – Max	133.102(c)	95.2(1)
Fecal Coliform				
(5/1 – 9/30)	200 / 100 ml	Geo Mean	-	92a.47(a)(4)
Fecal Coliform				
(5/1 – 9/30)	1,000 / 100 ml	IMAX	-	92a.47(a)(4)
Fecal Coliform				
(10/1 - 4/30)	2,000 / 100 ml	Geo Mean	-	92a.47(a)(5)
Fecal Coliform				
(10/1 – 4/30)	10,000 / 100 ml	IMAX	-	92a.47(a)(5)
Total Residual Chlorine	0.5	Average Monthly	-	92a.48(b)(2)

Comments: The TRC limit is not applicable because UV disinfection is utilized at the plant.

#### **Water Quality-Based Limitations (WQBELs)**

The following limitations were determined through water quality modeling (output files attached):

Parameter	Limit (mg/l)	SBC	Model
CBOD <sub>5</sub>	15	Average Monthly	7.0 Ver. 1.0b
CBOD <sub>5</sub>	22.5	Weekly Average	7.0 Ver. 1.0b
Ammonia Nitrogen			7.0 Ver. 1.0b
(5/01 - 10/31)	2.0	Average Monthly	
Ammonia Nitrogen			7.0 Ver. 1.0b
(5/01 - 10/31)	4.0	IMAX	
Ammonia Nitrogen			7.0 Ver. 1.0b
(11/01 - 4/30)	6.0	Average Monthly	
Ammonia Nitrogen			7.0 Ver. 1.0b
(11/01 - 4/30)	12	IMAX	

Comments: Limits for  $CBOD_5$  no longer receive a seasonal multiplier Please also note that seasonal  $CBOD_5$  limit, applied when water-quality based limits were determined to be necessary, was an old Department permitting practice. Since the Department's SOP entitled "Establishing Effluent Limitations for Individual Sewage Permits" was developed, which does not suggest seasonal  $CBOD_5$  limits, the practice of seasonal  $CBOD_5$  limits is gradually being phased-out of NPDES permits as they are renewed. Based on a review of eDMR data, the permittee should consistently be able to meet the new, more-stringent wintertime WQBELs for  $CBOD_5$ .

#### **Best Professional Judgment (BPJ) Limitations**

Comments: A dissolved oxygen limit of a daily minimum of 4.0 mg/l and monitoring for UV transmittance, total nitrogen, and total phosphorus is being placed in the permit in accordance with the Department's SOP entitled "Establishing Effluent Limitations for Individual Sewage Permits."

Monitoring for influent BOD₅ and influent TSS is being placed in the permit in accordance with the Department's SOP entitled "New and Reissuance Sewage Individual NPDES Permit Applications."

This is a Phase 4 facility with a discharge with a discharge to the Chesapeake Bay Watershed. No cap loads are or will be assigned to the facility since it is not a new or expanding discharge. This strategy follows the standard procedure for Phase 4 facilities which is outlined in the Department's "Phase III Watershed Implementation Plan (WIP) for the Chesapeake Bay Watershed," which instructs sewage discharges to continue following guidance found in the document entitled "Supplement to Phase II (Now "III") Watershed Implementation Plan," last revised on December 17, 2019. Monitoring for Nitrate-Nitrite as N, Kjeldahl---N, total nitrogen and total phosphorus; calculation for these parameters as a total monthly load; and calculation for ammonia nitrogen, total nitrogen and total phosphorus as a total annual load was placed in the permit in accordance with the abovementioned documents.

#### **Additional Considerations**

The Bennett Branch Sinnemahoning Creek TMDL was issued without any Waste Load Allocations (WLA) given for this discharge. Three effluent samples were tested for aluminum, total iron, and manganese (TMDL parameters) during the permit renewal review. All of the results were significantly less than in-stream criteria, therefore no additional monitoring or waste load restrictions were added to the permit. Application data is summarized below.

	<u>Aluminum</u>	<u>Iron (T)</u>	<u>Manganese</u>
Effluent*	<0.1 mg/l	0.2 mg/l	< 0.02 mg/l
Effluent*	<0.1 mg/l	0.2 mg/l	< 0.02 mg/l
Effluent*	<0.1 mg/l	0.2 mg/l	< 0.02 mg/l
Criteria**	0.75 mg/l	1.5 mg/l	1 mg/l

<sup>\*--</sup> from renewal effluent sampling

#### **Anti-Backsliding**

N/A

<sup>\*\* --</sup> From Table 2 of Sinnemahoning Creek Watershed TMDL Report

## **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.

	Effluent Limitations						Monitoring Re	quirements
Parameter	Mass Units (lbs/day) (1)		Concentrations (mg/L)				Minimum (2)	Required
	Average Monthly	Weekly Average	Minimum	Average Monthly	Weekly Average	Instant. Maximum	Measurement Frequency	Sample Type
Flow (MGD)	Report	Report Daily Max	XXX	XXX	XXX	XXX	Continuous	Measured
pH (S.U.)	XXX	XXX	6.0 Daily Min	XXX	9.0 Daily Max	XXX	1/day	Grab
DO	XXX	XXX	4.0 Daily Min	XXX	XXX	XXX	1/day	Grab
CBOD5	25	37	XXX	15	22.5	30	1/week	8-Hr Composite
BOD5 Raw Sewage Influent	Report	Report Daily Max	XXX	Report	XXX	XXX	1/week	8-Hr Composite
TSS	41	66	XXX	25	40	50	1/week	8-Hr Composite
TSS Raw Sewage Influent	Report	Report Daily Max	XXX	Report	XXX	XXX	1/week	8-Hr Composite
Fecal Coliform (No./100 ml) Oct 1 - Apr 30	XXX	XXX	XXX	2000 Geo Mean	XXX	10000	1/week	Grab
Fecal Coliform (No./100 ml) May 1 - Sep 30	XXX	XXX	XXX	200 Geo Mean	XXX	1000	1/week	Grab
UV Transmittance (%)	XXX	XXX	XXX	Report	XXX	XXX	1/day	Metered
Nitrate-Nitrite	XXX	XXX	XXX	Report	XXX	XXX	1/month	8-Hr Composite
Nitrate-Nitrite (lbs)	Report Total Mo	XXX	XXX	XXX	XXX	XXX	1/month	Calculation
Total Nitrogen	XXX	XXX	XXX	Report	XXX	XXX	1/month	Calculation
Total Nitrogen (lbs)	Report Total Mo	XXX	XXX	XXX	XXX	XXX	1/month	Calculation

Outfall 001, Continued (from Permit Effective Date through Permit Expiration Date)

		Effluent Limitations						Monitoring Requirements	
Parameter	Mass Units	Mass Units (lbs/day) (1)		Concentrations (mg/L)				Required	
	Average Monthly	Weekly Average	Minimum	Average Monthly	Weekly Average	Instant. Maximum	Measurement Frequency	Sample Type	
Ammonia								8-Hr	
Nov 1 - Apr 30	10	XXX	XXX	6.0	XXX	12	1/week	Composite	
Ammonia								8-Hr	
May 1 - Oct 31	3.3	XXX	XXX	2.0	XXX	4	1/week	Composite	
	Report								
Ammonia (lbs)	Total Mo	XXX	XXX	XXX	XXX	XXX	1/month	Calculation	
								8-Hr	
TKN	XXX	XXX	XXX	Report	XXX	XXX	1/month	Composite	
	Report			-					
TKN (lbs)	Total Mo	XXX	XXX	XXX	XXX	XXX	1/month	Calculation	
								8-Hr	
Total Phosphorus	XXX	XXX	XXX	Report	XXX	XXX	1/month	Composite	
	Report			,					
Total Phosphorus (lbs)	Total Mo	XXX	XXX	XXX	XXX	XXX	1/month	Calculation	

Compliance Sampling Location: Outfall 001 (after disinfection)

Other Comments:

## **Proposed Effluent Limitations and Monitoring Requirements**

The limitations and monitoring requirements specified below are proposed for the draft permit, to comply with Pennsylvania's Chesapeake Bay Tributary Strategy.

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

		Effluent Limitations						Monitoring Requirements	
Parameter	Mass Units (lbs/day) (1)		Concentrations (mg/L)				Minimum (2)	Required	
raiailleter	Monthly	Annual	Monthly	Monthly Average	Maximum	Instant. Maximum	Measurement Frequency	Sample Type	
		Report							
Total Nitrogen (lbs)	XXX	Total Annual	XXX	XXX	XXX	XXX	1/year	Calculation	
		Report							
Ammonia (lbs)	XXX	Total Annual	XXX	XXX	XXX	XXX	1/year	Calculation	
		Report							
Total Phosphorus (lbs)	XXX	Total Annual	XXX	XXX	XXX	XXX	1/year	Calculation	

Compliance Sampling Location: Outfall 001 (after disinfection).

Other Comments:

## **ATTACHMENT A**



Figure 1 - WQM 7.0 Modeling