

Application Type Renewal  
Wastewater Type Sewage  
Facility Type SRSTP

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

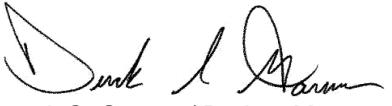
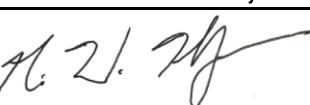
Application No. PA0112551  
APS ID 1100009  
Authorization ID 1460151

**Applicant, Facility and Project Information**

Applicant Name	<b>Randall B. Moyer</b>	Facility Name	<b>Moyer SRSTP</b>
Applicant Address	230 Madisonburg Pike	Facility Address	230 Madisonburg Pike
	Madisonburg, PA 16852-8004		Madisonburg, PA 16852-8004
Applicant Contact	Randall Moyer	Facility Contact	Randall Moyer
Applicant Phone	(814) 777-0047	Facility Phone	(814) 777-0047
Client ID	43778	Site ID	249503
SIC Code	4952	Municipality	Miles Township
SIC Description	Trans. & Utilities - Sewerage Systems	County	Centre
Date Application Received	October 27, 2023	WQM Required	Yes, existing
Date Application Accepted	November 9, 2023	WQM App. No.	1484411
Project Description	Renewal of an existing NPDES permit for the discharge of treated sewage.		

**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
X		 Derek S. Garner / Project Manager	October 23, 2024
X		 Nicholas W. Hartranft, P.E. / Environmental Engineer Manager	October 23, 2024

**Discharge, Receiving Waters and Water Supply Information**

Outfall No.	001	Design Flow (GPD)	400
Latitude	40° 55' 54.90"	Longitude	-77° 31' 17.13"
Quad Name	Madisonburg	Quad Code	40077
Wastewater Description: Sewage Effluent			

Receiving Waters	Unnamed Tributary of Elk Creek	Stream Code	18256
NHD Com ID	54963403	RMI	1.24
Drainage Area	0.93	Yield (cfs/mi <sup>2</sup> )	0.08
Q <sub>7-10</sub> Flow (cfs)	0.07	Q <sub>7-10</sub> Basis	Streamstats Flow Report
Elevation (ft)	788	Slope (ft/ft)	n/a
Watershed No.	6-A	Chapter 93 Class.	EV
Existing Use	n/a	Existing Use Qualifier	n/a
Exceptions to Use	n/a	Exceptions to Criteria	n/a
Assessment Status	Attaining Use(s)		
Cause(s) of Impairment	n/a		
Source(s) of Impairment	n/a		
TMDL Status	n/a	Name	n/a

Nearest Downstream Public Water Supply Intake	Millheim Borough Water Company		
PWS Waters	Elk Creek	Flow at Intake (cfs)	13.3
PWS RMI	3.43	Distance from Outfall (mi)	4.07

**Facility Description**

The treatment system consists of one 1,000-gal septic tank, one 600 sq. ft. sand filter, an erosional chlorinator, and a 200-gal chlorine contact tank.

Treated effluent is ultimately discharged via Outfall 001 to an unnamed tributary of Elk Creek.

The original Water Quality Management (WQM) permit, #1484411, was issued to Harry F. Dean on February 04, 1985. This permit was later transferred to Randall Moyer on May 21, 1990.

**Compliance History**

The facility was most recently inspected by DEP on December 6, 2023. No violations were noted. The inspection report notes excellent housekeeping and records.

There are no open violations associated with the permittee.

**Antidegradation Considerations**

This is an existing discharge in an Exceptional Value watershed with no anticipated changes to volume or effluent characteristics. Accordingly, no antidegradation analysis is required.

### Development of Effluent Limitations

DEP has proposed the following effluent limitations and measurement frequencies:

Parameter	Annual Average	Average Monthly	IMAX	Sample Type	Frequency
Flow (GPD)	Report	XXX	XXX	Estimate	1/year
TRC (mg/l)	XXX	Report	Report	Grab	1/month
BOD5 (mg/l)	10	XXX	20	Grab	1/year
TSS (mg/l)	10	XXX	20	Grab	1/year
Fecal Coliform (No./100 ml)	200	XXX	XXX	Grab	1/year

The proposed effluent limitations and measurement frequencies are generally the same as the existing permit and are consistent with DEP policy for individual permits for SRSTPs outlined in SOP No. BCW-PMT-003 (rev. 11/9/2023). To remain consistent with the policy one minor change was made to the total residual chlorine frequency increasing it from 1/quarter to 1/month.

**Existing Effluent Limitations and Monitoring Requirements**

The existing limitations and monitoring requirements are as follows:

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

Parameter	Effluent Limitations						Monitoring Requirements	
	Mass Units (lbs/day)		Concentrations (mg/L)				Minimum 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
TRC	XXX	XXX	XXX	Report Avg Mo	XXX	XXX	1/quarter	Grab
BOD5	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

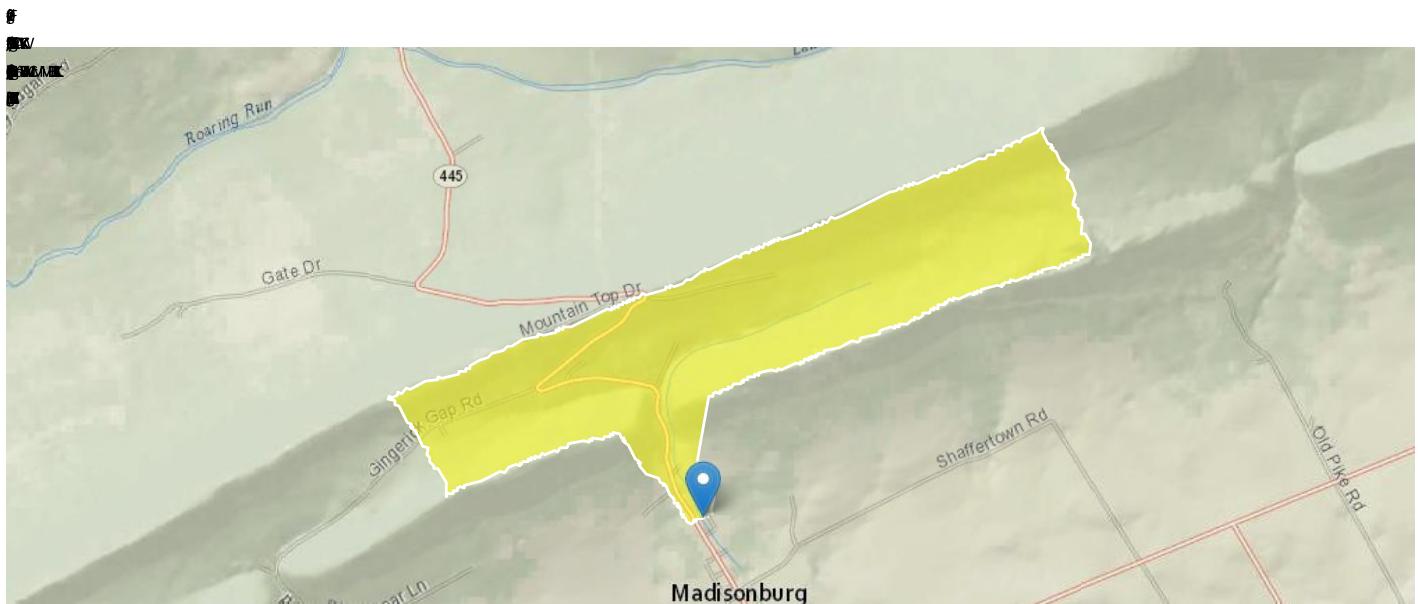
**Proposed Effluent Limitations and Monitoring Requirements**

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)		Concentrations (mg/L)				Minimum 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
Total Residual Chlorine (TRC)	XXX	XXX	XXX	Report Avg Mo	XXX	Report	1/month	Grab
Biochemical Oxygen Demand (BOD5)	XXX	XXX	XXX	10.0	XXX	20.0	1/year	Grab
Total Suspended Solids	XXX	XXX	XXX	10.0	XXX	20.0	1/year	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	XXX	1/year	Grab

Compliance Sampling Location: Outfall 001



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