

Application Type Renewal  
Wastewater Type Sewage  
Facility Type SRSTP

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

Application No. PA0113433  
APS ID 1019753  
Authorization ID 1320333

**Applicant, Facility and Project Information**

Applicant Name	<u>Lanny R. Fetterman</u>	Facility Name	<u>Fetterman SRSTP</u>
Applicant Address	<u>2074 Old Reading Road</u> <u>Catawissa, PA 17820-8115</u>	Facility Address	<u>2074 Old Reading Road</u> <u>Catawissa, PA 17820-8115</u>
Applicant Contact	<u>Lanny Fetterman</u>	Facility Contact	<u>Lanny Fetterman</u>
Applicant Phone	<u></u>	Facility Phone	<u></u>
Client ID	<u>25298</u>	Site ID	<u>258831</u>
SIC Code	<u>4952</u>	Municipality	<u>Roaring Creek Township</u>
SIC Description	<u>Trans. &amp; Utilities - Sewerage Systems</u>	County	<u>Columbia</u>
Date Application Received	<u>July 14, 2020</u>	WQM Required	<u>No</u>
Date Application Accepted	<u>July 21, 2020</u>	WQM App. No.	<u>n/a</u>
Project Description	<u>Renewal of an existing NPDES permit for the discharge of treated sewage.</u>		

**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		<i>Derek S. Garner</i> Derek S. Garner / Project Manager	December 30, 2020
X		<i>Nicholas W. Hartranft</i> Nicholas W. Hartranft, P.E. / Environmental Engineer Manager	December 31, 2020

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

Outfall No.	<u>001</u>	Design Flow (GPD)	<u>400</u>
Latitude	<u>40° 51' 39.70"</u>	Longitude	<u>-76° 19' 11.69"</u>
Quad Name	<u>Ashland</u>	Quad Code	<u>1235</u>
Wastewater Description: <u>Sewage Effluent</u>			

Receiving Waters	<u>Unnamed Tributary of Roaring Creek</u>	Stream Code	<u>27516</u>
NHD Com ID	<u>65642779</u>	RMI	<u>1.35</u>
Drainage Area	<u>1.0</u>	Yield (cfs/mi <sup>2</sup> )	<u>0.335</u>
Q <sub>7-10</sub> Flow (cfs)	<u>0.33</u>	Q <sub>7-10</sub> Basis	<u>Streamgage No. 01468500</u>
Elevation (ft)	<u>1130</u>	Slope (ft/ft)	<u>n/a</u>
Watershed No.	<u>5-E</u>	Chapter 93 Class.	<u>HQ-CWF</u>
Existing Use	<u>n/a</u>	Existing Use Qualifier	<u>n/a</u>
Exceptions to Use	<u>n/a</u>	Exceptions to Criteria	<u>n/a</u>
Assessment Status	<u>Attaining Use(s)</u>		
Cause(s) of Impairment	<u>n/a</u>		
Source(s) of Impairment	<u>n/a</u>		
TMDL Status	<u>n/a</u>	Name	<u>n/a</u>

Nearest Downstream Public Water Supply Intake	<u>Danville Municipal Water Authority</u>		
PWS Waters	<u>Susquehanna River</u>	Flow at Intake (cfs)	<u>1,120</u>
PWS RMI	<u>138.16</u>	Distance from Outfall (mi)	<u>23.14</u>

**Facility Description**

The facility consists of a 600-gallon aerobic tank, a 200 sq. ft. unlined subsurface sand filter, an erosion chlorinator, and a 200-gallon chlorine contact tank.

**Compliance History**

A review of AMRs indicates they are being submitted in a timely manner. Minimum chlorine residuals are being obtained.

The facility was last inspected on July 5, 2017. No violations were noted.

**Development of Effluent Limitations**

The proposed effluent limits are the same as the existing permit and are consistent with those found in the PAG-04, the general permit for small flow treatment facilities. The minimum measurement frequencies for Flow\*, pH, CBOD<sub>5</sub>, TSS, and Fecal Coliform are proposed to remain unchanged at 1/year. TRC is proposed to remain unchanged at 1/month

\* Flow has been corrected from an average monthly reporting requirement to an annual average to match the existing 1/year minimum measurement frequency.

**Existing Effluent Limitations and Monitoring Requirements**

The existing effluent 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 (MGD)	Report	XXX	XXX	XXX	XXX	XXX	1/year	Estimate
TRC	XXX	XXX	XXX	Report Avg Mo	XXX	Report	1/month	Grab
BOD5	XXX	XXX	XXX	10.0	XXX	20.0	1/year	Grab
TSS	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

**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
TRC	XXX	XXX	XXX	Report Avg Mo	XXX	Report	1/month	Grab
BOD5	XXX	XXX	XXX	10.0	XXX	20.0	1/year	Grab
TSS	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