

Application Type Renewal
Wastewater Type Sewage
Facility Type SFTF

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

Application No. PA0209473
APS ID 1036915
Authorization ID 1350793

Applicant, Facility and Project Information


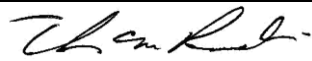
Applicant Name	<u>North Centre Township Columbia County</u>	Facility Name	<u>North Centre Township, Columbia County Municipal Building SFTF</u>
Applicant Address	<u>1059 State Route 93 Berwick, PA 18603-5101</u>	Facility Address	<u>Rt 93 4 Miles West of Berwick Berwick, PA 18603</u>
Applicant Contact	<u>Connie Kline</u>	Facility Contact	<u>Alec Engleman (Operator)</u>
Applicant Phone	<u>(570) 759-2733</u>	Facility Phone	<u>570.246.4247</u>
Client ID	<u>92673</u>	Site ID	<u>461341</u>
SIC Code	<u>4952</u>	Municipality	<u>North Centre Township</u>
SIC Description	<u>Trans. & Utilities - Sewerage Systems</u>	County	<u>Columbia</u>
Date Application Received	<u>April 20, 2021</u>	WQM Required	<u>No</u>
Date Application Accepted	<u>May 4, 2021</u>	WQM App. No.	<u>N/A</u>
Project Description	<u>Renewal of an existing SFTF NPDES permit</u>		

Summary of Review

This application is for the renewal of an existing Small Flow Treatment Facility (SFTF) NPDES permit serving the North Centre Township municipal building.

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		 Nicholas W. Hartranft, P.E. / Environmental Engineer Manager	August 22, 2022
X		 Thomas M. Randis / Environmental Program Manager	August 22, 2022

Discharge, Receiving Waters and Water Supply Information			
Outfall No.	001	Design Flow (MGD)	.0004
Latitude	41° 3' 36.89"	Longitude	-76° 20' 10.29"
Wastewater Description: Sewage Effluent			
Receiving Waters	Unnamed Tributary to West Branch Briar Creek (CWF)	Stream Code	28094
NHD Com ID	65639427	RMI	0.70
Drainage Area	3.89 mi ²	Yield (cfs/mi ²)	Undetermined
Q7-10 Flow (cfs)	0.24	Q7-10 Basis	Previous Permit
Elevation (ft)	637	Slope (ft/ft)	Undetermined
Watershed No.	5-D	Chapter 93 Class.	CWF
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	

Changes Since Last Permit Issuance: None

Compliance History	
Summary of DMRs:	No effluent violations have been noted in the last 12 months.
Summary of Inspections:	A compliance Evaluation Inspection was last conducted on June 2, 2022. No violations were noted.

Treatment Facility
The treatment plant consists of one (1) 1,000-gallon septic tank, one (1) dosing tank with effluent filter, one (1) 40 ft ² free access sand filter, one (1) erosion tablet chlorinator, one (1) chlorine contact tank, and Outfall 001. An individual NPDES permit is required (rather than the PAG-04 General Permit) because the treatment system design does not meet the requirements of the Small Flow Treatment Facilities Manual.

Development of Effluent Limitations

The Standard Operating Procedure (SOP) for New and Reissuance Small Flow Treatment Facility Individual NPDES Permit Applications, SOP No. BCW-PMT-003 Version 1.8, was followed for developing this permit.

Water quality modeling for SFTFs is not required per the SOP.

CBOD5 and TSS:

Because this existing facility was permitted prior to publication of the Small Flow Treatment Facilities Manual and has been well maintained with no compliance concerns, effluent limitations, and semi-annual monitoring frequencies for CBOD5 and TSS will remain as originally permitted.

Fecal Coliforms:

Limits for fecal coliforms has historically been seasonally based with a monitoring frequency of 2/year. The SOP recommends a year-round limit of 200 (No./ 100 mL) with a sampling frequency of 1/month for SFTFs. The facility has routinely maintained a fecal coliform effluent limit far less than 200. Based on the SOP and the size of this system, the Department is proposing to maintain the existing semi-annual monitoring frequency but eliminate the seasonal effluent limit and maintain a year-round limit of 200 (No./ 100 mL).

pH:

Per the SOP, pH monitoring is not necessary or required for this facility and will be removed in the renewed permit.

Total Residual Chlorine (TRC):

Based on the existing technology based effluent limit (TBEL) that was established for this discharge and no changes to the facility or watershed, Water Quality Modeling was not conducted for this renewal. The TBEL will be maintained. The 1/month monitoring frequency will be maintained and based on this relatively infrequent monitoring schedule, no instantaneous maximum limit will be established.

Chesapeake Bay Requirements:

Facilities that are designed based on a flow of less than 2,000 GPD are not a part of Pennsylvania's Chesapeake Bay Tributary Strategy. Accordingly, it is not practicable to require the permittee to perform nutrient monitoring at this time.

Existing Effluent Limitations & Footnotes

Parameter	Effluent Limitations						Monitoring Requirements	
	Mass Units (lbs/day) ⁽¹⁾		Concentrations (mg/L)				Minimum ⁽²⁾ Measurement Frequency	Required Sample Type
	Average Monthly		Minimum	Average Monthly		Instant. Maximum		
Flow (MGD)	Report	XXX	XXX	XXX	XXX	XXX	2/year ⁽³⁾	Estimate
pH (S.U.)	XXX	XXX	6.0	XXX	XXX	9.0	1/month	Grab
Total Residual Chlorine	XXX	XXX	XXX	0.5	XXX	0.75	1/month	Grab
CBOD5	XXX	XXX	XXX	25	XXX	50	2/year ⁽³⁾	Grab
Total Suspended Solids	XXX	XXX	XXX	30	XXX	60	2/year ⁽³⁾	Grab
Fecal Coliform (CFU/100 ml) May 1 - Sep 30	XXX	XXX	XXX	200 Geo Mean	XXX	1,000	2/year ⁽³⁾	Grab
Fecal Coliform (CFU/100 ml) Oct 1 - Apr 30	XXX	XXX	XXX	2,000 Geo Mean	XXX	10,000	2/year ⁽³⁾	Grab

Footnotes

(3) The 2/year sampling shall consist of one sample taken in February and one sample taken in July.

Proposed Effluent Limitations & Footnotes

Parameter	Effluent Limitations					Monitoring Requirements	
	Mass Units (lbs/day) ⁽¹⁾		Concentrations (mg/L)			Minimum ⁽²⁾ Measurement Frequency	Required Sample Type
	Average Monthly		Minimum	Average Monthly	Instant. Maximum		
Flow (MGD)	Report	XXX	XXX	XXX	XXX	1/ 6 months	Estimate
Total Residual Chlorine	XXX	XXX	XXX	0.5	XXX	1/month	Grab
CBOD5	XXX	XXX	XXX	25	50	1/ 6 months	Grab
Total Suspended Solids	XXX	XXX	XXX	30	60	1/ 6 months	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200 Semi-Annual Average	1,000	1/ 6 months	Grab