



Discharge, Receiving Waters and Water Supply Information			
Outfall No.	<u>001</u>	Design Flow (MGD)	<u>.0004</u>
Latitude	<u>41° 9' 49.00"</u>	Longitude	<u>-80° 31' 10.00"</u>
Quad Name	<u>Sharon West</u>	Quad Code	<u>0901</u>
Wastewater Description: <u>Treated single residence domestic wastes</u>			
Receiving Waters	<u>Unnamed Tributary to Little Deer Creek</u>	Stream Code	<u>unknown</u>
NHD Com ID	<u>130033945</u>	RMI	<u>0.95</u>
Drainage Area	<u>0.32</u>	Yield (cfs/mi <sup>2</sup> )	<u>0</u>
Q <sub>7-10</sub> Flow (cfs)	<u>0</u>	Q <sub>7-10</sub> Basis	<u>Dry stream</u>
Elevation (ft)	<u>1051.67</u>	Slope (ft/ft)	<u>0.00667</u>
Watershed No.	<u>20-A</u>	Chapter 93 Class.	<u>WWF</u>
Existing Use	<u>statewide</u>	Existing Use Qualifier	<u>none</u>
Exceptions to Use	<u>none</u>	Exceptions to Criteria	<u>none</u>
Assessment Status	<u>Not Assessed</u>		
Cause(s) of Impairment	_____		
Source(s) of Impairment	_____		
TMDL Status	_____	Name	_____
Background/Ambient Data	_____	Data Source	_____
pH (SU)	_____		_____
Temperature (°F)	_____		_____
Hardness (mg/L)	_____		_____
Other:	_____		_____
Nearest Downstream Public Water Supply Intake	<u>State of Ohio</u>		
PWS Waters	<u>Unnamed tributary</u>	Flow at Intake (cfs)	_____
PWS RMI	<u>0.69</u>	Distance from Outfall (mi)	<u>0.26</u>

Changes Since Last Permit Issuance: none

Other Comments: Stream use determination is dated 11/16/90.

The discharge is east of the Ohio state line and is conveyed through an unnamed tributary to Little Deer Creek and Little Yankee Run prior to returning to Pennsylvania.

**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) <sup>(1)</sup>		Concentrations (mg/L)				Minimum <sup>(2)</sup> Measurement Frequency	Required Sample Type
	Average Monthly	Average Weekly	Minimum	Annual Average	Daily Maximum	Instant. Maximum		
Flow (MGD)	Report Annl Avg	XXX	XXX	XXX	XXX	XXX	1/year	Estimate
pH (S.U.)	XXX	XXX	6.0 Daily Min	XXX	9.0	XXX	Upon Request	Grab
Total Residual Chlorine (TRC)	XXX	XXX	XXX	Report	XXX	XXX	1/month	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	XXX	XXX	XXX	25.0	50.0	50	1/year	Grab
Total Suspended Solids	XXX	XXX	XXX	30.0	XXX	60.0	1/year	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	1000	1/year	Grab

Compliance Sampling Location: Outfall 001 after disinfection