

Application Type Renewal
Wastewater Type Sewage
Facility Type SRSTP

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

Application No. **PA0221759**
APS ID **1111190**
Authorization ID **1480024**

Applicant, Facility and Project Information

Applicant Name	Thomas Shuttleworth	Facility Name	Thomas Shuttleworth SRSTP
Applicant Address	924 Hickory Road	Facility Address	763 Jerry Road
	Saint Marys, PA 15857-3025		Wilcox, PA 15870
Applicant Contact	Thomas Shuttleworth	Facility Contact	Thomas Shuttleworth
Applicant Phone	(814) 512-8926	Facility Phone	(814) 512-8926
Client ID	352382	Site ID	242922
SIC Code	8811	Municipality	Jones Township
SIC Description	Services - Private Households	County	Elk
Date Application Received	March 25, 2024	WQM Required	
Date Application Accepted		WQM App. No.	
Project Description	NPDES renewal of a treated sewage discharge.		

Summary of Review

Existing treatment consists of: Two (2) 1,000-gallon septic tanks, 600 sq. ft. dosing tank with dosing pump, a 600 sq. ft. subsurface sand filter, a tablet chlorinator and a 300- gallon chlorine contact tank.

There are currently no open violations for this client (352382) as of 11/15/2024.

The EPA Waiver is in effect.

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		Jordan A. Frey, E.I.T. Jordan A. Frey, E.I.T. / Project Manager	November 15, 2024
X		Adam Olesnanik Adam Olesnanik, P.E. / Environmental Engineer Manager	November 15, 2024

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information			
Outfall No.	001	Design Flow (MGD)	.0004
Latitude	41° 36' 7.57"	Longitude	-78° 35' 20.46"
Quad Name	Glen Hazel	Quad Code	41078E5
Wastewater Description:	Sewage Effluent		
Receiving Waters	Unnamed Tributary to Swamp Creek (HQ-CWF)	Stream Code	50763
NHD Com ID	102663117	RMI	
Drainage Area	0.069	Yield (cfs/mi ²)	0.1
Q ₇₋₁₀ Flow (cfs)	0.007	Q ₇₋₁₀ Basis	Default
Elevation (ft)	1960	Slope (ft/ft)	---
Watershed No.	17-A	Chapter 93 Class.	HQ-CWF
Existing Use		Existing Use Qualifier	
Exceptions to Use		Exceptions to Criteria	
Assessment Status	Impaired		
Cause(s) of Impairment	METALS		
Source(s) of Impairment	ACID MINE DRAINAGE		
TMDL Status		Name	
Background/Ambient Data		Data Source	
pH (SU)	7.0	Default	
Temperature (°F)	20	Default	
Hardness (mg/L)	100	Default	
Other:			
Nearest Downstream Public Water Supply Intake		PA American Water Company - Clarion	
PWS Waters	Clarion River	Flow at Intake (cfs)	90.7
PWS RMI	33.3	Distance from Outfall (mi)	>25

Changes Since Last Permit Issuance: None.

Other Comments: None.

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.

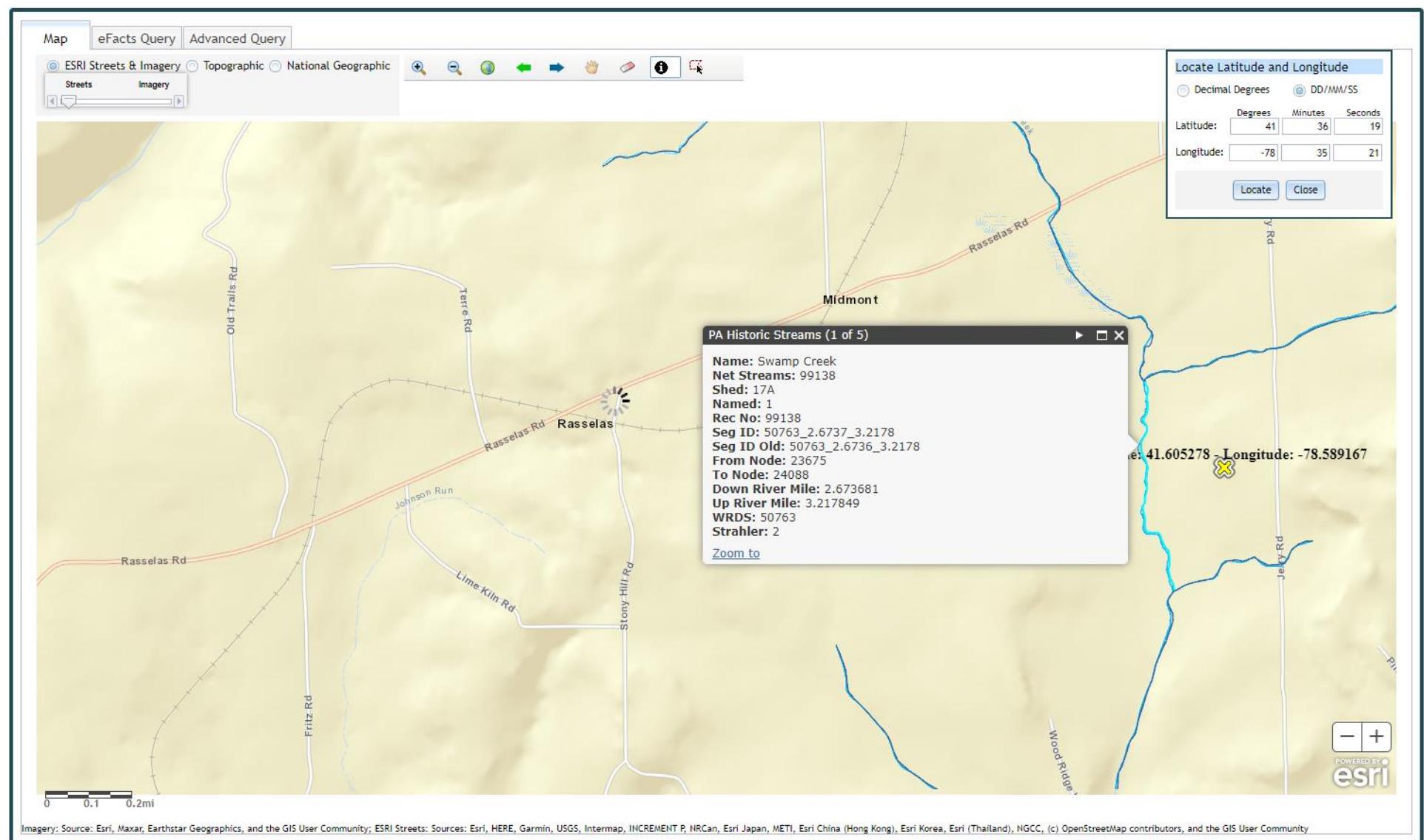
Outfall 001, Effective Period: Permit Effective Date through Permit Expiration Date.

Parameter	Effluent Limitations						Monitoring Requirements	
	Mass Units (lbs/day) ⁽¹⁾		Concentrations (mg/L)				Minimum ⁽²⁾ 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
pH (S.U.)	XXX	XXX	6.0 Inst Min	XXX	XXX	9.0	1/month	Grab
TRC	XXX	XXX	XXX	0.5 Avg Mo	XXX	1.2	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, after disinfection.

Other Comments: None.

Attachment 1
eMap – Location Map



Attachment 2
Google Earth Imagery

