

Northwest Regional Office CLEAN WATER PROGRAM

Application Type	Renewal
Wastewater Type	Sewage
Facility Type	SFTF

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No.	PA0222739
APS ID	981543
Authorization ID	1252002

Applicant Name	Bloor Churc	ning Valley United Methodist :h	_ Facility Name	Blooming Valley United Methodist Church	
Applicant Address	24740	State Street	Facility Address	24740 State Street	
	Mead	ville, PA 16335-8838	_	Meadville, PA 16335-8838	
Applicant Contact	Thora	Resinger	_ Facility Contact		
Applicant Phone	(814) 336-4316		_ Facility Phone		
Client ID	12088	4	_ Site ID	496564	
SIC Code	4952		_ Municipality	Blooming Valley Borough	
SIC Description	Trans	& Utilities - Sewerage Systems	County	Crawford	
Date Application Rec	eived	November 19, 2018	WQM Required	No	
Date Application Acce	epted	December 3, 2018	WQM App. No.		

Summary of Review

AMRs have been completed and submitted annually. System was last pumped on November 3, 2018.

The Department inspected the facility 10/31/2017. Permittee was reminded of sampling requirements and the need to pump out the septic tanks every three years. The permittee still did not do all the sampling required since that inspection.

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		Adam J. Pesek, E.I.T. / Environmental Engineering Specialist	
		Addition Cook, Emilion Tentral Engineering openiance	
V			
X		Instituto Dialesta D.E. / Environmental Environa Managan	
		Justin C. Dickey, P.E. / Environmental Engineer Manager	

Discharge, Receiving Waters and Water Supply	/ Information	
2 4 8 4		
Outfall No. 001		0.0015
Latitude 41° 40' 45.30"		·80° 2' 56.73""
Quad Name Blooming Valley		0505
Wastewater Description: <u>Treated sanitary wa</u>	astewater	
Unnamed Tributary to Woo	odcock	
Receiving Waters Creek	Ctroom Code	52726
NHD Com ID 127343321		0.83
Drainage Area	Yield (cfs/mi²)	
Q ₇₋₁₀ Flow (cfs)	O Posis	
Elevation (ft)	Clone (ft/ft)	
		High Quality Waters - Cold
Watershed No. <u>16-A</u>		Nater Fishes
Existing Use	Existing Use Qualifier	
Exceptions to Use	Exceptions to Criteria	
Assessment Status Attaining Use(s)		
Cause(s) of Impairment		
Source(s) of Impairment		
TMDL Status	Name	
Background/Ambient Data	Data Source	
pH (SU) 7.0	Default	
Temperature (°C) 20	Default (CWF)	
Hardness (mg/L)		
Other:		
Nearest Downstream Public Water Supply Intak	e Aqua Pennsylvania, Inc. – Emlei	nton
PWS Waters Allegheny River	Flow at Intake (cfs)	
PWS RMI 90.0		72.0
		· - · · ·

Changes Since Last Permit Issuance:

Other Comments:

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.

	Effluent Limitations					Monitoring Requirements		
Parameter	Mass Units (lbs/day) (1)		Concentrations (mg/L)			Minimum (2)	Required	
Parameter	Average Monthly	Average Weekly	Minimum	Average Monthly	Maximum	Instant. Maximum	Measurement Sam	Sample Type
Flow (MGD)	Report	XXX	XXX	XXX	XXX	XXX	1/month	Measured
pH (S.U.)	XXX	XXX	6.0 Inst Min	XXX	XXX	9.0	1/month	Grab
TRC	XXX	XXX	XXX	0.5	XXX	1.2	1/month	Grab
BOD5	XXX	XXX	XXX	10.0	XXX	20.0	1/month	Grab
TSS	XXX	XXX	XXX	10.0	XXX	20.0	1/month	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200 Geo Mean	XXX	XXX	1/month	Grab

Compliance Sampling Location: Outfall 001 (after disinfection)

Other Comments: Sampling frequency was set to 1/month for all parameters in accordance with the Department's SOP entitled "New and Reissuance Small Flow Treatment Facilities Individual NPDES Permit Applications."