

Application Type Renewal / Transfer
Wastewater Type Sewage
Facility Type SRSTP

**PERMIT FACT SHEET
INDIVIDUAL SFTF/SRSTP**

Application Nos. PA0233013
1419401 T-1
APS ID 1111262
1480158
Authorization ID 1480154

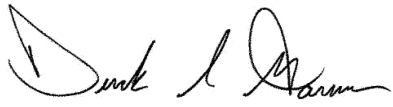

Applicant, Facility and Project Information

Applicant Name	<u>Lisa A. & Steven L. Stem</u>	Facility Name	<u>Stem SRSTP</u>
Applicant Address	<u>500 Front Street</u> <u>Milesburg, PA 16853-3812</u>	Facility Address	<u>355 Davidson Road</u> <u>Bellefonte, PA 16823-4727</u>
Applicant Contact	<u>Steven Stem</u>	Facility Contact	<u>Steven Stem</u>
Applicant Phone	<u>(814) 625-3417</u>	Facility Phone	<u>(814) 625-3417</u>
Client ID	<u>385096</u>	Site ID	<u>834684</u>
SIC Code	<u>4952</u>	Municipality	<u>Boggs Township</u>
SIC Description	<u>Trans. & Utilities - Sewerage Systems</u>	County	<u>Centre</u>
Date Application Received	<u>April 10, 2024</u>	WQM Required	<u>Yes, issued</u>
Date Application Accepted	<u>April 24, 2024</u>	WQM App. No.	<u>1419401 T-1</u>
Project Description	<u>Renewal and transfer of an existing NPDES and WQM permits for a discharge of treated sewage.</u>		

Summary of Review

The permittee has submitted renewal and transfer applications for an existing single residence sewage treatment plant (SRSTP). The transfer of the NPDES permit (PA0233013) from Travis Stem to Lisa and Steven Stem will be completed simultaneously with the renewal. The transfer of the WQM permit (1419401) will be coordinated with the issuance of the renewal.

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		 Derek S. Garner / Project Manager	January 10, 2025
X		 Nicholas W. Hartranft, P.E. / Environmental Engineer Manager	January 13, 2025

Discharge, Receiving Waters and Water Supply Information

Outfall No.	001	Design Flow (GPD)	400
Latitude	40° 55' 51.92"	Longitude	-77° 48' 47.97"
Quad Name	Bellefonte	Quad Code	1123
Wastewater Description: Sewage Effluent			
Receiving Waters	Bald Eagle Creek	Stream Code	22412
NHD Com ID	67178974	RMI	30.6
Drainage Area	n/a	Yield (cfs/mi ²)	n/a
Q ₇₋₁₀ Flow (cfs)	n/a	Q ₇₋₁₀ Basis	n/a
Elevation (ft)	n/a	Slope (ft/ft)	n/a
Watershed No.	9-C	Chapter 93 Class.	TSF, MF
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	n/a

Flow characteristics of Bald Eagle Creek at Outfall 001 are marked "n/a" since water-quality modeling is generally not completed for SRSTPs.

Facility Summary

The Stem SRSTP serves a three-bedroom single residence. Primary treatment is provided by a 1,000-gallon, two compartment concrete septic tank equipped with a Polylok PL-122 effluent filter. The effluent is further filtered through an EC7-500 Ecoflo Coco Biofilter. Ultraviolet disinfection is provided as part of the Ecoflo EC7 package. The SRSTP is rated for 400 GPD.

The construction and operation of the proposed SRSTP is approved under WQM Permit No. 1419401, issued June 10, 2019.

Development of Effluent Limits

The proposed effluent limits are the same as the existing permit. The limits for BOD5 and TSS are based on the July 22, 2022 alternate technology approval that states the installed system can produce effluent that does not exceed 10 mg/l BOD5 and TSS.

Monitoring ultraviolet transmittance, dosage, or intensity is generally not required for SRSTPs. Proof of disinfection will be demonstrated by the proposed fecal coliform limits.

Compliance History

The facility was most recently inspected by DEP on January 26, 2021. No violations were noted during the inspection and no impacts were noted in Bald Eagle Creek at or below the outfall.

Notice of Violation letters were sent to the permittee in September 2022 and October 2023 for failures to submit annual fees.

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 Annl Avg	XXX	XXX	XXX	XXX	XXX	1/year	Estimate
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	200.0	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
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	200.0	XXX	XXX	1/year	Grab

Compliance Sampling Location: Outfall 001