

Application Type New  
 Wastewater Type Sewage  
 Facility Type SRSTP

 NPDES PERMIT FACT SHEET  
 INDIVIDUAL SFTF/SRSTP

 Application No. PA0244350  
 APS ID 1115201  
 Authorization ID 1487706

## Applicant, Facility and Project Information

Applicant Name	<u>Alpha James</u>	Facility Name	<u>Alpha SRSTP</u>
Applicant Address	<u>1650 Fels Road</u>	Facility Address	<u>1650 Fels Road</u>
Applicant Contact	<u>James Alpha</u>	Facility Contact	<u>James Alpha</u>
Applicant Phone	<u>(856) 816-3237</u>	Facility Phone	<u>(856) 816-3237</u>
Client ID	<u>262259</u>	Site ID	<u>682536</u>
SIC Code	<u>4952</u>	Municipality	<u>Milford Township</u>
SIC Description	<u>Trans. &amp; Utilities - Sewerage Systems</u>	County	<u>Bucks</u>
Date Application Received	<u>June 5, 2024</u>	WQM Required	
Date Application Accepted		WQM App. No.	
Project Description	<u>.</u>		

## Summary of Review

## 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
		Amy Boginsky / Project Manager	September 11, 2024
		Pravin C. Patel, P.E. / Environmental Engineer Manager	

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information			
Outfall No.	001	Design Flow (MGD)	.0004
Latitude	40° 24' 46.20"	Longitude	-75° 26' 19.00"
Quad Name		Quad Code	
Wastewater Description:	Sewage Effluent		
Receiving Waters	Hazelbach Creek (HQ-TSF, MF)	Stream Code	
NHD Com ID	25981534	RMI	
Drainage Area		Yield (cfs/mi <sup>2</sup> )	
Q <sub>7-10</sub> Flow (cfs)		Q <sub>7-10</sub> Basis	
Elevation (ft)		Slope (ft/ft)	
Watershed No.	3-E	Chapter 93 Class.	HQ-TSF, MF
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)			
Temperature (°F)			
Hardness (mg/L)			
Other:			
Nearest Downstream Public Water Supply Intake			
PWS Waters		Flow at Intake (cfs)	
PWS RMI		Distance from Outfall (mi)	

Changes Since Last Permit Issuance:

Other Comments:

Compliance History	
<b>Summary of DMRs:</b>	[REDACTED]
<b>Summary of Inspections:</b>	[REDACTED]

Other Comments: [REDACTED]



**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	Maximum	Instant. Maximum		
Flow (GPD)	Report Annl Avg	XXX	XXX	XXX	XXX	XXX	Upon Request	Estimate
pH (S.U.)	XXX	XXX	6.0 Inst Min	XXX	XXX	9.0	Upon Request	Grab
BOD5	XXX	XXX	XXX	10	XXX	20	Upon Request	Grab
TSS	XXX	XXX	XXX	10.0	XXX	20.0	Upon Request	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	XXX	1/year	Grab

Compliance Sampling Location: 

Other Comments: 