

Application Type Renewal
Wastewater Type Sewage
Facility Type SRSTP

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

Application No. PA0261408
APS ID 702976
Authorization ID 1302736

Applicant, Facility and Project Information

Applicant Name	<u>Amanda Garner & Ross Garner</u>	Facility Name	<u>Garner Res</u>
Applicant Address	<u>311 Hoy Road</u> <u>Carlisle, PA 17013-8540</u>	Facility Address	<u>311 Hoy Road</u> <u>Carlisle, PA 17013-8540</u>
Applicant Contact	<u>Ross Garner</u>	Facility Contact	<u>Ross Garner</u>
Applicant Phone	<u>(717) 385-3878</u>	Facility Phone	<u>(717) 385-3878</u>
Client ID	<u>275985</u>	Site ID	<u>726020</u>
SIC Code	<u>6514</u>	Municipality	<u>North Middleton Township</u>
SIC Description	<u>Fin, Ins & Real Est - Dwelling Operators, Except Apartments</u>	County	<u>Cumberland</u>
Date Application Received	<u>January 16, 2020</u>	WQM Required	<u>Issed</u>
Date Application Accepted	<u>January 27, 2020</u>	WQM App. No.	<u>2109408</u>
Project Description	<u>Amanda and Ross Garner have submitted an application for the renewal of their permit for their Single Residence Sewage Treatment Facility.</u>		

Summary of Review

Amanda and Ross Garner have submitted an application for the renewal of their permit for their Single Residence Sewage Treatment Facility. The residence was originally issued an NPDES permit in 2015 for the treatment of sewage generated at the residence. The permit was issued by The Department in order to ensure that the facility did not receive or discharge a flow greater than 400 GPD or exceed the specified limits of CBOD5, Total Suspended Solids, Total Residual Chlorine, pH, and Fecal Coliform prescribed in the permit. As per 25 Pa. Code § 92a.53, all applicable effluent limits and standards are considered in development of the permit. The limits noted in the permit suggest that any applicable water quality standards will not be violated.

The limits discussed in the permit are based off of several factors that were determined by the Standard Operating Procedure for Small Flow Treatment Facilities (SOP No. BCW-PMT-003).

The TSS limits were prescribed based on The Department's Water Quality Antidegradation Implementation Guidance ID No. 391-0300-002

The Fecal Coliform limits listed in the previous permits were required by Bureau of Clean Water, as stated in Chapter 92.2c.b(2) and 93.7.

Approve	Deny	Signatures	Date
X		Jared Lescavage / Environmental Engineering Specialist	June 9, 2020
X		Scott M. Arwood, P.E. / Environmental Engineer Manager	6/9/2020

Summary of Review

Existing Limits:

Parameter	Effluent Limitations						Monitoring Requirements	
	Mass Units (lbs/day)		Concentrations (mg/L)				Minimum Measurement Frequency	Required Sample Type
	Average Monthly	Weekly Average	Minimum	Average Monthly		Instant. Maximum		
Flow (MGD)	Report	Report	XXX	XXX	XXX	XXX	2/year	Estimate
pH (S.U.)	XXX	XXX	6.0	XXX	XXX	9.0	1/month	Grab
Total Residual Chlorine	XXX	XXX	XXX	Report	XXX	XXX	1/month	Grab
CBOD5	XXX	XXX	XXX	10	XXX	20	2/year	Grab
Total Suspended Solids	XXX	XXX	XXX	10	XXX	20	2/year	Grab
Fecal Coliform (CFU/100 ml)	XXX	XXX	XXX	200 Geo Mean	XXX	XXX	2/year	Grab

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.

Discharge, Receiving Waters and Water Supply Information

Outfall No.	<u>001</u>	Design Flow (MGD)	<u>.0005</u>
Latitude	<u>40° 15' 54.38"</u>	Longitude	<u>-77° 12' 21.72"</u>
Quad Name	<u></u>	Quad Code	<u></u>
Wastewater Description: <u>Sewage Effluent</u>			
Receiving Waters	<u>Wertz Run (WWF)</u>	Stream Code	<u>10853</u>
NHD Com ID	<u>56404711</u>	RMI	<u>2.56</u>
Drainage Area	<u>0.78</u>	Yield (cfs/mi ²)	<u></u>
Q ₇₋₁₀ Flow (cfs)	<u>0.0128</u>	Q ₇₋₁₀ Basis	<u>StreamStats</u>
Elevation (ft)	<u></u>	Slope (ft/ft)	<u></u>
Watershed No.	<u>07B</u>	Chapter 93 Class.	<u>Warm Water Fishes</u>
Existing Use	<u>Warm Water Fisheries (WWF)</u>	Existing Use Qualifier	<u></u>
Exceptions to Use	<u></u>	Exceptions to Criteria	<u></u>
Assessment Status	<u>Attaining Use(s)</u>		
Cause(s) of Impairment	<u>N/A</u>		
Source(s) of Impairment	<u>N/A</u>		
TMDL Status	<u>Final</u>	Name	<u>Conodoguinet Creek Watershed</u>
Background/Ambient Data		Data Source	
pH (SU)	<u></u>	<u></u>	
Temperature (°F)	<u></u>	<u></u>	
Hardness (mg/L)	<u></u>	<u></u>	
Other:	<u></u>	<u></u>	
Nearest Downstream Public Water Supply Intake	<u>PA American Water</u>		
PWS Waters	<u></u>	Flow at Intake (cfs)	<u></u>
PWS RMI	<u>19.14</u>	Distance from Outfall (mi)	<u>17</u>

Changes Since Last Permit Issuance: None

Other Comments: N/A

Compliance History	
Summary of DMRs:	N/A.
Summary of Inspections:	N/A.

Other Comments: No violations noted.

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 (GPD)	Report Annl Avg	XXX	XXX	XXX	XXX	XXX	1/year	Estimate
TRC	XXX	XXX	Report Avg Mo	XXX	XXX	Report	1/month	Grab
pH (S.U.)	XXX	XXX	6.0	XXX	XXX	9.0	1/month	Grab
CBOD5	XXX	XXX	XXX	10.0	XXX	20	1/year	Grab
TSS	XXX	XXX	XXX	10.0	XXX	20	1/year	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200	XXX	200	1/year	Grab

Compliance Sampling Location: Outfall 001

Other Comments: N/A