

Application Type Renewal  
Wastewater Type Sewage  
Facility Type SFTF

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

Application No. PA0261556  
APS ID 724356  
Authorization ID 1412895

**Applicant, Facility and Project Information**

Applicant Name	<u>Whispering Hope East DbA Conestoga Retreat</u>	Facility Name	<u>Conestoga Retreat STP</u>
Applicant Address	<u>881 Crooked Lane Ephrata, PA 17522-8642</u>	Facility Address	<u>881 Crooked Lane Ephrata, PA 17522-8642</u>
Applicant Contact	<u>Isaac Nolt</u>	Facility Contact	<u>Isaac Nolt</u>
Applicant Phone	<u>(717) 738-1680</u>	Facility Phone	<u>(717) 738-1680</u>
Client ID	<u>281622</u>	Site ID	<u>729053</u>
SIC Code	<u>6514</u>	Municipality	<u>West Earl Township</u>
SIC Description	<u>Fin, Ins &amp; Real Est - Dwelling Operators, Except Apartments</u>	County	<u>Lancaster</u>
Date Application Received	<u>October 7, 2022</u>	WQM Required	<u>Issued</u>
Date Application Accepted	<u>October 18, 2022</u>	WQM App. No.	<u>3610403</u>
Project Description	<u>Renewal of an NPDES permit for an existing SFTF.</u>		

**Summary of Review**

Whispering Hope East has submitted an application for a renewal permit for their existing Small Flow Treatment Facility located in Lancaster County. The retreat will utilize a system to treat sewage generated by the facility. DEP received the renewal NPDES application on October 7, 2022 by Ammon Z. Shirk. The Department has reviewed the application in order to ensure that the facility does not receive or discharge a flow greater than 2,000 GPD or exceed the specified limits of CBOD5, pH, Total Suspended Solids, TRC, Ammonia Nitrogen, 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 kept consistent with the last permit in order to allow the facility to retain compliance.

The Fecal Coliform limits listed in the permit were required by the Bureau of Clean Water, as stated in Chapter 92a and 93.7.

The limits prescribed by this renewal permit remain unchanged from the previous permit to due the age of the system, in order to allow the facility to operate without achieving non-compliance.

Based on the review outlined in this fact sheet, it is recommended that the NPDES permit be drafted.

Approve	Deny	Signatures	Date
X		<i>Jared Lescavage</i> Jared Lescavage / Project Manager	October 19, 2022
x		Scott M. Arwood, P.E. / Environmental Engineer Manager	

**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.

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information			
Outfall No.	<u>001</u>	Design Flow (MGD)	<u>.0012</u>
Latitude	<u>40° 8' 27.72"</u>	Longitude	<u>-76° 9' 30.94"</u>
Quad Name	_____	Quad Code	_____
Wastewater Description: <u>Effluent</u>			
Receiving Waters	<u>Conestoga River (WWF)</u>	Stream Code	<u>7548</u>
NHD Com ID	<u>57462411</u>	RMI	<u>38.06</u>
Drainage Area	<u>0.13 mi<sup>2</sup></u>	Yield (cfs/mi <sup>2</sup> )	_____
Q <sub>7-10</sub> Flow (cfs)	<u>0.00604</u>	Q <sub>7-10</sub> Basis	<u>StreamStats</u>
Elevation (ft)	_____	Slope (ft/ft)	_____
Watershed No.	<u>7-J</u>	Chapter 93 Class.	<u>WWF</u>
Existing Use	_____	Existing Use Qualifier	_____
Exceptions to Use	_____	Exceptions to Criteria	_____
Assessment Status	<u>Impaired</u>		
Cause(s) of Impairment	<u>NUTRIENTS, NUTRIENTS, SILTATION</u>		
Source(s) of Impairment	<u>CROP PRODUCTION (CROP LAND OR DRY LAND), GRAZING IN RIPARIAN OR SHORELINE ZONES, GRAZING IN RIPARIAN OR SHORELINE ZONES</u>		
TMDL Status	_____	Name	_____
Background/Ambient Data	_____	Data Source	_____
pH (SU)	_____		_____
Temperature (°F)	_____		_____
Hardness (mg/L)	_____		_____
Other:	_____		_____
Nearest Downstream Public Water Supply Intake	<u>City of Lancaster</u>		
PWS Waters	<u>Conestoga River</u>	Flow at Intake (cfs)	_____
PWS RMI	_____	Distance from Outfall (mi)	<u>15</u>

Changes Since Last Permit Issuance: Flow was previously listed as 700 GPD. The application submitted listed the AADP as 1186 GPD. The permit has been updated to reflect a Design Flow of 1200 GPD.

Other Comments: None

Compliance History	
Summary of DMRs:	None
Summary of Inspections:	N/A

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) <sup>(1)</sup>		Concentrations (mg/L)				Minimum <sup>(2)</sup> Measurement Frequency	Required Sample Type
	Average Monthly	Average Weekly	Minimum	Average Monthly	Maximum	Instant. Maximum		
Flow (MGD)	Report	XXX	XXX	XXX	XXX	XXX	1/month	Estimate
pH (S.U.)	XXX	XXX	6.0 Inst Min	XXX	XXX	9.0	1/month	Grab
TRC	XXX	XXX	XXX	0.5	XXX	1.6	1/month	Grab
CBOD5	XXX	XXX	XXX	25.0	XXX	50	1/month	Grab
TSS	XXX	XXX	XXX	30.0	XXX	60	1/month	Grab
Fecal Coliform (No./100 ml) Oct 1 - Apr 30	XXX	XXX	XXX	2000 Geo Mean	XXX	XXX	1/month	Grab
Fecal Coliform (No./100 ml) May 1 - Sep 30	XXX	XXX	XXX	200 Geo Mean	XXX	XXX	1/month	Grab

Compliance Sampling Location: Outfall 001

Other Comments: None