

Application Type Renewal
Wastewater Type Sewage
Facility Type SRSTP

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

Application No. PA0266043
APS ID 1046127
Authorization ID 1366320

Applicant, Facility and Project Information

Applicant Name	<u>Lerew Doris K</u>	Facility Name	<u>Kendor Summit Lot 10h</u>
Applicant Address	<u>PO Box 121</u> <u>Carlisle, PA 17013-0121</u>	Facility Address	<u>230 Lamplite Drive</u> <u>Carlisle, PA 17013</u>
Applicant Contact	<u>Doris Lerew</u>	Facility Contact	<u>Doris Lerew</u>
Applicant Phone	<u>(717) 512-6648</u>	Facility Phone	<u>(717) 512-6648</u>
Client ID	<u>365046</u>	Site ID	<u>790294</u>
SIC Code	<u>4952</u>	Municipality	<u>North Middleton Township</u>
SIC Description	<u>Trans. & Utilities - Sewerage Systems</u>	County	<u>Cumberland</u>
Date Application Received	<u>August 23, 2021</u>	WQM Required	<u></u>
Date Application Accepted	<u>August 27, 2021</u>	WQM App. No.	<u>2115404 T-1</u>
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
		Jared Lescavage / Project Manager	February 10, 2022
		Scott M. Arwood, P.E. / Environmental Engineer Manager	

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>.0005</u>
Latitude	<u>40° 13' 19.06"</u>	Longitude	<u>-77° 12' 54.67"</u>
Quad Name	_____	Quad Code	_____
Wastewater Description: <u>Sewage Effluent</u>			
Receiving Waters	<u>Conodoguinet Creek (WWF, MF)</u>	Stream Code	_____
NHD Com ID	<u>56406381</u>	RMI	<u>39.9900</u>
Drainage Area	_____	Yield (cfs/mi ²)	_____
Q ₇₋₁₀ Flow (cfs)	_____	Q ₇₋₁₀ Basis	_____
Elevation (ft)	_____	Slope (ft/ft)	_____
Watershed No.	<u>7-B</u>	Chapter 93 Class.	<u>WWF, MF</u>
Existing Use	_____	Existing Use Qualifier	_____
Exceptions to Use	_____	Exceptions to Criteria	_____
Assessment Status	<u>Attaining Use(s)</u>		
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	
Summary of DMRs:	■
Summary of Inspections:	■

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.

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	Daily Maximum	Maximum	Instant. Maximum		
Flow (MGD)	Report Annl Avg	XXX	XXX	XXX	XXX	XXX	1/year	Estimate
pH (S.U.)	XXX	XXX	XXX	5.0 Annl Avg	9.0 Annl Avg	XXX	1/year	Grab
BOD5	XXX	XXX	XXX	10.0 Annl Avg	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 Annl Avg	XXX	XXX	1/year	Grab

Compliance Sampling Location:

Other Comments: