

Application Type Renewal
Wastewater Type Sewage
Facility Type SRSTP

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

Application No. PA0266361
APS ID 1038220
Authorization ID 1353726

Applicant, Facility and Project Information

Applicant Name	<u>Roger Allen Graves</u>	Facility Name	<u>Roger Graves Res</u>
Applicant Address	<u>53 Sassafras Lane</u> <u>Delta, PA 17314-7000</u>	Facility Address	<u>53 Sassafras Lane</u> <u>Delta, PA 17314-7000</u>
Applicant Contact	<u>Roger Graves</u>	Facility Contact	<u>Roger Graves</u>
Applicant Phone	<u>(717) 487-0208</u>	Facility Phone	<u>(717) 487-0208</u>
Client ID	<u>362809</u>	Site ID	<u>813382</u>
SIC Code	<u>1521</u>	Municipality	<u>Peach Bottom Township</u>
SIC Description	<u>Construction - Single-Family Housing</u> <u>Construction</u>	County	<u>York</u>
Date Application Received	<u>May 11, 2021</u>	WQM Required	<u>Transfer Pending</u>
Date Application Accepted	<u>December 7, 2021</u>	WQM App. No.	<u>6716402 T-1</u>
Project Description	<u>Roger Graves has submitted an application for the renewal and transfer of his permit for his existing SRSTP.</u>		

Summary of Review

This fact sheet supports the reissuance and transfer of NPDES and WQM permits for discharge of treated sewage from the single residence sewage treatment plant (SRSTP) located in Peach Bottom Township, York County. DEP received new NPDES and WQM permit applications on June 29, 2021. Individual NPDES and WQM permits are required since the proposed system is not included in the Department's Manual (*Small Flow Treatment Facility Manual 362-0300-002*).

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 on 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 permit were required by the Bureau of Clean Water, as stated in Chapter 92.2c.b(2) and 93.7.

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

Approve	Deny	Signatures	Date
X		<i>Jared Lescavage</i> Jared Lescavage / Project Manager	March 16, 2022
		Scott M. Arwood, P.E. / Environmental Engineer Manager	

Summary of Review

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>.0004</u>
Latitude	<u>39° 45' 6.04"</u>	Longitude	<u>-76° 22' 11.88"</u>
Quad Name	_____	Quad Code	_____
Wastewater Description: <u>Sewage Effluent</u>			
Receiving Waters	<u>Fishing Creek (CWF (existing use))</u>	Stream Code	<u>47625</u>
NHD Com ID	<u>57473885</u>	RMI	<u>0.1300</u>
Drainage Area	<u>0.20 mi²</u>	Yield (cfs/mi ²)	_____
Q ₇₋₁₀ Flow (cfs)	<u>0.0205</u>	Q ₇₋₁₀ Basis	<u>StreamStats</u>
Elevation (ft)	_____	Slope (ft/ft)	_____
Watershed No.	<u>7-I</u>	Chapter 93 Class.	<u>TSF, MF</u>
Existing Use	<u>CWF(COLD WATER FISHES)</u>	Existing Use Qualifier	<u>Use Attainability Analysis</u>
Exceptions to Use	_____	Exceptions to Criteria	_____
Assessment Status	<u>Attaining Use(s)</u>		
Cause(s) of Impairment	<u>N/A</u>		
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	<u>Chester Water Authority</u>		
PWS Waters	<u>Susquehanna River</u>	Flow at Intake (cfs)	_____
PWS RMI	<u>1.5</u>	Distance from Outfall (mi)	<u>15</u>

Changes Since Last Permit Issuance: Addition of pH to sampling requirements.

Other Comments: N/A

DEP has evaluated information indicating that the existing use of the receiving waters is different than the designated use under 25 Pa. Code § 93.9. In developing the draft NPDES permit, DEP is proposing to protect the existing use of the receiving waters. Following DEP's notice of the receipt of the application and the draft permit in the Pennsylvania Bulletin, DEP will accept written comments during the public comment period regarding DEP's tentative determination to protect the existing use. DEP will make a final determination on existing use protection for the receiving waters as part of the final permit action.

Compliance History	
Summary of DMRs:	N/A
Summary of Inspections:	No issues reported with the existing SRSTP.

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) ⁽¹⁾		Concentrations (mg/L)				Minimum ⁽²⁾ 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
pH (S.U.)	XXX	XXX	5.0 Inst Min	XXX	XXX	9.0	1/year	Grab
BOD5	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	XXX	1/year	Grab

Compliance Sampling Location: Outfall 001

Other Comments: None