

Application Type Renewal  
Wastewater Type Sewage  
Facility Type SRSTP

## NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No. PA0267414  
APS ID 1032584  
Authorization ID 1540766

### Applicant, Facility and Project Information

Applicant Name <u>Shonna Kephart</u>	Facility Name <u>Blair Residence</u>
Applicant Address <u>209 Yoders Drive</u>	Facility Address <u>209 Yoders Drive</u>
<u>Altoona, PA 16601-8424</u>	<u>Altoona, PA 16601-8424</u>
Applicant Contact <u>Shonna Kephart</u>	Facility Contact <u>Shonna Kephart</u>
Applicant Phone <u>(814) 330-8941</u>	Facility Phone <u>(814) 330-8941</u>
Client ID <u>361125</u>	Site ID <u>847724</u>
SIC Code <u>8811</u>	Municipality <u>Tyrone Township</u>
SIC Description <u>Services - Private Households</u>	County <u>Blair</u>
Date Application Received <u>September 6, 2025</u>	WQM Required <u>                    </u>
Date Application Accepted <u>September 16, 2025</u>	WQM App. No. <u>                    </u>
Project Description <u>                    </u>	

### Summary of Review

The facility located at 209 Yoders Dr is an existing residential dwelling. The existing system will continue to serve to treat and discharge the sewage from the above residence.

The system is a Premier Tech Aqua EC7-500 Coco Pack filter with an integrated UV component. After treatment, the effluent will discharge into a drainage channel to Standing Stone Creek. This model does not qualify for a PAG-04 permit as of the issuance of this draft permit due to not meeting the required loading capacity of the PAG-04 approved list.

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, 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 permit were required by the Bureau of Clean Water, as stated in Chapters 92a and 93.

Based on the review outlined in this fact sheet, it is recommended that the NPDES permit be drafted. Also, it is recommended that the WQM permit be issued upon issuance of the final NPDES permit.

Approve	Deny	Signatures	Date
X		<i>Jared Lescavage</i> Jared Lescavage / Project Manager	September 17, 2025
x		<i>Scott M Arwood</i> Scott M. Arwood, P.E. / Environmental Engineer Manager	09/18/2025

**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>.0004</u>
Latitude	<u>40° 32' 57.26"</u>	Longitude	<u>-78° 16' 42.79"</u>
Quad Name	<u></u>	Quad Code	<u></u>
Wastewater Description: <u>Sewage Effluent</u>			
Receiving Waters	<u>Sinking Run (CWF, MF)</u>	Stream Code	<u>15792</u>
NHD Com ID	<u>65606712</u>	RMI	<u>0.0400</u>
Drainage Area	<u>0.83</u>	Yield (cfs/mi <sup>2</sup> )	<u></u>
Q <sub>7-10</sub> Flow (cfs)	<u>0.0175</u>	Q <sub>7-10</sub> Basis	<u>StreamStats</u>
Elevation (ft)	<u></u>	Slope (ft/ft)	<u></u>
Watershed No.	<u>11-A</u>	Chapter 93 Class.	<u>CWF, MF</u>
Existing Use	<u></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></u>		
Source(s) of Impairment	<u></u>		
TMDL Status	<u></u>	Name	<u></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>Mifflintown Municipal Authority</u>		
PWS Waters	<u>Juniata River</u>	Flow at Intake (cfs)	<u></u>
PWS RMI	<u></u>	Distance from Outfall (mi)	<u>83</u>

Changes Since Last Permit Issuance: None

Other Comments: None

Compliance History	
Summary of DMRs:	2025 Submitted, but missing some parameters. Will communicate with Ops to receive correct sampling.
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	Annual Average	Maximum	Instant. Maximum		
Flow (MGD)	Report Annl Avg	XXX	XXX	XXX	XXX	XXX	1/year	Estimate
BOD5	XXX	XXX	XXX	10.0	XXX	20.0	1/year	Grab
TSS	XXX	XXX	XXX	10.0	XXX	20.0	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