

Northwest Regional Office CLEAN WATER PROGRAM

Application Type Renewal

Wastewater Type Sewage

Facility Type SRSTP

NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0273155

 APS ID
 1048209

 Authorization ID
 1370292

Applicant Name	Mark Zaffino	Facility Name	Mark Zaffino SRSTP
Applicant Address	471 Thompson Hill Road	Facility Address	471 Thompson Hill Road
	Russell, PA 16345-2443		Russell, PA 16345-2443
Applicant Contact	Mark Zaffino	Facility Contact	
ApplicanFax	(814) 406-0045	Applicant Phone	(814) 723-1150
Applicant E Mail	melrdh@hotmail.com	Facility E Mail	mel.rdh@hotmail.com
Client ID	320861	Site ID	800413
Municipality	Farmington Township	County	Warren
SIC Code	8800	SIC Code	4952
SIC Description	Private Households	SIC Description	Sewage treatment
Application Received	September 22, 2021	WQM Required	present facility is adequate
Application Accepted	September 28, 2021	WQM App. No.	6215405 (NORWECO singulair)

Summary of Review

This is a late renewal with no other known violations.

E Mail use discussed with Mark Zaffino on September 30, 2021. Permit correspondence can be faxed and the septic tank is pumped annually in April.

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
X		William 74. Mentzer William H. Mentzer, P.E.	
		Environmental Engineering Specialist	September 30, 2021
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	October 18, 2021

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information					
Outfall No.	001	Design Flow (MGD)	0.0004		
Latitude DP	41° 55' 21.50"	Longitude DP	-79º 11' 52.40"		
Latitude NHD	41° 55' 22.21"	Longitude NHD	-79º 11' 51.46"		
Quad Name	Russell	Quad Code	0312		
Wastewater:	Treated single residence domestic	wastes			
Receiving Waters	Unnamed Tributary to Rhine Run	Stream Code	56364		
NHD Com ID	129446808	RMI	0.3800		
Drainage Area	0.38	Yield (cfs/mi ²)	0		
Q ₇₋₁₀ Flow (cfs)	0	Q ₇₋₁₀ Basis	Intermittent stream		
Elevation (ft)	1580.00	Slope (ft/ft)			
Watershed No.	16-B	Chapter 93 Class.	CWF		
Existing Use	statewide	Existing Use Qualifier	none		
Exceptions to Use	none	Exceptions to Criteria	none		
Assessment Status	Attaining Use(s)				
Cause(s) of Impairn					
Source(s) of Impairment					
TMDL Status		Name			
Background/Ambient Data		Data Source			
pH (SU)					
Temperature (°F)					
Hardness (mg/L)					
Other:					
	5				
	m Public Water Supply Intake	Emlenton Water/Aqua PA Er			
	Allegheny River	Flow at Intake (cfs)	NA		
PWS RMI 9	90.57	Distance from Outfall (mi)	90		

Changes Since Last Permit Issuance: 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.

	Effluent Limitations				Monitoring Requirements			
Parameter	Mass Units (lbs/day) (1)		Concentrations (mg/L)			Minimum ⁽²⁾	Required	
r ai ainetei	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum	Measurement S Frequency	Sample Type
Flow (GPD)	Report Annl Avg	XXX	XXX	XXX	XXX	XXX	1/year	Estimate
pH (S.U.)	XXX	XXX	6.0 Inst Min	XXX	XXX	9.0	Upon Request	Grab
TRC	XXX	XXX	XXX	Report	XXX	XXX	1/month	Grab
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 after disinfection