



Application Type New  
Wastewater Type Sewage  
Facility Type SRSTP

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

Application No. PA0282090  
APS ID 1032157  
Authorization ID 1551001

**Applicant, Facility and Project Information**

Applicant Name	<u>Mitchell A Ewert</u>	Facility Name	<u>Ewert Lot 2 Sfr</u>
Applicant Address	4470 Enola Road	Facility Address	4470 Enola Road
Applicant Contact	Mitchell Ewert	Facility Contact	Mitchell Ewert
Applicant Phone	(717) 590-0695	Facility Phone	(717) 590-0695
Client ID	360992	Site ID	673428
SIC Code	6514	Municipality	Upper Frankford Township
SIC Description	Fin, Ins & Real Est - Dwelling Operators, Except Apartments	County	Cumberland
Date Application Received	<u>October 31, 2025</u>	WQM Required	<u>Issued</u>
Date Application Accepted	<u>December 4, 2025</u>	WQM App. No.	<u>2106406</u>
Project Description	<u>Application for a renewal of an expired NPDES permit for an existing SRSTP.</u>		

**Summary of Review**

The Ewerts have submitted an application for a renewal permit for his existing Single Residence Small Flow Treatment Facility located in Cumberland County. DEP received the NPDES permit applications on October 31, 2025 from the applicant. The Department has reviewed the application in order to ensure that the facility does not receive or discharge a flow greater than 500 GPD or exceed the specified limits of CBOD5, Total Suspended Solids, Ammonia, 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.

Previously, the site had a Ecoflo STB-650PR installed to treat sewage, but was eventually replaced once new ownership took control of the residence. Now, the residence uses an Ecoflo EC7-500, which is not an approved model for residential application. However, this ruling was only made known after the installation of this unit at this site. Therefore, this permit is suggested to be renewed.

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 and Ammonia-Nitrogen 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.

Approve	Deny	Signatures	Date
X		Jared Lescavage Jared Lescavage / Project Manager	December 4, 2025
X		Scott M Arwood Scott M. Arwood, P.E. / Environmental Engineer Manager	12/8/2025

**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.	001	Design Flow (MGD)	.0005
Latitude	40° 14' 10.10"	Longitude	-77° 23' 41.99"
Quad Name		Quad Code	
Wastewater Description:	Sewage Effluent		
Receiving Waters	Unnamed Tributary to Conodoguinet Creek (WWF)	Stream Code	10364
NHD Com ID	56406543	RMI	1.02
Drainage Area	0.65	Yield (cfs/mi <sup>2</sup> )	
Q <sub>7-10</sub> Flow (cfs)	0.00404	Q <sub>7-10</sub> Basis	StreamStats
Elevation (ft)		Slope (ft/ft)	
Watershed No.	7-B	Chapter 93 Class.	WWF
Existing Use		Existing Use Qualifier	
Exceptions to Use		Exceptions to Criteria	
Assessment Status	Attaining Use(s)		
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		Carlisle Borough Water Authority	
PWS Waters	Conodoguinet Creek	Flow at Intake (cfs)	
PWS RMI	37.03	Distance from Outfall (mi)	18

Changes Since Last Permit Issuance: Most recent permit expired. Since the last renewal, the residence has replaced the STB-650 with an EC7-500, which is no longer allowed for residential application.

Other Comments: None

Compliance History	
<b>Summary of DMRs:</b>	N/A
<b>Summary of Inspections:</b>	Lauren Scholl, DEP, conducted a site visit and instructed the applicants that their permit was expired and would need to be renewed.

Other Comments: This new permit will serve as a renewal for the expired permit that was previously issued to this site.

**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	XXX	1/year
TRC	XXX	XXX	XXX	Report Avg Mo	XXX	XXX	1/month	Grab
CBOD5	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