

Application Type New
Wastewater Type Sewage
Facility Type SRSTP

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

Application No. PA0287997
APS ID 1008453
Authorization ID 1300124

Applicant, Facility and Project Information



Applicant Name	<u>Samuel Marcotullio</u>	Facility Name	<u>Samuel Marcotullio SRSTP</u>
Applicant Address	<u>904 E Fairfield Avenue</u> <u>New Castle, PA 16105-2318</u>	Facility Address	<u>904 E Fairfield Avenue</u> <u>New Castle, PA 16105-2318</u>
Applicant Contact	<u>Samuel Marcotullio</u>	Facility Contact	<u></u>
Applicant Phone	<u>(724) 658-6256</u>	Facility Phone	<u></u>
Client ID	<u>354298</u>	Site ID	<u>838955</u>
Municipality	<u>Neshannock Township</u>	County	<u>Lawrence</u>
SIC Code	<u>8800</u>	SIC Code	<u>4952</u>
SIC Description	<u>Private Households</u>	SIC Description	<u>Sewage treatment</u>
Application Received	<u>December 12, 2019</u>	WQM Required	<u>Yes, pending</u>
Application Accepted	<u>February 6, 2020</u>	WQM App. No.	<u>3719403</u>
Project Description	<u>Single Residence Sewage Treatment Plant.</u>		

Summary of Review

The client has no listed violations. Proposed is replacement of a malfunctioning on-lot system serving a 34-bedroom residence.

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
		William H. Mentzer, P.E. Environmental Engineering Specialist	February 6, 2020
		Justin C. Dickey, P.E. Environmental Engineer Manager	

Discharge, Receiving Waters and Water Supply Information			
Outfall No.	001	Design Flow (MGD)	.0004
Latitude	41° 1' 35.40"	Longitude	-80° 19' 41.52"
Latitude	41° 1' 37.01"	Longitude	-80° 19' 43.16"
Quad Name	New Castle North	Quad Code	1003
Wastewater:	Treated single residence domestic wastes		
Receiving Waters	Unnamed Tributary Neshannock Crk	Stream Code	35518
NHD Com ID	130031993	RMI	0.95
Drainage Area	0.7	Yield (cfs/mi ²)	0.02
Q ₇₋₁₀ Flow (cfs)	0.02	Q ₇₋₁₀ Basis	Coolspring Creek
Elevation (ft)	963.65	Slope (ft/ft)	0.01270
Watershed No.	20A	Chapter 93 Class.	Trout Stocking
Existing Use	statewide	Existing Use Qualifier	none
Exceptions to Use	none	Exceptions to Criteria	none
Comments	The discharge is 0.16-mile above an un-named tributary at stream RMI 0.95		
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	Beaver Falls		
PWS Waters	Beaver River	Flow at Intake (cfs)	NA
PWS RMI	5.39	Distance from Outfall (mi)	22.75

Changes Since Last Permit Issuance: NA

Other Comments: No downstream water supply impacts are expected.

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	6.0 Inst Min	XXX	XXX	9.0.0	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