

Application Type Renewal
Wastewater Type Sewage
Facility Type SRSTP

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

Application No. PA0288241
APS ID 1126151
Authorization ID 1507274

Applicant, Facility and Project Information

Applicant Name	<u>Verne James</u>	Facility Name	<u>Verne James SRSTP</u>
Applicant Address	PO Box 612	Facility Address	17708 Route 666
Applicant Contact	Verne James	Facility Contact	Verne James
Applicant Phone	(814) 516-5525	Facility Phone	(814) 516-5525
Client ID	355654	Site ID	840611
SIC Code	8800	Municipality	Hickory Township
SIC Description	Private Households	County	Forest
Date Application Received	November 18, 2024	WQM Required	
Date Application Accepted		WQM App. No.	
Project Description	Individual NPDES renewal for a Single Residence Sewage Treatment Plant (SRSTP).		

Summary of Review

Act 14 – Proof of Notification was submitted and received.

Existing treatment consists of (WQM Permit No. 2720404): A 1,000-gallon dual compartment concrete septic tank followed by a Premier Tech EC7-C-P Coco Filter unit with an integrated pump Ultraviolet (UV) light disinfection unit, and effluent pumping.

The EPA Waiver is in effect.

There are no open violations in WMS for the subject Client ID (355654) as of 9/25/2025.

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		Jordan A. Frey, E.I.T. Jordan A. Frey, E.I.T. / Project Manager	September 25, 2025
X		Adam Olesnanik Adam Olesnanik, P.E. / Environmental Engineer Manager	September 26, 2025

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information			
Outfall No.	001	Design Flow (MGD)	.0004
Latitude	41° 35' 11.94"	Longitude	-79° 23' 54.79"
Quad Name	West Hickory	Quad Code	41079E4
Wastewater Description:	Sewage Effluent		
Receiving Waters	East Hickory Creek (HQ-CWF)	Stream Code	55629
NHD Com ID	100473233	RMI	0.5100
Drainage Area	57.2	Yield (cfs/mi ²)	0.1
Q ₇₋₁₀ Flow (cfs)	5.72	Q ₇₋₁₀ Basis	Default
Elevation (ft)	1079	Slope (ft/ft)	---
Watershed No.	16F	Chapter 93 Class.	High Quality Waters - Cold Water Fishes
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)	7.0	Default	
Temperature (°F)	20	Default	
Hardness (mg/L)	100	Default	
Other:			
Nearest Downstream Public Water Supply Intake	Aqua Pennsylvania, Inc. at Emlenton		
PWS Waters	Allegheny River	Flow at Intake (cfs)	1376
PWS RMI	90	Distance from Outfall (mi)	>25

Changes Since Last Permit Issuance: None

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.

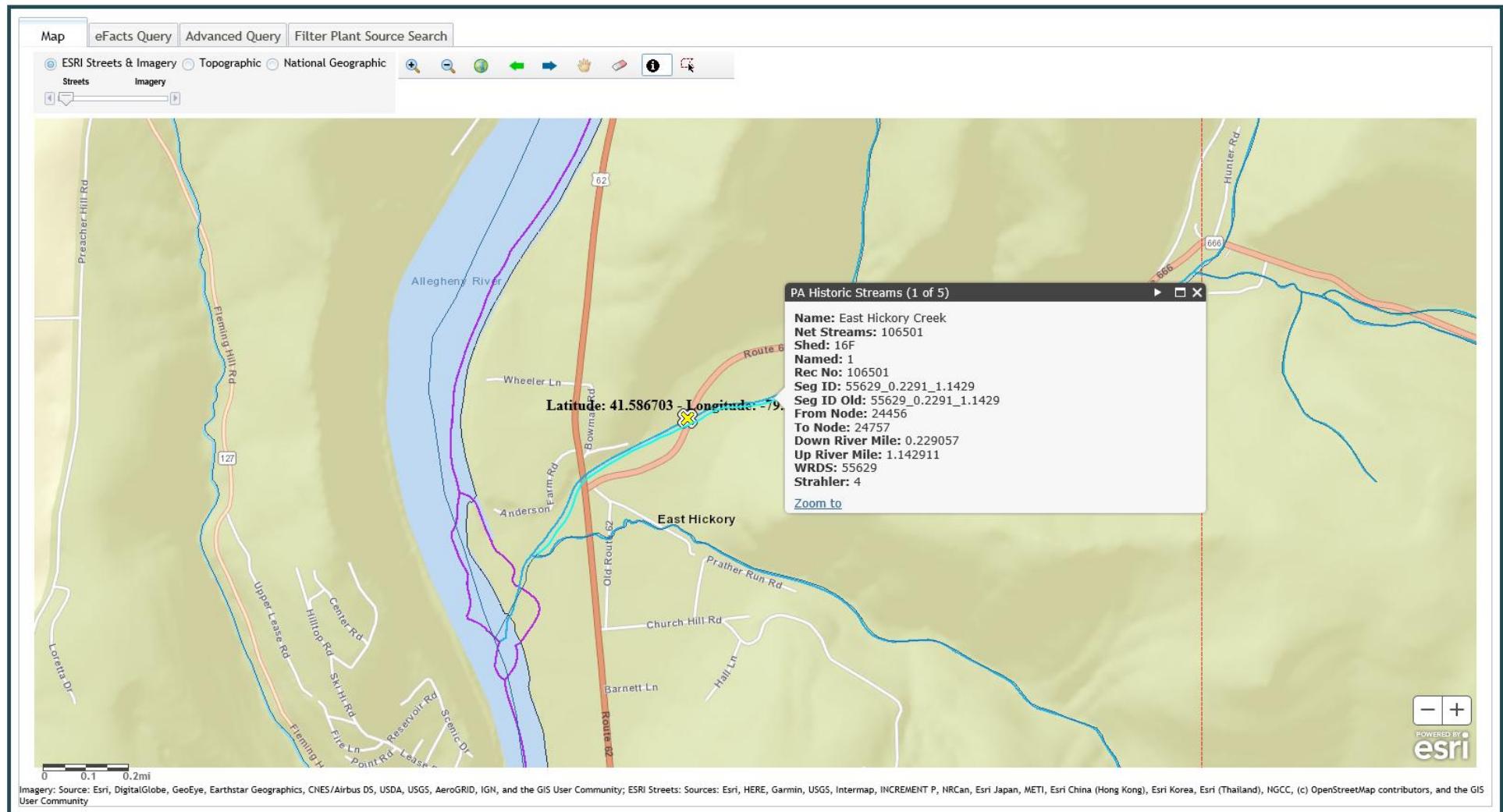
Outfall 001, Effective Period: Permit Effective Date through Permit Expiration Date.

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 (GPD)	Report Annl Avg	XXX	XXX	XXX	XXX	XXX	XXX	1/year
pH (S.U.)	XXX	XXX	Report Inst Min	XXX	XXX	Report	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: at Outfall 001, after disinfection.

Other Comments: None.

Attachment 1
eMap – Location Map



Attachment 2
Google Earth Imagery

