

## Northwest Regional Office CLEAN WATER PROGRAM

Application Type
Wastewater Type
Facility Type
Sewage
SRSTP

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

 Application No.
 PA0290360

 APS ID
 1055066

 Authorization ID
 1382194

Applicant Name	icant Name Daniel Sorvelli		Facility Name	Daniel Sorvelli SRSTP		
Applicant Address	1185	Fox Hill Road	Facility Address	1185 Fox Hill Road		
	Ruse	II, PA 16345		Russell, PA 16345-4723		
Applicant Contact	Danie	el Sorvelli	Facility Contact			
Applicant Phone	(814)	730-6120	Facility Phone			
Applicant E Mail	dmsc	orvelli@gmail.com	Facility E Mail			
Client ID	3677	26	Site ID	852660		
Municipality	Pine	Grove Township	County	Warren		
SIC Code	8800		SIC Code	4952		
SIC Description	Priva	te Households	SIC Description	Trans. & Utilities - Sewerage Systems		
Date Application Received		January 18, 2022	WQM Required	Yeas, pending		
Date Application Accepted		February 2, 20222	WQM App. No.	6222402		

#### **Summary of Review**

No violations on file. Design is for 400-gpd and 1.1-PPD BOD5.

#### **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
V		William H. Mentzer	
Λ		William H. Mentzer, P.E. Environmental Engineering Specialist	February 2, 2022
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	February 11, 2022

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving	y Water	s and Water Supply Info	mation	
Outfall No.	001		Design Flow (MGD)	.0004
Latitude DP	41º 56	5' 27.04"	Longitude DP	-79° 6' 25.59"
Latitude NHD	41º 56	5' 27.27"	Longitude NHD	-79° 6' 24.08"
Quad Name	Scano	lia	Quad Code	0313
Wastewater Descrip	otion:	Treated single residence	domestic wastes	
Receiving Waters	Wolco	tt Run	Stream Code	56367
NHD Com ID	12944	6984	RMI	0.8400
Drainage Area	0.7		Yield (cfs/mi²)	0
Q <sub>7-10</sub> Flow (cfs)	0		Q <sub>7-10</sub> Basis	intermittent
Elevation (ft)	1576.	00	Slope (ft/ft)	
Watershed No.	16-B		Chapter 93 Class.	CWF
Existing Use	statev	vide	Existing Use Qualifier	none
Exceptions to Use	none		Exceptions to Criteria	none
Assessment Status		Attaining Use(s)		
Cause(s) of Impairm	nent			
Source(s) of Impairr	ment			
TMDL Status			Name	
Background/Ambier	nt Data		Data Source	
pH (SU)				
Temperature (°F)				
Hardness (mg/L)				
Other:				
Nearest Downstream	m Publi	c Water Supply Intake	AquaPa Emlenton	
PWS Waters A	Allegher	igy River	Flow at Intake (cfs)	NA
PWS RMI 9	0.57		Distance from Outfall (mi)	109.86

Changes Since Last Permit Issuance: NA

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)	Required	
	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
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

Other Comments: UV radiation disinfection requirements are on the Annual Maintenance Report (AMR)