

## Northwest Regional Office CLEAN WATER PROGRAM

Application Type	New
Wastewater Type	Sewage
Facility Type	SRSTP

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No.	PA0290467
APS ID	1058800
Authorization ID	1200112

Applicant Name	Danie	el P Snyder	Facility Name	Daniel Snyder SRSTP
Applicant Address	5655	Newhouse Road	Facility Address	50 Gay Road
	East	Amherst, NY 14051-1923	<u></u>	North East, PA 16428-3502
Applicant Contact	Danie	el Snyder	Facility Contact	
Applicant Phone	(716)	310-9989	Facility Phone	
Applicant E Mail	dsnyo	der@inlighten.net	Facility E Mail	
Client ID	3687	368720 Site ID	Site ID	852407
Municipality	North	East Township	County	Erie
SIC Code	8800		SIC Code	4952
SIC Description	Priva	te Households	SIC Description	Trans. & Utilities - Sewerage Systems
Date Application Rec	eived	March 7, 2022	WQM Required	
Date Application Acce	epted	March 30, 2022	WQM App. No.	2522406

#### **Summary of Review**

No violations are listed in WMS. Design is for 1.4-PPD BOD 5 and 500-GPD based on four bedrooms.

#### **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	March 30, 2022
X		Justin C. Dickey Justin C. Dickey, P.E. Environmental Engineer Manager	March 31, 2022

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information					
Outfall No.	001	Design Flow (MGD)	0.0005		
Latitude DP	42° 15' 52.50"	Longitude DP	-79° 46' 16.13"		
Latitude NHD	42° 15' 52.15"	Longitude NHD	-79° 46' 15.41"		
Quad Name	North East	Quad Code	0107		
Wastewater Descrip	otion: Treated single residence of	lomestic wastes			
Receiving Waters	Unnamed Stream	Stream Code	62250		
NHD Com ID	123924710	RMI	0.0600		
Drainage Area	0.68	Yield (cfs/mi²)	0		
Q <sub>7-10</sub> Flow (cfs)	0	Q <sub>7-10</sub> Basis	Dry stream		
Elevation (ft)	610	Slope (ft/ft)			
Watershed No.	15-A	Chapter 93 Class.	CWF, MF		
Existing Use	statewide	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:					
N	D.I. W. ( 0 1 1 ( )	0			
	m Public Water Supply Intake	Canada	NIA.		
	ake Erie	_ Flow at Intake (cfs)	NA 00.47		
PWS RMI 9	907.46	Distance from Outfall (mi)	22.17		

Changes Since Last Permit Issuance: NA

Other Comments: New York is 22.53 miles downstream

### **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) <sup>(1)</sup>		Concentrations (mg/L)			Minimum <sup>(2)</sup>	Required
	Average Monthly	Average Weekly	Minimum	Annual Average	Maximum	Instant. Maximum	Measurement 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: See AMR for UV radiation requirements