

# Northwest Regional Office CLEAN WATER PROGRAM

Application Type	New
Wastewater Type	Sewage
Facility Type	SRSTP

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No.	PA0291307
APS ID	1072220
Authorization ID	1411793

Applicant Name	Jame	s L. Smith	Facility Name	James Smith SRSTP	
Applicant Address	1052	W Corydon Street	Facility Address	1052 W Corydon Street	
	Bradfo	ord, PA 16701-4610		Bradford, PA 16701-4610	
Applicant Contact	James	s Smith	Facility Contact		
Applicant Phone	(814)	362-1636	Facility Phone		
Applicant E Mail	jmsmith@sbscpa.com		Facility E Mail		
Client ID	372627		Site ID	859372	
Municipality	Bradfo	ord Township	County	McKean	
SIC Code	4952,	8800			
SIC Code	8800		SIC Code	4952	
Date Application Received		September 22, 2022	WQM Required	pending	
Date Application Acce	pted	October 4, 2022	WQM App. No.	4222407	

#### **Summary of Review**

No violations listed. Design is for 1.1-PPD BOD5 and 400-GPD.

#### **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	
		William H. Mentzer, P.E.	
		Environmental Engineering Specialist	October 5, 2022
X		vacant Environmental Engineer Manager	Okay to Draft JCD 10/17/2022

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information					
Outfall No.	001	Design Flow (MGD)	.0004		
Latitude DP	41° 54' 35.09"	Longitude DP	-78° 42' 32.89"		
Latitude NHD	41° 54′ 38.38	_ Longitude NHD	-78° 42' 35.09"		
Quad Name	Bradford	_ Quad Code	0316		
Wastewater Descrip	otion: Treated single residence dome	estic wastes			
Receiving Waters	unnamed tributary to WB Tuna Creek	Stream Code	56990		
NHD Com ID	112368915	RMI	5.84		
Drainage Area	21.7 acres 0.03 square mile	Yield (cfs/mi²)	0		
Q <sub>7-10</sub> Flow (cfs)	0	Q <sub>7-10</sub> Basis	Dry stream		
Elevation (ft)	1602.02	Slope (ft/ft)	0.047088		
Watershed No.	16-C	Chapter 93 Class.	HQ-CWF		
Existing Use	statewide	Existing Use Qualifier	none		
Exceptions to Use	none	Exceptions to Criteria	none		
Cpmments	NHD outfall is 0.02 mile above Tome	Hollow			
Assessment Status	Attaining Use(s)				
Cause(s) of Impairn	nent				
Source(s) of Impair	ment				
TMDL Status		Name			
Background/Ambier	nt Data Da	ata Source			
pH (SU)					
Temperature (°F)					
Hardness (mg/L)					
Other:					
Nearest Downstread	m Public Water Supply Intake St	ate of New York			
	unaquant Creek	Flow at Intake (cfs)	NA		
<del></del>	0.89	Distance from Outfall (mi)	9.04		

Changes Since Last Permit Issuance: NA

Other Comments: Based on the HQ stream classification water supply criteria was evaluated at the discharge.

This proposed discharge is for the repair of a malfunctioning on-lot system.

## roposed 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	Mass Units (lbs/day) (1) 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	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

Other Comments: see AMR for UV radiation disinfection requirements