

## Northwest Regional Office CLEAN WATER PROGRAM

Application Type
Wastewater Type
Facility Type
Sewage
SRSTP

# NPDES PERMIT FACT SHEET INDIVIDUAL SFTF/SRSTP

Application No. PA0291439

APS ID 1075436

Authorization ID 1417162

Applicant Name	Dom Kase	ony	Facility Name	Dom Kasony SRSTP		
Applicant Address	310 Hicko	ry Nut Road	Facility Address	1792 Stitzinger Road		
	Eighty Fou	ır, PA 15330		Tionesta, PA 16353-5332		
Applicant Contact	Dom Kaso	ony	Facility Contact			
Applicant Phone	(412) 334-	7298	Facility Phone			
Applicant E Mail	dkasony@	@outlook.com	Facility E Mail			
Client ID	373605		Site ID	858049		
Municipality	Tionesta T	ownship	County	Forest		
SIC Code	8800		SIC Code	4952		
SIC Description	Private Ho	ouseholds	SIC Description	Trans. & Utilities - Sewerage Systems		
Date Application Rec	eived N	lovember 7, 2022	WQM Required	pending		
Date Application Acc	epted N	lovember 16, 2022	WQM App. No.	2722401		

#### **Summary of Review**

Malfunctioning on-lot sewage treatment facility replacement in an exceptional value watershed.

#### **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
<b>\</b>		William H. Mentzer	
		William H. Mentzer, P.E.	
		Environmental Engineering Specialist	November 16, 2022
X		Vacant Environmental Engineer Manager	Okay to Draft JCD 12/2/2022

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving	g Waters and Water Supply Informa	ntion		
Outfall No.	001	Design Flow (MGD)	0.0004	
Latitude DP	41° 24' 3.94"	Longitude DP	-79° 24' 27.51"	
Latitude NHD	41° 24' 8.40"	Longitude NHD	-79° 24' 53.22"	
Quad Name	Tionesta	Quad Code	0710	
Wastewater Descrip	otion: Treated single residence do	mestic wastes		
Receiving Waters	Unt to North Branch Hemlock Creek	k Stream Code	unknown	
NHD Com ID	100476163	_ RMI	0.28	
Drainage Area	0.06 square mile 41.4 acres	Yield (cfs/mi²)	0	
Q <sub>7-10</sub> Flow (cfs)	0	Q <sub>7-10</sub> Basis	Dry stream	
Elevation (ft)	1580.00	Slope (ft/ft)		
Watershed No.	16-E	_ Chapter 93 Class.	EV	
Existing Use	statewide	Existing Use Qualifier	none	
Exceptions to Use	none	Exceptions to Criteria	none	
Commenfs	Confluence North Branch Hemlock	Creek 54848 RMI 0.84		
Assessment Status	Attaining Use(s)			
Cause(s) of Impairn	nent			
Source(s) of Impair	ment			
TMDL Status		Name		
Background/Ambier	nt Data	Data Source		
pH (SU)				
Temperature (°F)				
Hardness (mg/L)				
Other:				
Nearest Downstrea	m Public Water Supply Intake	Aqua PA Emlenton		
	Allegheny River	Flow at Intake (cfs)	NA	
	90.57	Distance from Outfall (mi)	69.29	

Changes Since Last Permit Issuance: NA

Other Comments: Water supply evaluated at the discharge/

### **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 <sup>(2)</sup>	Required	
r ai ailletei	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.