

Application Type New  
Wastewater Type Sewage  
Facility Type SFTF

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

Application No. PA0291781  
APS ID 1077962  
Authorization ID 1421577

**Applicant, Facility and Project Information**

Applicant Name	<u>Railroad Ave Apartments LLC</u>	Facility Name	<u>Railroad Ave Apartments</u>
Applicant Address	<u>41 Run Valley Road</u> <u>Conestoga, PA 17516-9734</u>	Facility Address	<u>23 Railroad Avenue</u> <u>Marietta, PA 17547-9516</u>
Applicant Contact	<u>Corey Shank</u>	Facility Contact	<u>Corey Shank</u>
Applicant Phone	<u>(717) 917-4026</u>	Facility Phone	<u>(717) 917-4026</u>
Client ID	<u>374329</u>	Site ID	<u>861784</u>
SIC Code	<u>6514</u>	Municipality	<u>East Donegal Township</u>
SIC Description	<u>Fin, Ins &amp; Real Est - Dwelling Operators, Except Apartments</u>	County	<u>Lancaster</u>
Date Application Received	<u>December 20, 2022</u>	WQM Required	<u>Pending</u>
Date Application Accepted	<u>January 23, 2023</u>	WQM App. No.	<u>WQG01362201</u>
Project Description	<u>Application for an SFTF submitted for a proposed apartment.</u>		

**Summary of Review**

Railroad Ave Apartments has submitted an application for a new permit for their proposed Small Flow Treatment Facility located in Lancaster County. The apartments will utilize a system to treat sewage generated by the facility. DEP received the new NPDES and WQM permit applications on December 20, 2022 by Greg Marshall Engineering. The Department has reviewed the application in order to ensure that the facility does not receive or discharge a flow greater than 2,000 GPD or exceed the specified limits of CBOD5, pH, Total Suspended Solids, and Fecal Coliform prescribed in the permit. As per 25 Pa. Code § 92a.53, all applicable effluent limits and standards are considered in development of the permit. The limits noted in the permit suggest that any applicable water quality standards will not be violated.

The limits discussed in the permit are based off of several factors that were determined by the Standard Operating Procedure for Small Flow Treatment Facilities (SOP No. BCW-PMT-003).

The TSS limits were prescribed based on The Department's Water Quality Antidegradation Implementation Guidance ID No. 391-0300-002

The Fecal Coliform limits listed in the permit were required by the Bureau of Clean Water, as stated in Chapters 92a and 93.

Based on the review outlined in this fact sheet, it is recommended that the NPDES permit be drafted. Also, it is recommended that the WQM permit be issued upon issuance of the NPDES permit.

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-

Approve	Deny	Signatures	Date
		Jared Lescavage / Project Manager	January 23, 2023
x		Scott M Arwood Scott M. Arwood, P.E. / Environmental Engineer Manager	1/23/2023

**Summary of Review**

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.

Discharge and Stream Data – 2 - Receiving Waters and PWS

Discharge, Receiving Waters and Water Supply Information			
Outfall No.	<u>001</u>	Design Flow (MGD)	<u>.002</u>
Latitude	<u>40° 3' 47.99"</u>	Longitude	<u>-76° 36' 40.37"</u>
Quad Name	_____	Quad Code	_____
Wastewater Description: <u>Sewage Effluent</u>			
Receiving Waters	<u>Unnamed Tributary to Susquehanna River (WWF, MF)</u>	Stream Code	_____
NHD Com ID	<u>57464769</u>	RMI	<u>0.3900</u>
Drainage Area	<u>3.35 mi<sup>2</sup></u>	Yield (cfs/mi <sup>2</sup> )	_____
Q <sub>7-10</sub> Flow (cfs)	<u>0.253</u>	Q <sub>7-10</sub> Basis	<u>StreamStats</u>
Elevation (ft)	_____	Slope (ft/ft)	_____
Watershed No.	<u>7-G</u>	Chapter 93 Class.	<u>WWF, MF</u>
Existing Use	_____	Existing Use Qualifier	_____
Exceptions to Use	_____	Exceptions to Criteria	_____
Assessment Status	<u>Impaired</u>		
Cause(s) of Impairment	<u>CAUSE UNKNOWN, NUTRIENTS, SILTATION</u>		
Source(s) of Impairment	<u>AGRICULTURE, AGRICULTURE, SOURCE UNKNOWN</u>		
TMDL Status	_____	Name	_____
Background/Ambient Data	_____	Data Source	_____
pH (SU)	_____		_____
Temperature (°F)	_____		_____
Hardness (mg/L)	_____		_____
Other:	_____		_____
Nearest Downstream Public Water Supply Intake	<u>Wrightsville Boro Water Authority</u>		
PWS Waters	<u>Susquehanna River</u>	Flow at Intake (cfs)	_____
PWS RMI	_____	Distance from Outfall (mi)	<u>7</u>

Changes Since Last Permit Issuance: N/A

Other Comments: None

Compliance History	
Summary of DMRs:	N/A
Summary of Inspections:	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) <sup>(1)</sup>		Concentrations (mg/L)				Minimum <sup>(2)</sup> Measurement Frequency	Required Sample Type
	Average Monthly	Average Weekly	Minimum	Average Monthly	Maximum	Instant. Maximum		
Flow (MGD)	Report	Report Daily Max	XXX	XXX	XXX	XXX	1/month	Measured
pH (S.U.)	XXX	XXX	6.0 Daily Min	XXX	9.0 Daily Max	XXX	1/month	Grab
BOD5	XXX	XXX	XXX	10.0	XXX	20.0	1/month	Grab
TSS	XXX	XXX	XXX	10.0	XXX	20	1/month	Grab
Fecal Coliform (No./100 ml)	XXX	XXX	XXX	200 Geo Mean	XXX	XXX	1/month	Grab

Compliance Sampling Location: Outfall 001

Other Comments: None