Notice No. BDF:12032901.bah

Public Notice Beginning Date: July 17, 2012

Public Notice Ending Date: August 16, 2012

National Pollutant Discharge Elimination System (NPDES)
Permit Program

PUBLIC NOTICE/FACT SHEET

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Draft Reissued NPDES Permit to Discharge into Waters of the State

Public Notice/Fact Sheet Issued By:

Illinois EPA
Division of Water Pollution Control
Permit Section
1021 North Grand Avenue East
Post Office Box 19276
Springfield, Illinois 62794-9276
217/782-0610

Name and Address of Permittee:

Camp Eastman c/o Boy Scouts of America Nauvoo. Illinois 62354 Name and Address of Facility: Camp Eastman STP 750 East County Road 1780

Nauvoo, Illinois 62354 (Hancock County)

The Illinois Environmental Protection Agency (IEPA) has made a tentative determination to issue a NPDES Permit to discharge into the waters of the state and has prepared a draft Permit and associated fact sheet for the above named Permittee. The Public Notice period will begin and end on the dates indicated in the heading of this Public Notice/Fact Sheet. All comments on the draft Permit and requests for hearing must be received by the IEPA by U.S. Mail, carrier mail or hand delivered by the Public Notice Ending Date. Interested persons are invited to submit written comments on the draft Permit to the IEPA at the above address. Commentors shall provide his or her name and address and the nature of the issues proposed to be raised and the evidence proposed to be presented with regards to those issues. Commentors may include a request for public hearing. Persons submitting comments and/or requests for public hearing shall also send a copy of such comments or requests to the Permit applicant. The NPDES Permit and notice numbers must appear on each comment page.

The application, engineer's review notes including load limit calculations, Public Notice/Fact Sheet, draft Permit, comments received, and other documents are available for inspection and may be copied at the IEPA between 9:30 a.m. and 3:30 p.m. Monday through Friday when scheduled by the interested person.

If written comments or requests indicate a significant degree of public interest in the draft Permit, the permitting authority may, at its discretion, hold a public hearing. Public notice will be given 45 days before any public hearing. Response to comments will be provided when the final Permit is issued. For further information, please call Brant Fleming at 217/782-0610.

The following water quality and effluent standards and limitations were applied to the discharge:

Title 35: Environmental Protection, Subtitle C: Water Pollution, Chapter I: Pollution Control Board and the Clean Water Act were applied in determining the applicable standards, limitations and conditions contained in the draft Permit.

The applicant is engaged in treating domestic wastewater for the Camp Eastman.

The length of the Permit is approximately 5 years.

The main discharge number is 001. The seven day once in ten year low flow (7Q10) of the receiving stream, unnamed tributary to the Mississippi River for discharge numbers 001 and 003 and unnamed tributary to Larry Creek for discharge number 002 is 0 cfs.

The design average flow (DAF) for the facility is 0.003 million gallons per day (MGD) and the design maximum flow (DMF) for the facility is 0.007 MGD. Treatment consists of septic tanks and buried sand filters for outfalls 001 and 002 and filtration for 003.

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This Reissued Permit does not increase the facility's DAF, DMF, concentration limits, and/or load limits.

Pursuant to the waiver provisions authorized by 40 CFR § 123.24, this draft permit is within the class, type, and size for which the Regional Administrator, Region V, has waived his right to review, object, or comment on this draft permit action.

Application is made for the existing discharge(s) (no segment designation) which are located in Hancock County, Illinois. The following information identifies the discharge point, receiving stream and stream classifications:

Discharge <u>Number</u>	Receiving Stream	<u>Latitude</u>	<u>Longitude</u>	Stream Classification	Integrity <u>Rating</u>
001 & 003	Unnamed tributary of the Mississippi River	80° 27′ 30″ North	39° 00′ 00″ West	General Use	Not Rated
002	Unnamed tributary of Larry Creek	80° 27′ 30″ North	39° 00′ 00″ West	General Use	Not Rated

To assist you further in identifying the location of the discharge(s) please see the attached map.

The stream segment(s) receiving the discharge from outfall(s) 001, 002 and 003 are not on the 303 (d) list of impaired waters.

The discharge(s) from the facility is (are) proposed to be monitored and limited at all times as follows:

Discharge Number(s) and Name(s): 001 STP Outfall (Shower and Bath house)

Load limits computed based on a design average flow (DAF) of 0.003 MGD (design maximum flow (DMF) of 0.007 MGD).

The effluent of the above discharge(s) shall be monitored and limited at all times as follows:

	LOAD LIMITS lbs/day <u>DAF (DMF)*</u>		ONCENTRAT LIMITS mg/L				
<u>Parameter</u>	Monthly <u>Average</u>	Weekly <u>Average</u>	Daily <u>Maximum</u>	Monthly <u>Average</u>	Weekly <u>Average</u>	Daily <u>Maximum</u>	<u>Regulation</u>
CBOD ₅	0.2 (0.6)		0.5 (1.2)	10		20	35 IAC 304.120 40 CFR 133.102
Suspended Solids	0.3 (0.7)		0.6 (1.4)	12		24	35 IAC 304.120 40 CFR 133.102
pH	Shall be in th	e range of 6 to	9 Standard Ur	nits			35 IAC 304.125
Fecal Coliform	Daily Maximum shall not exceed 400 per 100 mL (May through October)						35 IAC 304.121
Chlorine Residual			0.05	35 IAC 302.208			
Ammonia Nitrogen: March-May/SeptOct.	0.04 (0.09)	0.10 (0.22)	0.17 (0.40)	1.5	3.8	6.9	35 IAC 355 and 35 IAC 302
June-August	0.03 (0.06)	0.07 (0.16)	0.16 (0.36)	1.1	2.8	6.2	
NovFeb.	0.10 (0.23)		0.24 (0.55)	4.0		9.4	
Dissolved Overson				Monthly Avg. not less than	Weekly Avg. not less than	Daily Minimum	
Dissolved Oxygen March-July					6.0	5.0	35 IAC 302.206
August-February				5.5	4.0	3.5	

^{*}Load Limits are calculated by using the formula: 8.34 x (Design Average and/or Maximum Flow in MGD) x (Applicable Concentration in mg/L).

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The discharge(s) from the facility is (are) proposed to be monitored and limited at all times as follows:

Discharge Number(s) and Name(s): 002 STP Outfall (Dining Hall)

Load limits computed based on a design average flow (DAF) of 0.003 MGD (design maximum flow (DMF) of 0.007 MGD).

The effluent of the above discharge(s) shall be monitored and limited at all times as follows:

	LOAD LIMITS lbs/day <u>DAF (DMF)*</u>			C	ONCENTRATION LIMITS mg/L		
<u>Parameter</u>	Monthly <u>Average</u>	Weekly <u>Average</u>	Daily <u>Maximum</u>	Monthly <u>Average</u>	Weekly <u>Average</u>	Daily <u>Maximum</u>	<u>Regulation</u>
CBOD₅	0.2 (0.4)		0.3 (0.8)	10		20	35 IAC 304.120 40 CFR 133.102
Suspended Solids	0.2 (0.5)		0.4 (1.0)	12		24	35 IAC 304.120 40 CFR 133.102
рН	Shall be in th	Shall be in the range of 6 to 9 Standard Units					35 IAC 304.125
Fecal Coliform	Daily Maximum shall not exceed 400 per 100 mL (May through October)						35 IAC 304.121
Chlorine Residual						0.05	35 IAC 302.208
Ammonia Nitrogen: March-May/SeptOct.	0.04 (0.09)	0.10 (0.22)	0.17 (0.40)	1.5	3.8	6.9	35 IAC 355 and 35 IAC 302
June-August	0.03 (0.06)	0.07 (0.16)	0.16 (0.36)	1.1	2.8	6.2	
NovFeb.	0.10 (0.23)		0.24 (0.55)	4.0		9.4	
				Monthly Avg. not less than	Weekly Avg. not less than	Daily Minimum	
Dissolved Oxygen March-July					6.0	5.0	35 IAC 302.206
August-February				5.5	4.0	3.5	

^{*}Load Limits are calculated by using the formula: 8.34 x (Design Average and/or Maximum Flow in MGD) x (Applicable Concentration in mg/L).

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The discharge(s) from the facility is (are) proposed to be monitored and limited at all times as follows:

Discharge Number(s) and Name(s): 003 Swimming Pool Backwash Outfall

Load limits computed based on a design average flow (DAF) of 0.003 MGD (design maximum flow (DMF) of 0.007 MGD).

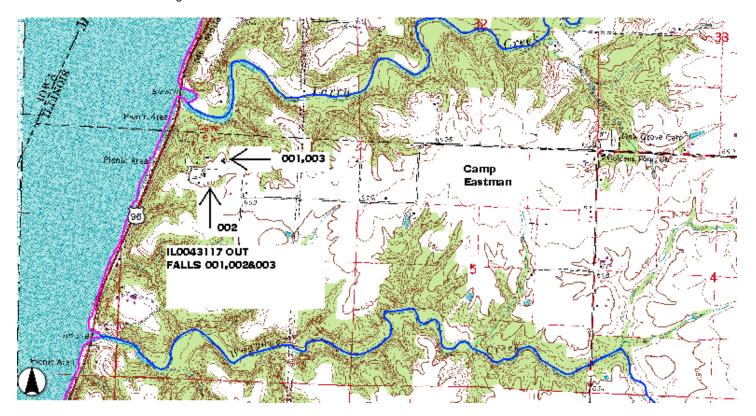
The effluent of the above discharge(s) shall be monitored and limited at all times as follows:

	LOAD LIMITS lbs/day <u>DAF (DMF)*</u>			C	ONCENTRATION LIMITS mg/L		
<u>Parameter</u>	Monthly <u>Average</u>	Weekly <u>Average</u>	Daily <u>Maximum</u>	Monthly <u>Average</u>	Weekly <u>Average</u>	Daily <u>Maximum</u>	Regulation
Total Suspended Solids	0.2 (0.4)		0.4 (0.8)	15		30	35 IAC 304.124
pH	Shall be in the range of 6 to 9 Standard Units					35 IAC 304.125	
Chlorine Residual						0.05	35 IAC 302.208

^{*}Load Limits are calculated by using the formula: 8.34 x (Design Average and/or Maximum Flow in MGD) x (Applicable Concentration in mg/L).

This draft Permit also contains the following requirements as special conditions:

- 1. Reopening of this Permit to include different final effluent limitations.
- 2. Operation of the facility by or under the supervision of a certified operator.
- 3. Submission of the operational data in a specified form and at a required frequency at any time during the effective term of this Permit.
- 4. More frequent monitoring requirement without Public Notice in the event of operational, maintenance or other problems resulting in possible effluent deterioration.
- 5. Prohibition against causing or contributing to violations of water quality standards.
- 6. Recording the monitoring results on Discharge Monitoring Report Forms using one such form for each outfall each month and submitting the forms to IEPA each month.
- 7. The provisions of 40 CFR Section 122.41(m) & (n) are applicable and are hereby incorporated by reference.
- 8. Effluent sampling point location.
- 9. Seasonal fecal coliform limits.
- Submission of semi annual reports indicating the quantities of sludge generated and disposed.



Illinois Environmental Protection Agency

Division of Water Pollution Control

1021 North Grand Avenue East

Post Office Box 19276

Springfield, Illinois 62794-9276

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

Reissued (NPDES) Permit

Expiration Date: Issue Date: Effective Date:

Name and Address of Permittee:

Camp Eastman

c/o Boy Scouts of America

Nauvoo, Illinois 62354

Facility Name and Address:

Camp Eastman STP

750 East County Road 1780

Nauvoo, Illinois 62354

(Hancock County)

Receiving Waters: Unnamed tributary to Mississippi River for discharge number 001 and 003 and unnamed tributary to Larry Creek for

discharge number 002

In compliance with the provisions of the Illinois Environmental Protection Act, Title 35 of the Ill. Adm. Code, Subtitle C, Chapter I, and the Clean Water Act (CWA), the above-named Permittee is hereby authorized to discharge at the above location to the above-named receiving stream in accordance with the standard conditions and attachments herein.

Permittee is not authorized to discharge after the above expiration date. In order to receive authorization to discharge beyond the expiration date, the Permittee shall submit the proper application as required by the Illinois Environmental Protection Agency (IEPA) not later than 180 days prior to the expiration date.

Alan Keller, P.E. Manager, Permit Section Division of Water Pollution Control

SAK:BDF:12032901.bah

Effluent Limitations, Monitoring, and Reporting

FINAL

Discharge Number(s) and Name(s): 001 STP Outfall (Shower and Bath House)

Load limits computed based on a design average flow (DAF) of 0.003 MGD (design maximum flow (DMF) of 0.007 MGD).

Excess flow facilities (if applicable) shall not be utilized until the main treatment facility is receiving its maximum practical flow.

From the effective date of this Permit until the expiration date, the effluent of the above discharge(s) shall be monitored and limited at all times as follows:

	LOA	AD LIMITS lbs. DAF (DMF)*	/day	CONCENTRATION LIMITS mg/L		-	N	
<u>Parameter</u>	Monthly <u>Average</u>	Weekly <u>Average</u>	Daily <u>Maximum</u>	Monthly <u>Average</u>	Weekly <u>Average</u>	<u>Daily</u> <u>Maximum</u>	Sample <u>Frequency</u>	Sample <u>Type</u>
Flow (MGD)							Continuous	
CBOD ₅ **	0.02 (0.6)		0.5 (1.2)	10		20	1 Day/Month	Composite
Suspended Solids	0.3 (0.7)		0.6 (1.4)	12		24	1 Day/Month	Composite
рН	Shall be in th	Shall be in the range of 6 to 9 Standard Units					1 Day/Month	Grab
Fecal Coliform***	Daily Maximu	Daily Maximum shall not exceed 400 per 100 mL (May through Octo					1 Day/Month	Grab
Chlorine Residual***						0.05	1 Day/Month	Grab
Ammonia Nitrogen: As (N) March-May/SeptOct.	0.04 (0.09)	0.10 (0.22)	0.17 (0.40)	1.5	3.8	6.9	1 Day/Month	Composite
June-August	0.03 (0.06)	0.07 (0.16)	0.16 (0.36)	1.1	0.07 (0.16)	6.2	1 Day/Month	Composite
NovFeb.	0.10 (0.23)		0.24 (0.55)	4.0		9.4	1 Day/Month	Composite
				Monthly Average not less than	Weekly Average not less than	Daily Minimum		
Dissolved Oxygen March-July					6.0	5.0	1 Day/Month	Grab
August-February				5.5	4.0	3.5	1 Day/Month	Grab

^{*}Load limits based on design maximum flow shall apply only when flow exceeds design average flow.

Flow shall be reported on the Discharge Monitoring Report (DMR) as monthly average and daily maximum.

Fecal Coliform shall be reported on the DMR as a daily maximum value.

pH shall be reported on the DMR as minimum and maximum value.

Chlorine Residual shall be reported on the DMR as daily maximum value.

Dissolved oxygen shall be reported on the DMR as a minimum value.

^{**}Carbonaceous BOD₅ (CBOD₅) testing shall be in accordance with 40 CFR 136.

^{***}See Special Condition 9.

Effluent Limitations, Monitoring, and Reporting

FINAL

Discharge Number(s) and Name(s): 002 STP Outfall (Dining Hall)

Load limits computed based on a design average flow (DAF) of 0.003 MGD (design maximum flow (DMF) of 0.007 MGD).

Excess flow facilities (if applicable) shall not be utilized until the main treatment facility is receiving its maximum practical flow.

From the effective date of this Permit until the expiration date, the effluent of the above discharge(s) shall be monitored and limited at all times as follows:

	LO	AD LIMITS lbs/ DAF (DMF)*	day	CONCENTRATION LIMITS mg/L				
<u>Parameter</u>	Monthly <u>Average</u>	Weekly <u>Average</u>	Daily <u>Maximum</u>	Monthly <u>Average</u>	Weekly <u>Average</u>	<u>Daily</u> <u>Maximum</u>	Sample <u>Frequency</u>	Sample <u>Type</u>
Flow (MGD)							Continuous	
CBOD ₅ **	0.2 (0.4)		0.3 (0.8)	10		20	1 Day/Month	Composite
Suspended Solids	0.2 (0.5)		0.4 (1.0)	12		24	1 Day/Month	Composite
рН	Shall be in th	ne range of 6 to	9 Standard U	nits			1 Day/Month	Grab
Fecal Coliform***	Daily Maximu	Daily Maximum shall not exceed 400 per 100 mL (May through October)					1 Day/Month	Grab
Chlorine Residual***						0.05	1 Day/Month	Grab
Ammonia Nitrogen: As (N) March-May/SeptOct.	0.04 (0.09)	0.10 (0.22)	0.17 (0.40)	1.5	3.8	6.9	1 Day/Month	Composite
June-August	0.03 (0.06)	0.07 (0.16)	0.16 (0.36)	1.1	0.07 (0.16)	6.2	1 Day/Month	Composite
NovFeb.	0.10 (0.23)		0.24 (0.55)	4.0		9.4	1 Day/Month	Composite
				Monthly Average not less than	Weekly Average not less than	Daily Minimum		
Dissolved Oxygen March-July					6.0	5.0	1 Day/Month	Grab
August-February				5.5	4.0	3.5	1 Day/Month	Grab

^{*}Load limits based on design maximum flow shall apply only when flow exceeds design average flow.

Flow shall be reported on the Discharge Monitoring Report (DMR) as monthly average and daily maximum.

Fecal Coliform shall be reported on the DMR as a daily maximum value.

pH shall be reported on the DMR as minimum and maximum value.

Chlorine Residual shall be reported on the DMR as daily maximum value.

Dissolved oxygen shall be reported on the DMR as a minimum value.

^{**}Carbonaceous BOD₅ (CBOD₅) testing shall be in accordance with 40 CFR 136.

^{***}See Special Condition 9.

Effluent Limitations, Monitoring, and Reporting

FINAL

Discharge Number(s) and Name(s): 003 Swimming Pool Backwash Outfall

Load limits computed based on a design average flow (DAF) of 0.003 MGD (design maximum flow (DMF) of 0.007 MGD).

Excess flow facilities (if applicable) shall not be utilized until the main treatment facility is receiving its maximum practical flow.

From the effective date of this Permit until the expiration date, the effluent of the above discharge(s) shall be monitored and limited at all times as follows:

	LOAD LIMITS lbs/day <u>DAF (DMF)*</u>			co	NCENTRAT LIMITS mg/L			
<u>Parameter</u>	Monthly <u>Average</u>	Weekly <u>Average</u>	Daily <u>Maximum</u>	Monthly <u>Average</u>	Weekly <u>Average</u>	<u>Daily</u> <u>Maximum</u>	Sample <u>Frequency</u>	Sample <u>Type</u>
Flow (MGD)							Continuous	
Total Suspended Solids	0.2 (0.4)		0.4 (0.8)	15		30	1 Day/Month	Composite
рН	Shall be in	the range of 6	6 to 9 Standard	Units			1 Day/Month	Grab
Chlorine Residual						0.05	1 Day/Month	Grab

^{*}Load limits based on design maximum flow shall apply only when flow exceeds design average flow.

Flow shall be reported on the Discharge Monitoring Report (DMR) as monthly average and daily maximum.

pH shall be reported on the DMR as minimum and maximum value.

Chlorine Residual shall be reported on the DMR as daily maximum value.

Influent Monitoring, and Reporting

The influent to the plant shall be monitored as follows: (Outfalls 001 and 002)

<u>Parameter</u>	Sample Frequency	Sample Type
Flow (MGD)	Continuous	
BOD ₅	1 Day/Month	Composite
Suspended Solids	1 Day/Month	Composite

Influent samples shall be taken at a point representative of the influent.

Flow (MGD) shall be reported on the Discharge Monitoring Report (DMR) as monthly average and daily maximum.

 BOD_5 and Suspended Solids shall be reported on the DMR as a monthly average concentration.

Special Conditions

<u>SPECIAL CONDITION 1</u>. This Permit may be modified to include different final effluent limitations or requirements which are consistent with applicable laws, regulations, or judicial orders. The IEPA will public notice the permit modification.

SPECIAL CONDITION 2. The use or operation of this facility shall be by or under the supervision of a Certified Class 4 operator.

<u>SPECIAL CONDITION 3</u>. The IEPA may request in writing submittal of operational information in a specified form and at a required frequency at any time during the effective period of this Permit.

<u>SPECIAL CONDITION 4</u>. The IEPA may request more frequent monitoring by permit modification pursuant to 40 CFR Section 122.63 and <u>Without Public Notice</u> in the event of operational, maintenance or other problems resulting in possible effluent deterioration.

<u>SPECIAL CONDITION 5</u>. The effluent, alone or in combination with other sources, shall not cause a violation of any applicable water quality standard outlined in 35 III. Adm. Code 302.

<u>SPECIAL CONDITION 6.</u> The Permittee shall record monitoring results on Discharge Monitoring Report (DMR) Forms using one such form for each outfall each month.

In the event that an outfall does not discharge during a monthly reporting period, the DMR Form shall be submitted with no discharge indicated.

The Permittee may choose to submit electronic DMRs (eDMRs) instead of mailing paper DMRs to the IEPA. More information, including registration information for the eDMR program, can be obtained on the IEPA website, http://www.epa.state.il.us/water/edmr/index.html.

The completed Discharge Monitoring Report forms shall be submitted to IEPA no later than the 25th day of the following month, unless otherwise specified by the permitting authority.

Permittees not using eDMRs shall mail Discharge Monitoring Reports with an original signature to the IEPA at the following address:

Illinois Environmental Protection Agency Division of Water Pollution Control Attention: Compliance Assurance Section, Mail Code # 19 1021 North Grand Avenue East Post Office Box 19276 Springfield, Illinois 62794-9276

SPECIAL CONDITION 7. The provisions of 40 CFR Section 122.41(m) & (n) are applicable and are hereby incorporated by reference.

<u>SPECIAL CONDITION 8.</u> Samples taken in compliance with the effluent monitoring requirements shall be taken at a point representative of the discharge, but prior to entry into the receiving stream.

<u>SPECIAL CONDITION 9.</u> Fecal Coliform limits for Discharge Numbers 001 and 002 are effective May thru October. Sampling of Fecal Coliform is only required during this time period.

The total residual chlorine limit is applicable at all times. If the Permittee is chlorinating for any purpose during the months of November through April, sampling is required on a daily grab basis. Sampling frequency for the months of May through October shall be as indicated on effluent limitations, monitoring and reporting page of this Permit.

SPECIAL CONDITION 10. For the duration of this Permit, the Permittee shall determine the quantity of sludge produced by the treatment facility in dry tons or gallons with average percent total solids analysis. The Permittee shall maintain adequate records of the quantities of sludge produced and have said records available for IEPA inspection. The Permittee shall submit to the IEPA, at a minimum, a semi-annual summary report of the quantities of sludge generated and disposed of, in units of dry tons or gallons (average total percent solids) by different disposal methods including but not limited to application on farmland, application on reclamation land, landfilling, public distribution, dedicated land disposal, sod farms, storage lagoons or any other specified disposal method. Said reports shall be submitted to the IEPA by January 31 and July 31 of each year reporting the preceding January thru June and July thru December interval of sludge disposal operations.

Duty to Mitigate. The Permittee shall take all reasonable steps to minimize any sludge use or disposal in violation of this Permit. Sludge monitoring must be conducted according to test procedures approved under 40 CFR 136 unless otherwise specified in 40 CFR 503, unless other test procedures have been specified in this Permit.

Planned Changes. The Permittee shall give notice to the IEPA on the semi-annual report of any changes in sludge use and disposal.

Special Conditions

The Permittee shall retain records of all sludge monitoring, and reports required by the Sludge Permit as referenced in Standard Condition 25 for a period of at least five (5) years from the date of this Permit.

If the Permittee monitors any pollutant more frequently than required by the Sludge Permit, the results of this monitoring shall be included in the reporting of data submitted to the IEPA.

Monitoring reports for sludge shall be reported on the form titled "Sludge Management Reports" to the following address:

Illinois Environmental Protection Agency Bureau of Water Compliance Assurance Section Mail Code #19 1021 North Grand Avenue East Post Office Box 19276 Springfield, Illinois 62794-9276