3800-FM-BPNPSM0280 Rev. 11/2015
Form

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

Department Use Only
Date Stamp

COMBINED APPLICATION FOR REIMBURSEMENT FOR ENFORCING THE PENNSYLVANIA SEWAGE FACILITIES ACT AND ONLOT SEWAGE DISPOSAL PROGRAM ANNUAL REPORT

FOR APPLICATION YEAR ENDING December 31, 20__

READ ALL INSTRUCTIONS BEFORE COMPLETING. APPLICATION MUST BE RECEIVED BY DEP NO LATER THAN *MARCH 1* FOR ALL DUTIES PERFORMED FROM JANUARY 1 THROUGH DECEMBER 31 OF PRECEDING YEAR.

SECTION A

1. **Applicant (Local Agency)** Maidencreek Township		1.A. **Multimunicipal Local Agency Membership list attached**
2. **Address** PO Box 319		
3. **City** Blandon	**Zip** 19510	
4. **Name and Title of Local Agency Official** Diane Hollenbach, Manager/Secretary/Treasurer	5. **E-mail address (optional)** maidentwp@gmail.com	
6. **Daytime Telephone Number** 610-926-4920	7. **County** Berks	8. **Federal I.D. No.** 23-6000410

SECTION B - REIMBURSEMENT REQUEST

1. **TOTAL EXPENSES**	$	
2. **NET REVENUE**	$	
3. **PROGRAM DEFICIT** (subtract 2 from 1)	$	
4. **REIMBURSEMENT REQUESTED** (This is the program deficit, shown on Line 3, but never more than 1/2 of the total expenses, shown on Line 1)	$ 0	

DEPARTMENT USE ONLY

5. **Reviewer's Initials and Approval Date**

_____ _____/ _____/ _____

Submit your application in triplicate, one (1) copy of supporting documentation (if requesting reimbursement) and appropriate Central File copies of the *Application for An Onlot Sewage Disposal System Permit* no later than March 1, 2016 to:

Pennsylvania Department of Environmental Protection
Bureau of Point and Non-Point Source Management
Division of Planning and Permitting
P.O. Box 8774
Harrisburg, PA 17105-8774

Applicant: Maidencreek Township County: Berks

SECTION C - ITEMIZED EXPENSES

Copies of activity records or itemized invoices AND proof of payment for these expenses must be submitted.

COST OBJECT	AMOUNT	OBJECT TOTAL
SEO Expenses	$	
		$
Administrative & Clerical Expenses		
		$
Sewage Management Program (SMP) Expenses (See also Section H)		
Date of Approval of Act 537 Plan proposing SMP		
		$
Consultant Services		
		$
Materials & Supplies		
		$

Applicant: Maidencreek Township County: Berks

Legal Services		
		$
Auto Expense _____ miles @ _____ ¢/mile		
		$
Social Security and Medicare Expense		
		$
Other Expenses		
		$
	Total Expenses:	$

Enter Total in Section B.1.

NOTE: Expenses are subject to audit by DEP or its authorized representative.

SECTION D - REVENUE

1.	Total Revenue from Permit Fees	$		
2.	Other Money Received - specify, i.e., SMP fees, assessments, money from municipalities and other agencies, fines, interest, etc.	$		
3.	Uncollected Revenue - specify, i.e., Accounts Receivable, to include local agency assessments to member municipalities and revenue from applicants	$		
		$		
	Total Revenue		$	
	Less Refunds		$	
	Net Revenue (Enter total in Section B.2.)		$	

Applicant: Maidencreek Township County: Berks

SECTION E - SCHEDULE OF PERMIT FEES

		SEO Fees/Charges to the Local Agency*			Permit Application Fees (Local Agency Income)*	
		Residential	Other		Residential	Other
Permit Application						
1. Conventional	New	56	56		56	56
	Repair	56	56		56	56
2. Alternate	New	56	56		56	56
	Repair	56	56		56	56
3. Other						
Site Inspection/Consultation		56	56		56	56
Evaluate Probes		56	56		56	56
Conduct Probe		56	56		56	56
Observe Perc		168	168		168	168
Conduct Perc		336	336		336	336
Review Design		84	84		84	84
Issue Permit						
1. Conventional	New	28	28		28	28
	Repair	28	28		28	28
2. Alternate	New	28	28		28	28
	Repair	28	28		28	28
3. Other						
Final Inspection						
1. Conventional	New	336	336		336	336
	Repair	336	336		336	336
2. Alternate	New	168	168		168	168
	Repair	168	168		168	168
3. Other		336	336		336	336
Reissue Expired Permit Using Prior Tests and Design						
Rate for Other Work (Specify) (Hourly or Flat Rate)		56	56		56	56

* This section must be consistent with the local agency's current fee schedule.

Applicant: Maidencreek Township County: Berks

SECTION F

List the primary and alternate SEOs for the local agency. Provide dates of employment for each. (Use additional sheets if necessary.)

	Primary		Alternate
Name	Scot McCaffrey	Name	Carl A. Wolfe, Jr.
Address	1032 James Drive	Address	1032 James Drive
	Leesport, PA 19533		Leesport, PA 19533
Telephone	610-916-8500	Telephone	610-916-8500
Certificate No.	03421	Certificate No.	00944
Employed from	01/01/15 to 12/31/15	Employed from	01/01/15 to 12/31/15

SECTION G - SUMMARY OF PERMIT ACTIVITY FROM JANUARY 1 THROUGH DECEMBER 31 OF PRECEDING YEAR

List preceding calendar year permit activities, using the appropriate onlot sewage system classifications from Chapter 73. (Do not substitute or change classification categories.)

	A. Applications Taken	B. Permits Issued	C. Permits Denied/Revoked	D. Final Inspections	E. Permits Expired
1. Residential Conventional	1	1		4	
2. Residential Alternate				1	
3. Commercial Conventional					
4. Commercial Alternate					
5. Experimental					
****TOTAL****	1	1	0	5	0

Of those permit activities listed above, list those actions that were associated with modifying a functional system or repairing a malfunctioning system.

1. System Modification					
2. System Repair				3	

Of those repair permit activities listed in the previous section under system repairs, list those actions where "best technical guidance" was used.

1. System Repair (BTG)					

Applicant: Maidencreek Township County: Berks

Status of the Approved SMP (choose one)

☐ Implemented
☐ Under Active Development
☐ Not Implemented or Under Active Development

SECTION H - SUMMARY OF SMP ACTIVITY FROM JANUARY 1 THROUGH DECEMBER 31 OF PRECEDING YEAR

	A. Number of Systems in Each Category in SMP*	B. O & M Educational Materials Sent to Property Owners	C. Number of Pumping/ Maintenance Requirement Notices Sent	D. Number of Pumping Receipts/ Maintenance Receipts Received	E. Number of Municipal Inspections Performed**	F. Enforcement Actions Taken in Response to Inspections or to Property Owner's Refusal to Comply with SMP Requirements
1. Aerobic Treatment Tank						
2. Septic Tank						
TOTAL						

How many of the systems in your management area use the following means of disposal? Please enter program activity as it relates to systems having methods of disposal listed below.

	A.	B.	C.	D.	E.	F.
1. Holding Tanks						
2. Cesspools						
3. Gravity Inground Bed/Trench						
4. Pressure Dosed Inground Bed/ Trench						
5. Non-Pressure Dosed Elevated Sand Mound						
6. Pressure Dosed Elevated Sand Mound/Trench						
7. IRSIS						
8. Pre-IRSIS Small Flow Spray						
9. Small Flow Stream Discharge						
10. Large Volume Community Onlot						
11. Spray > 2000 GPD						
12. Other Non-Municipally Owned Sewage Treatment Plants						
13. Non-Municipally Owned Pump Stations, Lift Stations, etc.						
14. Other (List & Identify)						
TOTAL						

* Information requested in Column A is for the total number of systems included in the SMP. Information requested in Columns B through F is for related SMP activity during the preceding year.

** Inspections performed by a consulting firm employed by the municipality or local agency must also be included in Column E.

Applicant: maidencreek Township County: Berks

SECTION I - AFFIDAVIT

Affidavit must be completed and signed before a notary public by the local agency official named in Section A.4. In the case of townships of the second class, the township seal may be affixed hereto with the official's signature in lieu of the seal of a notary public. Is applicant a township of the second class? (Mark the appropriate box with an X.) ☒ Yes ☐ No

AFFIDAVIT

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF Berks

I, Diane Hollenbach, being duly sworn according to law, depose and say that I am an official of the applicant and that the information included in the application and documents submitted as a part of the application are true and correct to the best of my knowledge and belief.

Sworn to and subscribed before me this 11th day of February, 2016.

Signature of Notary Public

Signature of Local Agency Official

MY COMMISSION EXPIRES

Manager/Secretary/Treasurer
Title

SEAL

APPLICATION FOR REIMBURSEMENT FOR ENFORCING THE PENNSYLVANIA SEWAGE FACILITIES ACT CHECKLIST

A complete application for enforcing the Pennsylvania Sewage Facilities Act consists of:

1. Three copies of this completed application with the original signatures and embossed seals.
2. One copy of activity records and/or invoices for all expenses claimed.
3. One copy of cancelled checks (both sides), W-2 forms and/or payroll records for all expenses claimed.
4. One copy of report of revenue received listed in Section D.
5. One copy of all municipal ordinances, acts, regulations, or procedures used in administrating the applicant's SMP, for first time applications. Subsequent submissions must include a copy of any additions, deletions and amendments made during the preceding year to municipal ordinances, acts or procedures that affect the SMP.