

**Combined  
Application for Reimbursement  
for Enforcing The Pennsylvania Sewage Facilities Act  
and  
Onlot Sewage Disposal Program Annual Report**



**pennsylvania**

DEPARTMENT OF ENVIRONMENTAL PROTECTION

For more information, visit [www.depweb.state.pa.us](http://www.depweb.state.pa.us)



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

Read all instructions carefully before completing your application. **There have been changes to the form and requirements.** If any of the information or supporting documentation is not submitted, you risk loss or delay of reimbursement. Questions may be referred to (717) 787-8184.

**DEADLINE:** The application/annual report must be received by DEP no later than **March 1, 2011.**

You must submit your application to:

Pennsylvania Department of Environmental Protection  
Bureau of Water Standards and Facility Regulation  
Division of Planning and Permits  
P.O. Box 8774  
Harrisburg, PA 17105-8774

**COMPLETE ALL SECTIONS AS INDICATED:**

**SECTION A.** The local agency official must be an elected official or a person in a responsible position with the local agency. The Sewage Enforcement Officer (SEO) **cannot** be named as the official. Multimunicipal local agencies and county health departments must attach a list of member municipalities and date of affiliation.

**SECTION B.** Complete after Sections C and D are completed.

**SECTION C.**

a. **List only reimbursable expenses.** Reimbursable expenses include permit-related activities as well as sewage management program activities and malfunction and complaint investigations. These expenses **must be itemized and completely documented** by one (1) copy of the *Activity Record for Enforcement of the Pennsylvania Sewage Facilities Act (Act 537)* form (3800-FM-WSFR0039) available electronically on DEP's Web site at [www.depweb.state.pa.us](http://www.depweb.state.pa.us), or **invoices** equivalent to the activity form. **EACH PERMIT-RELATED ACTIVITY MUST BE IDENTIFIED BY A DEP PERMIT APPLICATION NUMBER.** Activity records or invoices must identify the specific person who performed each activity. Expenses under each category should be totaled in the right-hand column under "Total Expenses," and this total should then be entered in Section B.1.

**NOTE: Planning costs (costs incurred prior to approval of the planning module by DEP) and costs for soil testing performed prior to receipt of a permit application are not eligible under the sewage facilities permitting program.**

b. One (1) copy of **proof of payment** (canceled checks, W-2 forms or payroll records) **must be submitted for ALL** expenses claimed if reimbursement is requested. **If reimbursement is not requested you may omit this requirement.**

**Expenses which are not supported by the above documentation will not be considered for reimbursement. Your claim for expenses must be in accordance with Title 25 Pa. Code Section 72.44 of DEP's regulations, available electronically at [www.pacode.com](http://www.pacode.com).**

**SECTION D.** The revenue from the permit fees, fines, other money and uncollected revenue (money people owe you) is to be totaled and entered in Section B.2. of this form.

**SECTION E.** Insert the fees charged to applicants and fees charged to the municipality by the SEO for each type of permit. **DO NOT** enter the total income received or paid out from these permit fees.

**SECTION F.** List the names of each person appointed by the local agency as an SEO. Do not list a firm.

**SECTION G.** Do not modify this table. Information must be supported by the submission of DEP's Central File copies of the *Application for an Onlot Sewage Disposal System Permit* for every permit which was denied, final inspected or expired during the year. The appropriate totals of Columns C, D and E must equal the number of Central File copies submitted with the application. Be sure final action dates are indicated. Do **not** submit Central File copies of the *Application for an Onlot Sewage Disposal System Permit* which have **not** been finalized. These copies should be submitted with the application for the year in which the final action occurred.

**SECTION H.** Completion of this Section is required if an SMP has been approved in a sewage facilities official plan or plan revision. This Section is being used to track program activity statistics.

**SECTION I.** This affidavit must be sworn to by the local agency official before a notary public. The seal and signature of the notary public must be affixed. In the case of townships of the second class, the township seal may be affixed with the official's signature in lieu of notarization when this action has been approved by the township supervisors. The SEO **cannot** complete any part of this section. The applications must have original signatures and seals.

**IF REIMBURSEMENT OF PROGRAM EXPENSES IS NOT REQUESTED, SECTIONS A, B, E, F, G, H (if applicable) AND I MUST STILL BE COMPLETED AND SUBMITTED.**



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WATER STANDARDS AND FACILITY REGULATION

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)		1.A. Multimunicipal Local Agency Membership list attached
2. Address		
3. City		Zip
4. Name and Title of Local Agency Official		5. E-mail address (optional)
6. Daytime Telephone Number	7. County	8. Federal I.D. No.
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)	\$	
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, 2011 to:**

Pennsylvania Department of Environmental Protection  
Bureau of Water Standards and Facility Regulation  
Division of Planning and Permits  
P.O. Box 8774  
Harrisburg, PA 17105-8774

Applicant: \_\_\_\_\_

County: \_\_\_\_\_

**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: \_\_\_\_\_

County: \_\_\_\_\_

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

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., sewage management program 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: \_\_\_\_\_

County: \_\_\_\_\_

SECTION E - SCHEDULE OF PERMIT FEES						
		SEO Fees/Charges to the Local Agency*			Permit Application Fees (Local Agency Income)*	
		Residential	Other		Residential	Other
<b>Permit Application</b>						
1. Conventional	New					
	Repair					
2. Alternate	New					
	Repair					
3. Other						
Site Inspection/Consultation						
Evaluate Probes						
Conduct Probe						
Observe Perc						
Conduct Perc						
Review Design						
<b>Issue Permit</b>						
1. Conventional	New					
	Repair					
2. Alternate	New					
	Repair					
3. Other						
<b>Final Inspection</b>						
1. Conventional	New					
	Repair					
2. Alternate	New					
	Repair					
3. Other						
<b>Reissue Expired Permit Using Prior Tests and Design</b>						
Rate for Other Work (Specify) (Hourly or Flat Rate)						

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

Applicant: \_\_\_\_\_

County: \_\_\_\_\_

SECTION F			
List the primary and alternate SEOs for the local agency. Provide dates of employment for each. (Use additional sheets if necessary.)			
<b>Primary</b>	<b>Alternate</b>		
Name _____	Name _____		
Address _____	Address _____		
Telephone _____	Telephone _____		
Certificate No. _____	Certificate No. _____		
Employed from _____ to _____	Employed from _____ to _____		

**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					
2. Residential Alternate					
3. Commercial Conventional					
4. Commercial Alternate					
5. Experimental					
****TOTAL****					

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					

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)					
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Applicant: \_\_\_\_\_

County: \_\_\_\_\_

Status of the Approved SMP (choose one)

Implemented

Under Active Development

Not Implemented or Under Active Development

<b>SECTION H - SUMMARY OF SEWAGE MANAGEMENT PROGRAM ACTIVITY FROM JANUARY 1 THROUGH DECEMBER 31 OF PRECEDING YEAR</b>						
	<b>A.</b>	<b>B.</b>	<b>C.</b>	<b>D.</b>	<b>E.</b>	<b>F.</b>
	<b>Number of Systems in Each Category in Sewage Management Program*</b>	<b>O &amp; M Educational Materials Sent to Property Owners</b>	<b>Number of Pumping/Maintenance Requirement Notices Sent</b>	<b>Number of Pumping Receipts/Maintenance Receipts Received</b>	<b>Number of Municipal Inspections Performed**</b>	<b>Enforcement Actions Taken in Response to Inspections or to Property Owner's Refusal to Comply with SMP Requirements</b>
1. Aerobic Treatment Tank						
2. Septic Tank						
<b>TOTAL</b>						
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.						
	<b>A.</b>	<b>B.</b>	<b>C.</b>	<b>D.</b>	<b>E.</b>	<b>F.</b>
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-IRSI 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)						
<b>TOTAL</b>						

\* Information requested in Column A is for the total number of systems included in the sewage management program. Information requested in Columns B through F is for related sewage management program 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: \_\_\_\_\_

County: \_\_\_\_\_

<b>SECTION I - AFFIDAVIT</b>	
<p>Affidavit must be completed and signed before a notary public by the local agency official named in Section A.4. <u>In the case of townships of the second class</u>, 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.)</p> <p style="text-align: right;">Yes      No</p>	
<b>AFFIDAVIT</b>	
<p>COMMONWEALTH OF PENNSYLVANIA                      COUNTY OF _____</p>	
<p>I, _____, 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.</p>	
<p>Sworn to and subscribed before me this _____ day of _____, 20____.</p>	
<p>_____                      Signature of Notary Public</p>	<p>_____                      Signature of Local Agency Official</p>
<p>MY COMMISSION EXPIRES _____</p>	<p>_____                      Title</p>
<p>SEAL</p>	

**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 sewage management program, 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 sewage management program.