

**Combined Application for Reimbursement of Expenses for  
Sewage Management Program Administration  
Under the Pennsylvania Sewage Facilities Act, Act 537  
And Sewage Management Program Annual Report**



**COMMONWEALTH OF PENNSYLVANIA**  
**Department of Environmental Protection**  
For more information, visit DEP's Web site at  
[www.depweb.state.pa.us](http://www.depweb.state.pa.us)



**Instructions for  
Filing Combined Application for Reimbursement of Expenses for  
Sewage Management Program Administration  
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And Sewage Management Program Annual Report**

**NEW SEWAGE MANAGEMENT PROGRAMS**, IN ORDER TO GAIN DEP REIMBURSEMENT RECOGNITION, **MUST BE ESTABLISHED BY THE PROCESS OF AN UPDATE REVISION TO THE MUNICIPAL OR REGIONAL OFFICIAL ACT 537 SEWAGE FACILITIES PLAN**, INCLUDING ADOPTION OF THE PLAN BY RESOLUTION OF THE AFFECTED MUNICIPALITY AND APPROVAL BY DEP.

**Please read all instructions carefully before completing your application. If any of the information or supporting documentation is not submitted, unsupported costs will be deducted from total expenses prior to calculating your reimbursement.** Questions may be referred to (717) 787-8184.

**MUNICIPALITIES THAT ARE NOT THE LOCAL AGENCY, BUT WHICH ADMINISTER THEIR OWN SEWAGE MANAGEMENT PROGRAMS**, SHOULD USE THIS FORM (3800-FM-WSFR0284) ONLY TO FILE FOR REIMBURSEMENT OF THEIR SEWAGE MANAGEMENT PROGRAM EXPENSES. THESE MUNICIPALITIES SHOULD NOT SUBMIT A *COMBINED APPLICATION FOR REIMBURSEMENT FOR ENFORCING THE PENNSYLVANIA SEWAGE FACILITIES ACT AND ONLOT SEWAGE DISPOSAL PROGRAM ANNUAL REPORT* FORM (3800-FM-WSFR0280). BOTH FORMS ARE AVAILABLE ON DEP'S WEB SITE AT [www.depweb.state.pa.us](http://www.depweb.state.pa.us).

APPLICATIONS CONCERNING SEWAGE MANAGEMENT PROGRAM EXPENSES **CANNOT BE SUBMITTED DIRECTLY BY OR ON BEHALF OF MUNICIPAL AUTHORITIES**. ONLY LOCAL AGENCIES, OR MUNICIPALITIES THAT MEET THE REQUIREMENTS OF TITLE 25 PA CODE §71.73(d) ARE ELIGIBLE TO APPLY FOR REIMBURSEMENT OF SEWAGE MANAGEMENT PROGRAM EXPENSES.

"First time" sewage management program reimbursement applications must include a copy of all municipal ordinances, acts, regulations or procedures used in administrating the applicant's sewage management program. Subsequent submissions must include a copy of any additions, deletions and amendments made during the preceding calendar year to municipal ordinances, acts or procedures that affect the program. **Remember to include copies of these documents, if your program has changed. DEADLINE:** Applications must be received by DEP no later than March 1, 2011.

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

**LINE-BY-LINE INSTRUCTIONS:**

**SECTION A.**

- a. Item 2 - The municipal official must be an elected official or a person appointed to a responsible position with the municipality, such as the Municipal Secretary or the Chairman of the Board of Supervisors. A Sewage Enforcement Officer (SEO) cannot be named as the official.
- b. Item 8 - If your county has a county health department, enter its name here. If your municipality is served by a multimunicipal agency for permitting of onlot sewage disposal systems only, enter that agency name here.

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

**SECTION C.**

- a. **List only sewage management program reimbursable expenses.** Eligible costs include administrative, personnel and equipment costs associated with sewage management programs. These expenses **must be itemized and completely documented** by one copy of the **Activity Record**, Section F, or **invoices** equivalent to the form. Activity records or invoices must identify the specific person who performed each activity. Expenses under each cost category must be totaled in the right-hand column under "Total Expenses," and this total must be entered at Section B.1.

Title 25 Pa. Code §72.44 contains a complete listing of eligible and ineligible costs for reimbursement of sewage facilities permitting programs. Where applicable, these listings also apply to sewage management program reimbursements. Justification must be submitted to support reimbursement requests for unlisted categories. Questions on eligibility of specific items can be asked by calling (717) 787-8184.

- b. **One copy of proof of payment** (canceled checks or other records acceptable to DEP) **must be submitted for ALL expenses** claimed.

**Expenses which are not supported by the above documentation will not be considered for reimbursement. Your claim for expenses must be consistent with §72.44 of DEP's Rules and Regulations.**

**SECTION D.** Enter the revenue from sewage management program related fees, fines, other money and uncollected revenue (money owed to the municipality). Enter the total revenue here and at Section B.2.

**SECTION E.** Enter the individual fees and fines assessed to system owners under the sewage management program. **DO NOT ENTER** total fees, fines or other income received.

**SECTION F.** Activity Record. Submit copies of DEP activity records or invoices equivalent to the form.

**SECTION G.** Completion of this section is required. This section is being used to track program activity statistics.

**SECTION H.** This affidavit should be executed by the municipal official designated in Section A, who is sworn by 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 certifying official's signature in lieu of notarization when this action has been approved by the township supervisors.

**SUBMIT THREE COPIES OF THE COMPLETED APPLICATION WITH ORIGINAL SIGNATURES AND EMBOSSED SEALS, AND ONE COPY OF ACTIVITY RECORDS, INVOICES, PROOF OF PAYMENT AND MUNICIPAL ORDINANCES. KEEP A COPY FOR YOUR RECORDS.**

**IF REIMBURSEMENT OF SEWAGE MANAGEMENT PROGRAM EXPENSES IS NOT REQUESTED, SECTIONS A, G AND H STILL MUST BE COMPLETED AND SUBMITTED.**



**COMBINED APPLICATION FOR REIMBURSEMENT OF EXPENSES  
 FOR SEWAGE MANAGEMENT PROGRAM ADMINISTRATION  
 UNDER THE PENNSYLVANIA SEWAGE FACILITIES ACT, ACT 537  
 AND SEWAGE MANAGEMENT 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 (Municipality)		
2. Name and Title of Municipal Official		E-Mail Address (Optional)
3. Daytime Telephone Number	4. County	5. Federal I.D. No.
6. Address		
7 City		Zip
8. Name of Authorized Local Agency or County Health Department		
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 not more than 50% or 85% of the total expenses shown on Line 1, according to the local agency's reimbursement level, Item 8, above.)	\$	
DEPARTMENT USE ONLY		
5. Reviewer's Initials and Approval Date		
_____ / ____ / _____		

**Submit your application in triplicate, one (1) copy of supporting documentation (if requesting reimbursement) 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

**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
Municipal/Local Agency Personnel Expenses	\$	
		\$
Administrative & Clerical Expenses		
		\$
Inspection Services		
		\$
Consultant Services		
		\$
Materials & Supplies		
		\$

COST OBJECT	AMOUNT	OBJECT TOTAL
Legal Services		
		\$
Auto Expense ____ miles @ ____ ¢/mile		
		\$
Social Security and Medicare Expenses		
		\$
Other Expenses		
		\$
	<b>Total Expenses:</b>	\$

Enter Total Expenses in Section B.1.

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

SECTION D - REVENUE			
1. Total Revenue from Inspection Fees	\$		
2. Other Money Received - specify, i.e., assessments, money from other agencies or departments	\$		
3. Fines, interest, etc.	\$		
4. Uncollected Revenue - specify, i.e., Accounts Receivable, to include unpaid fines and assessments	\$		
	Total Revenue	\$	
	Less Refunds	\$	
	Net Revenue	\$	

Enter Net Revenue in Section B.2.

SECTION E - SCHEDULE OF INSPECTION FEES AND FINES						
	Standard Fees/Charges to Municipality or Local Agency by Contracted Inspectors (If Applicable)			Standard Fees/Fines to Property Owners (Municipal or Local Agency Income)*		
	Residential	Other		Residential	Other	
<b>Type of Activity:</b>						
Pumping/Inspection Notice Sent						
Fine for Failure to Report						
Liens Placed						
Eviction Notices Served						
Cesspools Inspection						
Inground Gravity Bed Inspection						
Inground Pressure Dosed Bed Inspection						
Sand Mound Non-Pressure Dosed Inspection						
Sand Mound Pressure Dosed Inspection						
IRSI Inspection						
Small Flow Spray Pre-IRSI Inspection						
Small Flow Stream Discharge Inspection						
Large Volume Community Onlot Inspection						
Spray > 2000 GPD Inspection						
Other Non-Municipally Owned Sewage Treatment Plants Inspection						
Non-Municipally Owned Pump Stations, Lift Stations, etc. Inspection						
Other (List & Identify)						

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

**SECTION F - ACTIVITY RECORD FOR ADMINISTRATION OF  
PENNSYLVANIA SEWAGE MANAGEMENT PROGRAMS UNDER ACT 537**

Activity Report for _____							SEO _____	SECY _____	Other _____
Name _____							Position _____		
Salaried _____		Flat Hourly Rate _____		Mileage Rate _____			¢		
Date	Description of Activity	A. Total Time Spent in Hours	B. Fee Charged (Contracted Services Only)	C. Personal Auto Miles Claimed	D. Description of Equipment & Supplies Purchased	E. Cost of Equipment & Supplies (Invoice Required)			
TOTAL THIS PAGE									
Hourly Employees – Total Hours (A) x Hourly Rate = Total Employee Cost							\$		
Contracted Services – Total Fees Charged (B) – Invoices Required							\$		
Salaried Employees – Total Hours (A) on Sewage Management Program ÷ Total Annual Hours _____ x Annual Salary & Benefits _____ = Total Employee Cost							\$		
All Employees – Total Personal Miles (C) x Mileage Rate = Total Vehicle Cost							\$		
All Employees – Total Cost of Equipment & Supplies Purchased x (E) - Invoices Required							\$		
TOTAL COST TO SEWAGE MANAGEMENT PROGRAM							\$		

This activity record or its equivalent must be used to track sewage management program time spent by salaried employees. The municipality or local agency may also require contracted individuals to submit this activity record or its equivalent, in addition to the required invoices. Invoices must be provided for any items purchased and services contracted.

\_\_\_\_\_  
Period Covered



### Completion of Section G is Required

Date of approval of the Act 537 Plan approving the SMP (See page 1, paragraph 1) \_\_\_\_\_

Status of the Approved SMP (choose one)

Implemented

Under Active Development

Not Implemented or Under Active Development

<b>SECTION G - SUMMARY OF SEWAGE MANAGEMENT PROGRAM ACTIVITY FROM JANUARY 1 THROUGH DECEMBER 31 OF PRECEDING YEAR</b>						
	<b>A. Number of Systems in Each Category in Sewage Management Program*</b>	<b>B. O &amp; M Educational Materials Sent to Property Owners</b>	<b>C. Number of Pumping/ Maintenance Requirement Notices Sent</b>	<b>D. Number of Pumping Receipts/ Maintenance Receipts Received</b>	<b>E. Number of Municipal Inspections Performed**</b>	<b>F. 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-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)						
<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.

**SECTION H - AFFIDAVIT**

Affidavit must be completed and signed before a notary public by the municipal/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 second class township?                      Yes                      No

COMMONWEALTH OF PENNSYLVANIA  
 COUNTY OF \_\_\_\_\_

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.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Signature of Notary Public

\_\_\_\_\_  
 Signature of Local Agency Official

MY COMMISSION EXPIRES \_\_\_\_\_

\_\_\_\_\_  
 Title

SEAL

**SEWAGE MANAGEMENT PROGRAM  
 REIMBURSEMENT APPLICATION  
 CHECKLIST**

A completed application for sewage management program reimbursement consists of:

1. Three copies of this completed application with 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 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.