



**ANNUAL MAINTENANCE REPORT (AMR)
SMALL FLOW TREATMENT FACILITIES**

REPORTING PERIOD: _____ to _____

GENERAL INFORMATION

Permittee: Richard Siegler Permit No.: PA0287962
 Address: 455 Dutch Rd Municipality: Fairview Township
Fairview, PA 16415-1633 County: Erie
 Phone: (732) 684-3104 Email Address: richardseigler@me.com

This SFTF Serves (a): Single Home Multiple Homes Commercial Establishment Other
 No. of People Served by SFTF: _____ SFTF Use Frequency: Daily Periodic (Describe: _____)
 The permittee intends to continue operating under the PAG-04 General Permit in the next calendar year.

MONTHLY MONITORING AND MAINTENANCE

Parameter	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
TRC (mg/L)												
Tablet Added	<input type="checkbox"/>											
UV Lamp	<input type="checkbox"/>											
UV Cleaned	<input type="checkbox"/>											
CBOD ₅ (mg/L)												
pH (S.U.)												
TSS (mg/L)												
Fecal Coliform (No./100 mL)												
Flow (GPD)												

Refer to AMR Instructions (3800-PM-BCW0093f) for instructions on completing this table.

Comments (attach additional sheets if necessary):

ANNUAL INSPECTION AND MAINTENANCE

A Service Provider must perform the following inspections and provide a description of the observations made in the table provided below. Check the box where indicated if the inspection and maintenance was completed by a Service Provider. If there was more than one service provided during the period, or more than one Service Provider was used for inspections, include all inspection results with the AMR.

Treatment Unit	Inspected? ⁽¹⁾	Pumped? ⁽²⁾	Comments ⁽³⁾
Septic Tank(s) (Number: __)	<input type="checkbox"/>	<input type="checkbox"/>	
Aerobic Tank	<input type="checkbox"/>	<input type="checkbox"/>	
Dosing Tank	<input type="checkbox"/>	<input type="checkbox"/>	

Filtration System	Inspected? ⁽⁴⁾	Cleaned/Replaced?	Comments ⁽³⁾
Subsurface	<input type="checkbox"/>	N/A	
Recirculating	<input type="checkbox"/>	N/A	
Accessible	<input type="checkbox"/>	<input type="checkbox"/>	
Other (____)	<input type="checkbox"/>	<input type="checkbox"/>	

Disinfection	Inspected?	Serviced? ⁽⁵⁾	Comments ⁽³⁾
Chlorinator	<input type="checkbox"/>	<input type="checkbox"/>	
Dechlorinator	<input type="checkbox"/>	<input type="checkbox"/>	
Ultraviolet (UV)	<input type="checkbox"/>	<input type="checkbox"/>	

- (1) For septic tanks, the depth of septage and scum in the treatment units must be measured at least once per year, unless the tanks are pumped annually. Inspections of treatment units should include an evaluation of the condition of baffles, pumps, aerators, high level alarms and other mechanical equipment, as applicable. Following tank pumping, all interior surfaces should be inspected for leaks and cracks using a strong light. Note that the tanks will contain toxic gases and therefore only a properly equipped, trained and experienced person should attempt to enter or repair a tank if necessary. **Homeowners should not enter tanks.**
- (2) Whenever the top of the sludge layer in the tank or any compartment of the tank is found to be less than 12 inches below the bottom of the outlet baffle, or if the bottom of the scum layer is within three inches of the outlet baffle, the tank must be pumped. At a minimum, septic tanks must be pumped out once every three years so that an inspection of the interior of the tanks may be made. Dosing tanks must be pumped if solids are observed that could reduce the performance of downstream treatment units. Aerobic tanks should be pumped when recommended by the manufacturer or a Service Provider. **Attach to the AMR documentation that tank(s) have been pumped, if applicable.**
- (3) Use the space provided and/or attach additional sheet(s) to explain the components checked during the inspection.
- (4) If ponding is noted on the sand filter, note this in the comments and explain corrective action taken.
- (5) Place a checkmark in the box for "Serviced?" if chlorinator or dechlorinator tablets were added during the inspection. For UV, check the box if the contact surface was cleaned and/or the UV bulb(s) were replaced during the inspection.

Other Items Inspected or Comments by Service Provider (attach additional sheets if necessary):

SERVICE PROVIDER CERTIFICATION

I certify under penalty of law that I have personally performed the inspection of the SFTF named herein, and that I meet the criteria for a Service Provider as defined in the permittee's permit. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Name of Service Provider	Signature
Telephone No.	Date
Company Name (if applicable)	

PERMITTEE CERTIFICATION

FOR PAG-04 PERMITTEES: I have read the latest PAG-04 General Permit issued by DEP and agree and certify that (1) the permittee continues to be eligible for coverage under the PAG-04 General Permit and (2) the permittee will continue to comply with the conditions of the General Permit, including any modifications thereto. I understand that if I do not agree to the terms and conditions of the PAG-04 General Permit, I will apply for an individual permit within 90 days of publication of the General Permit. I also acknowledge that any facility construction needed to comply with the General Permit requirements shall be designed, built, operated, and maintained in accordance with operative laws and regulations.

FOR ALL PERMITTEES: I certify under penalty of law that this report was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Responsible Official Name	Signature
Telephone No.	Date



ANNUAL MAINTENANCE REPORT (AMR) SMALL FLOW TREATMENT FACILITIES INSTRUCTIONS

GENERAL INSTRUCTIONS

Completion of the Annual Maintenance Report (AMR) template (3800-PM-BCW0093e) is a requirement of PAG-04 NPDES General Permit coverage for small flow treatment facilities (SFTFs). The AMR must be submitted to the office listed in the Submission Section of these instructions.

For **existing permittees with PAG-04 coverage**, the first AMR that must be submitted to DEP under the General Permit is due by June 30, 2024, for activities conducted during the period of June 1, 2023 – December 31, 2023. This AMR covers only part of the year because the reporting period for AMRs is being changed from June 1 – May 31 to a calendar year (January 1 – December 31). The next reporting period will be January 1, 2024 – December 31, 2024, with a due date of June 30, 2025. Subsequent reporting periods will be a calendar year with a due date of June 30.

For **new permittees with PAG-04 coverage**, in which coverage is approved after the effective date of PAG-04, the first AMR is due by June 30 following the first year of General Permit coverage. For example, if an applicant receives approval for PAG-04 coverage with an effective date of August 1, 2024, the first AMR would be due by June 30, 2026 (i.e., the first June 30 following one full year of coverage). The first AMR should cover activities occurring from the effective date of coverage (August 1, 2024) until December 31 prior to the first AMR due date (December 31, 2025). Thereafter, the annual reporting period will be a calendar year with a due date of June 30.

AMRs may also be required for SFTFs with individual NPDES permits, with the same or different submission deadlines. Note that a permittee does not need to wait until the due date to submit an AMR; it may be submitted immediately following the end of the reporting period.

At the top of the form, enter the reporting period.

GENERAL INFORMATION

Enter the following information:

- The name of the permittee (as listed on page 1 of the permit or approval of coverage);
- The permittee's full mailing address and city, state, and zip code;
- The permittee's phone number (use the number for someone associated with the permittee who can answer questions DEP may have); and
- The NPDES Permit Number ("Permit No.");
- The municipality and county where the SFTF is located.
- The permittee's email address, if available.

Check the appropriate box to indicate the type of establishment served by the SFTF (Single Home, Multiple Homes, Commercial Establishment or Other).

Specify the number of people served by the SFTF. For single residence sewage treatment plants (SRSTPs) or SFTFs serving multiple homes, this would be the number of people residing at the residence(s) that is served by the SFTF. For other SFTFs (e.g., those serving churches or stores), specify the maximum number of people that may utilize the SFTF on any particular day.

Check the appropriate box to indicate how frequently the SFTF is used. For example, if an SFTF serves a school and there is no use over weekends, check the box for "Periodic" and enter "5/week" next to "Describe."

If the SFTF is covered by the PAG-04 General Permit, check the appropriate box if the permittee wishes to continue coverage under PAG-04 during the next year.

MONTHLY MONITORING AND MAINTENANCE

Record results of analyses taken or maintenance completed throughout the reporting period. Record the results in the appropriate column representing the month in which samples were collected. The following describes the information that should be entered:

- **TRC (mg/L)** – If chlorine is used for disinfection, a sample must be collected for analysis of Total Residual Chlorine (TRC) each month unless flow cannot be collected from the SFTF during the month. Collect an effluent sample after the chlorination unit (and if applicable after any dichlorination unit), and enter the results in the appropriate column. If TRC cannot be measured because there is no discharge, enter “ND” in the appropriate column. If chlorine is not used for disinfection, this row may remain blank.
- **Tablet Added** – Check the appropriate box if a chlorine tablet was added to a chlorination device during the month. If chlorine is not used for disinfection, this row may remain blank. Reminder – only calcium hypochlorite tablets may be used.
- **UV Lamp** – If ultraviolet (UV) disinfection is used, check the appropriate box if the permittee or a service provider verified the proper operation of the UV lamp or bulb during the month. If UV is not used for disinfection, this row may remain blank.
- **UV Cleaned** – If UV disinfection is used, check the appropriate box if the permittee or a service provider cleaned the UV contact surface during the month. If UV is not used for disinfection, this row may remain blank.

For 5-day Carbonaceous Biochemical Oxygen Demand (CBOD₅), pH, Total Suspended Solids (TSS), Fecal Coliform, and Flow, record results in this table if DEP requested that a sample be collected and analyzed by a laboratory, if samples or measurements were collected voluntarily or were required by a municipality or county, or otherwise if the permit requires monitoring on a routine basis.

Below the table provide any comments relating to sampling, analysis or monthly maintenance. Attach additional sheets as necessary.

ANNUAL INSPECTION AND MAINTENANCE

A Service Provider must perform an annual inspection of the SFTF and provide any necessary maintenance. A Service Provider is an individual who is capable of satisfactorily completing the operation and maintenance (O&M) of a small flow treatment facility. The individual must be able to maintain the facility in an operable condition, compliant with the NPDES permit. The permittee may not be a Service Provider unless the permittee is a certified wastewater system operator under DEP’s regulations at 25 Pa. Code Chapter 302 or has received training on their specific SFTF system. For proprietary systems that have received coverage under this General Permit for the first time following the effective date of this General Permit, the Service Provider must be certified by the system manufacturer to provide O&M.

Treatment Units – Check the appropriate boxes to indicate whether septic tanks, aerobic tanks and dosing tanks were inspected and pumped. For septic tanks, the depth of septage and scum in the treatment units must be measured at least once per year or in lieu of measurement be pumped annually. Inspections of treatment units should include an evaluation of the condition of baffles, pumps, aerators, high level alarms and other mechanical equipment, as applicable. Following tank pumping, all interior surfaces should be inspected for leaks and cracks using a strong light. Note that the tanks will contain toxic gases and therefore only a properly equipped, trained and experienced person should attempt to enter or repair a tank if necessary. **Homeowners should not enter tanks.**

Whenever the top of the sludge layer in the tank or any compartment of the tank is found to be less than 12 inches below the bottom of the outlet baffle, or if the bottom of the scum layer is within three inches of the outlet baffle, the tank must be pumped. At a minimum, septic tanks must be pumped out once every three years so that an inspection of the interior of the tanks may be made. Dosing tanks must be pumped if solids are observed that could reduce the performance of downstream treatment units. Aerobic tanks should be pumped when recommended by the manufacturer or a service provider. **Attach to the AMR documentation that tank(s) have been pumped, if applicable.**

Record any comments relating to treatment units in the space provided.

Filtration Systems – Check the appropriate boxes to indicate whether subsurface, recirculating, accessible or other filters were inspected and cleaned (e.g., raked) or replaced, as applicable. Identify any ponding conditions in the Comments field. Record any other comments relating to filtration systems in the space provided.

Disinfection – Check the appropriate boxes to indicate whether chlorinator, dechlorinator or ultraviolet (UV) disinfection units were inspected and serviced. Place a checkmark in the box for “Serviced?” if chlorinator and/or dechlorinator tablets were added during the inspection. For UV, check the box if the contact surface was cleaned and/or the UV bulb(s) were replaced during the inspection. Record any comments relating to disinfection units in the space provided.

CERTIFICATION

Service Provider Certification – The Service Provider must attest that the information recorded for the inspection is true, accurate and complete by signing and dating the AMR and supplying their name, telephone number, and company name, if applicable.

Permittee Certification – PAG-04 permittees must certify that the permittee continues to be eligible for coverage under the PAG-04 General Permit and the permittee will continue to comply with the conditions of the General Permit. All permittees must certify that the information contained in the AMR is true, accurate and complete.

The AMR must be signed by either: 1) the owner of the SFTF, for individually owned facilities; 2) a responsible corporate officer for facilities owned by a corporation (i.e., a principal executive officer of at least the level of vice president or an authorized representative, if the representative is responsible for the overall operation of the site); 3) a general partner or a proprietor, for partnerships or sole proprietorships, respectively; or 4) a principal executive officer, ranking elected official or other authorized employee, for a municipality, state, federal or other public agency.

If signed by a person other than the above, the person must be a duly authorized representative of the permittee. A person is a duly authorized representative only if 1) the authorization is made in writing by a person described above and submitted to DEP, or 2) the authorization specifies either an individual or a position having responsibility for the operation of the regulated system, facility or activity, such as the position of manager, operator, superintendent, or position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. A duly authorized representative may be either a named individual or an identified position.

SUBMISSION

Mail the completed AMR along with documentation of pumping (if applicable) to the appropriate office(s) listed below. Alternatively, AMRs may be submitted electronically (see DEP’s website for electronic submission options). PAG-04 permittees must also submit a copy of the AMR to the municipality where the SFTF is located.

County Where SFTF Is Located:	Office Where AMR Should Be Mailed:
Bucks, Chester, Delaware, Montgomery, and Philadelphia	DEP SERO, Clean Water Program 2 E. Main St., Norristown, PA 19401-4915
Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne and Wyoming	DEP NERO, Clean Water Program 2 Public Sq., Wilkes-Barre, PA 18701-1915
Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, and York	DEP SCRO, Clean Water Program 909 Elmerton Ave., Harrisburg, PA 17110
Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga and Union	DEP NCRO, Clean Water Program 208 West Third St., Suite 101, Williamsport, PA 17701
Allegheny ⁽¹⁾ , Beaver, Cambria, Fayette, Greene, Somerset, Washington, and Westmoreland	DEP SWRO, Clean Water Program 400 Waterfront Dr., Pittsburgh, PA 15222
Armstrong, Butler, Clarion, Crawford, Elk, Erie ⁽²⁾ , Forest, Indiana, Jefferson, Lawrence, McKean, Mercer, Venango, Warren	DEP NWRO, Clean Water Program 230 Chestnut St., Meadville, PA 16335

- (1) For Allegheny County, send the AMR to DEP and: Allegheny County Health Department, Frank B. Clack Health Center, Building #5, 40th St. & Penn Avenue, Pittsburgh, PA 15224-1347.
- (2) For Erie County, send the AMR to DEP and: Erie County Department of Health, Environmental Health Services, 606 W. 2nd St., Erie, PA 16507.