

ANNUAL MAINTENANCE REPORT (AMR) SMALL FLOW TREATMENT FACILITIES

Reporting Period: June 1, _____ to May 31, _____

Name: _____	Permit No.: _____
Address: _____	Municipality: _____
_____	County: _____
Phone: _____	Email Address: _____

This SFTF Serves (a): Single Home Multiple Homes Commercial Establishment Other
 No. of People Served by SFTF: _____ SFTF Use Frequency: Daily Periodic (Describe: _____)

Submission of a complete AMR by June 30 of each year is a requirement of the NPDES PAG-04 General Permit and most individual NPDES permits for small flow treatment facilities (SFTFs). AMRs must be mailed to the DEP office identified below and, if required by the permit, to the municipality in which the facility is located.

MONTHLY MONITORING AND MAINTENANCE

For SFTFs covered by the PAG-04 General Permit, record effluent monitoring data in the table below. For SFTFs covered by individual NPDES permits in which a Discharge Monitoring Report (DMR) has been issued with the permit, this table may remain blank and effluent monitoring results must be reported on a DMR that is submitted to the DEP office identified below.

Effluent Monitoring Data												
Parameter	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
TRC ⁽¹⁾												
UV ⁽²⁾												
BOD ₅ ⁽³⁾												
pH (S.U.) ⁽³⁾												
TSS ⁽³⁾												
Fecal Coliform (No./100 mL) ⁽³⁾												
Flow (GPD) ⁽³⁾												

- (1) If the SFTF uses chlorine for disinfection, Total Residual Chlorine (TRC) must be monitored monthly, at a minimum. Collect an effluent sample after chlorination (and if applicable after dechlorination). If the TRC result is within the range of 0.3 mg/L to 0.5 mg/L, record the reading in the appropriate month column. If the TRC result is outside of this range, perform corrective action (e.g., add chlorine tablets or other measures) and resample on subsequent days until the result is within the range of 0.3 mg/L to 0.5 mg/L. Report the ultimate result for each month in the table.
- (2) If ultraviolet light (UV) is used for disinfection, place a checkmark in the field if the UV contact surface was cleaned during the month. If the permit does not require contact surface cleaning, write "N/A" in the fields.
- (3) For BOD₅, pH, 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 otherwise if the permit requires such monitoring on a routine basis and does not include a DMR.

Comments (attach additional pages 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 Units

Type	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"/>	

Sand Filters

Type	Inspected? ⁽⁴⁾	Raked?	Comments ⁽³⁾
Subsurface	<input type="checkbox"/>	N/A	
Recirculating	<input type="checkbox"/>	N/A	
Accessible	<input type="checkbox"/>	<input type="checkbox"/>	

Disinfection

Type	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 a year. The inspection 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. **The homeowner should not enter tanks.**
- (2) Aerobic tanks and dosing tanks should be pumped annually. Septic tanks should be pumped every three years or anytime the top of the sludge layer in any compartment of the unit 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 3 inches of the outlet baffle (annual pumping may be substituted for measurement). **Attach to the AMR documentation from the company that the tank(s) have been pumped.**
- (3) Use the space provided and/or include a separate sheet 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. For UV, check the box if the contact surface was cleaned and the UV bulb(s) were replaced.

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

SERVICE PROVIDER CERTIFICATION

I certify under penalty of law that I have personally performed the inspection of the SFTF named herein. 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 Inspector	Signature
Telephone No.	Date
Company Name (if applicable)	

PERMITTEE CERTIFICATION

I certify under penalty of law that this document and all attachments were 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 knowledge of violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Responsible Official Name	Signature
Telephone No.	Date

Mail this completed Annual Maintenance Report to your local municipality (if required by the permit) and the appropriate DEP office or county health department:

County Where SFTF Is Located:

Bucks, Chester, Delaware, Montgomery, and Philadelphia
Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne and Wyoming
Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, and York
Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga and Union
Allegheny, Beaver, Cambria, Fayette, Greene, Somerset, Washington, and Westmoreland
Armstrong, Butler, Clarion, Crawford, Elk, Erie, Forest, Indiana, Jefferson, Lawrence, McKean, Mercer, Venango, Warren
Allegheny
Erie

DEP Office Where AMR Should Be Mailed:

DEP SERO, Clean Water Program 2 E. Main Street Norristown, PA 19401-4915
DEP NERO, Clean Water Program 2 Public Square, Wilkes-Barre, PA 18701-1915
DEP SCRO, Clean Water Program 909 Elmerton Ave., Harrisburg, PA 17110
DEP NCRO, Clean Water Program 208 West Third St., Suite 101, Williamsport, PA 17701
DEP SWRO, Clean Water Program 400 Waterfront Dr., Pittsburgh, PA 15222
DEP NWRO, Clean Water Program 230 Chestnut St., Meadville, PA 16335
ACHD, Frank B. Clack Health Center Building #5, 40th St. & Penn Avenue Pittsburgh, PA 15224-1347
ECDH, Environmental Health Services 606 West Second St., Erie, PA 16507