

**GRANVILLE TOWNSHIP
MIFFLIN COUNTY, PENNSYLVANIA**

2025 CHAPTER 94 REPORT
MUNICIPAL WASTELOAD
MANAGEMENT PLAN

*FOR THE
GRANVILLE TOWNSHIP JUNCTION WWTP*

MARCH 2026

Submitted to:
Department of Environmental Protection
Southcentral Regional Office
909 Elmerton Avenue
Harrisburg, PA 17110-8200

GRANVILLE TOWNSHIP – JUNCTION WWTP

APPENDIX

PADEP CHAPTER 94 ANNUAL REPORT LAYOUT

Page:

• Hydraulic and Organic Loading Projections	1
• Sewer Extensions	2
• System Monitoring, Maintenance/Repair and Rehab	2
• Condition of Wastewater System	3
• Pump Stations	3
• Industrial Wastes	3
• Existing and Projected Overload	4
• Sewage Sludge Management Inventory	4
• Signature Page	4

ATTACHMENT LISTINGS

Exhibit I:	Hydraulic and Organic Loading Data and Projections
Exhibit II:	Hydraulic Loading Graph
Exhibit III:	Organic Loading Graph
Exhibit IV:	Pump Station Information
Exhibit V:	Solids Management Report
Exhibit VI:	Calibration Certificate
Exhibit VII:	2024 Discharge Monitoring Reports and 2024 Supplemental Reports



CHAPTER 94 MUNICIPAL WASTELOAD MANAGEMENT ANNUAL REPORT

For Calendar Year: 2025

- ☒ Permittee is owner and/or operator of a POTW or other sewage treatment facility
☐ Permittee is owner and/or operator of a collection system tributary to a POTW not owned/operated by permittee

GENERAL INFORMATION

Permittee Name:	Granville TWP Main WWTP	Permit No.:	PA0032051
Mailing Address:	100 Helen Street	Effective Date:	8/1/2023
City, State, Zip:	Lewistown, PA 17044	Expiration Date:	7/31/2028
Contact Person:	Travis Hartzler	Renewal Due Date:	2/2/2028
Title:	Foreman	Municipality:	Granville Township
Phone:	(717) 348-5631	County:	Mifflin
Email:	thartzler@granvilletwp.org	Consultant Name:	The EADS Group, Inc.

CHAPTER 94 REPORT COMPONENTS

1. Attach to this report a line graph depicting the monthly average flows (expressed in MGD) for each month for the past 5 years and projecting the flows for the next 5 years. The graph must also include a line depicting the hydraulic design capacity per the WQM permit. (25 Pa. Code § 94.12(a)(1))

Check the appropriate boxes:

- ☒ Line graph for flows attached (**Attachment**)
☒ DEP Chapter 94 Spreadsheet used (**Attachment**)
☐ Section 1 is not applicable (report is for a collection system).

2. Attach to this report a line graph depicting the monthly average organic loads (express as lbs BOD5/day) for each month for the past 5 years and projecting the organic loads for the next 5 years. The graph must also include a line depicting the organic design capacity of the treatment plant per the WQM permit. (25 Pa. Code § 94.12(a)(2))

Check the appropriate boxes:

- ☒ Line graph for organic loads attached (**Attachment**)
☒ DEP Chapter 94 Spreadsheet used (**Attachment**)
☐ Section 2 is not applicable (report is for a collection system).

3. If the DEP Chapter 94 Spreadsheet was not used to determine projections, discuss the basis for the hydraulic and organic projections. In all cases, include a description of the time needed to expand the plant to meet the load projections, if necessary, and data used to support the projections should be included in an appendix to this report. (25 Pa. Code § 94.12(a)(3))

The DEP Chapter 94 Spreadsheet was used to determine projected hydraulic and organic loading. Based on the projections, there is sufficient capacity for the service area.

4. Attach a map showing all sewer extensions constructed within the past calendar year, sewer extensions approved or exempted in the past year in accordance with Act 537 and Chapter 71, but not yet constructed, and all known proposed projects which require public sewers but are in the preliminary planning stages. The map must be accompanied by a list summarizing each extension or project and the population to be served by the extension or project. If a sewer extension approval or proposed project includes schedules describing how the project will be completed over time, the listing should include that information and the effect this build-out-rate will have on populations served. (25 Pa. Code § 94.12(a)(4))

Check the appropriate boxes:

- ☒ Map showing sewer extensions constructed, approved/exempted but not yet constructed, and proposed projects attached (**Attachment**)
- ☒ List summarizing each extension or project attached (**Attachment**)
- ☒ Schedules describing how each project will be completed over time and effects attached (**Attachment**)

Comments:

5. Discuss the permittee's program for sewer system monitoring, maintenance, repair and rehabilitation, including routine and special activities, personnel and equipment used, sampling frequency, quality assurance, data analyses, infiltration/inflow monitoring, and, where applicable, maintenance and control of combined sewer regulators during the past year. Attach a separate sheet if necessary. (25 Pa. Code § 94.12(a)(5))

The sanitary sewer system is routinely checked for inflow and infiltration. Following flood events, plant personnel note problem areas and determine the needed manhole inserts to reduce inflow.

The Township has developed a collection system maintenance schedule that divides the collection system into six areas such that one area will be cleaned every six years. In 2010, a camera truck was purchased and is aggressively used to investigate inflow and infiltration in the collection system. The Township has followed its approved CAP plan after televising a large part of their system and repaired I&I issues throughout, a drastic decrease in average runtimes from the beginning of the year to the end of the year was observed.

6. Discuss the condition of the sewer system including portions of the system where conveyance capacity is being exceeded or will be exceeded in the next 5 years and portions where rehabilitation or cleaning is needed or is underway to maintain the integrity of the system and prevent or eliminate bypassing, CSOs, SSOs, excessive infiltration and other system problems. Attach a separate sheet if necessary. (25 Pa. Code § 94.12(a)(6))

Check the appropriate boxes:

- ☐ System experienced capacity-related bypassing, SSOs or surcharging during the report year. On a separate sheet, list the date, location, and reason for each bypass, SSO or surcharge event.
- ☐ System did not experience capacity-related bypassing, SSOs or surcharging during the report year.

Comments:

7. Attach a discussion on the condition of sewage pumping (pump) stations. Include a comparison of the maximum pumping rate with present maximum flows and the projected 2-year maximum flows for each station. (25 Pa. Code § 94.12(a)(7))

Check the appropriate boxes:

- ☐ The collection system does not contain pump stations
☒ The collection system does contain pump stations (Number – 8)
☒ Discussion of condition of each pump station attached (**Attachment**)

8. If the sewage collection system receives industrial wastes (i.e., non-sanitary wastes), attach a report with the information listed below. (25 Pa. Code § 94.12(a)(8))

- a. A copy of any ordinance or regulation governing industrial waste discharges to the sewer system or a copy of amendments adopted since the initial submission of the ordinance or regulation under Chapter 94, if it has not previously been submitted.
- b. A discussion of the permittee's or municipality's program for surveillance and monitoring of industrial waste discharges into the sewer system during the past year.
- c. A discussion of specific problems in the sewer system or at the plant, known or suspected to be caused by industrial waste discharges and a summary of the steps being taken to alleviate or eliminate the problems. The discussion shall include a list of industries known to be discharging wastes which create problems in the plant or in the sewer system and action taken to eliminate the problem or prevent its recurrence. The report may describe pollution prevention techniques in the summary of steps taken to alleviate current problems caused by industrial waste dischargers and in actions taken to eliminate or prevent potential or recurring problems caused by industrial waste dischargers.

Check the appropriate boxes:

- ☒ Industrial waste report as described in 8 a., b. and c. attached (**Attachment**)
☐ Industrial pretreatment report as required in an NPDES permit attached (**Attachment**)

9. Existing or Projected Overload.

Check the appropriate boxes:

- ☐ This report demonstrates an existing hydraulic overload condition.
☐ This report demonstrates a projected hydraulic overload condition.
☐ This report demonstrates an existing organic overload condition.
☐ This report demonstrates a projected organic overload condition.

If one or more boxes above have been checked, attach a Corrective Action Plan (CAP) to reduce or eliminate present or projected overloaded conditions under §§ 94.21 and/or 94.22 (relating to existing overload and projected overload). (25 Pa. Code § 94.12(a)(9))

- ☐ Corrective Action Plan attached (**Attachment**)

10. Where required by the NPDES permit, attach a Sewage Sludge Management inventory that demonstrates a mass balance of solids coming in and leaving the facility over the previous calendar year.

- ☒ Sewage Sludge Management Inventory attached (**Attachment**)

11. For facilities with CSOs and where required by the NPDES permit, attach an Annual CSO Report (including satellite combined sewer systems).

☐ Annual CSO Report attached (**Attachment**)

12. For POTWs, attach a calibration report documenting that flow measuring, indicating and recording equipment has been calibrated annually. (25 Pa. Code § 94.13(b))

☒ Flow calibration report attached (**Attachment**)

RESPONSIBLE OFFICIAL 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).

Travis Hartzler

Name of Responsible Official

Signature

717-348-5631

Telephone No.

Date

PREPARER CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared by me or otherwise under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. 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).

Brian Bloom

Name of Preparer

Signature

814-535-5388

Telephone No.

3/31/2026

Date



CHAPTER 94 MUNICIPAL WASTELOAD MANAGEMENT ANNUAL REPORT INSTRUCTIONS

This form has been developed to promote consistency in the development of annual municipal wasteload management reports ("Chapter 94 reports") required by 25 Pa. Code § 94.12. At least two copies of the complete report must be submitted to the appropriate regional office of the Department of Environmental Protection (DEP) by March 31.

Enter the calendar year that the report covers at the top of the form. Check the appropriate box to indicate whether the permittee is the owner/operator of a publicly owned treatment works (POTW) or other sewage treatment facility, or is the owner/operator of a sewage collection system that is tributary to a POTW owned/operated by a different entity.

General Information

Record the name of the permittee, the permittee's full mailing address, the permittee's contact person and this person's title, phone number and email address. Also record the permit number (NPDES or WQM), the effective date of permit coverage, the expiration date of permit coverage (if applicable), the date by which an application or NOI is due for reissuance (renewal) (if applicable), the municipality and county where the sewage treatment facility or collection system is located, and the name of the consultant (company name), if any, who assisted in the preparation of the form.

Chapter 94 Report Components

This section requests responses to 12 questions that, if applicable, must be addressed for a complete Chapter 94 report. Questions 1 – 9 and 12 come directly from the Chapter 94 regulations, i.e., 25 Pa. Code §§ 94.12(a)(1) – 94.12(a)(9) and 94.13(b). Some questions request that you check an appropriate box, attach the information requested, and specify the attachment number, while responses to other questions may be entered directly on the form.

For Questions 1 and 2, permittees may use DEP's Chapter 94 Spreadsheet to satisfy 25 Pa. Code §§ 94.12(a)(1) and 94.12(a)(2), respectively. DEP encourages use of the Chapter 94 Spreadsheet to provide consistency in the format and calculations associated with hydraulic and organic load evaluations (see www.depweb.state.pa.us/chapter94). If the Chapter 94 Spreadsheet was used, check the appropriate box(es) and attach printouts of the data and graphs to the Chapter 94 report. If this report is being used for a collection system only, these graphs are not needed.

For Question 6, if the permittee checks the box that there were capacity-related bypasses or SSOs during the report year, in general the box for existing hydraulic overload in Question 9 should be checked. If the permittee checks the box in Question 6 because surcharging occurred during the report year, in general the box for projected hydraulic overload in Question 9 should be checked.

For Question 8, if the permittee has an EPA-approved pretreatment program, attachment of an annual pretreatment report as required in an NPDES permit will satisfy the requirement for an industrial waste report.

For Question 10, if a permit requires a "Sewage Sludge Management" inventory, check the appropriate box if the inventory is attached to the Chapter 94 report.

For Question 11, if an NPDES permit (individual permit or, for satellite collection systems, PAG-06 General NPDES permit coverage) requires an Annual CSO (Status) report, attach the CSO report to the Chapter 94 report and check the appropriate box.

Certification

In accordance with 25 Pa. Code § 94.12(a), both the individual who prepared the report and (a responsible official of) the permittee must sign the report. The term "responsible official" for a municipality is a principal executive officer or ranking elected official.

Questions on the completion of Chapter 94 reports may be directed to DEP's Bureau of Point and Non-Point Source Management at (717) 787-8184 or to the appropriate DEP regional office (contact information available by visiting DEP's website, www.depweb.state.pa.us, and selecting Regional Resources).

EXHIBIT I

HYDRAULIC AND ORGANIC LOADING DATA
AND PROJECTIONS

PADEP Chapter 94 Spreadsheet Sewage Treatment Plants

Reporting Year: 2025

Facility Name: Granville Township Sewer & Water (Junction WWTP)

Permit No.: PA0032051

Persons/EDU: 2.5

Existing Hydraulic Design Capacity: 0.75 MGD
 Upgrade Planned in Next 5 Years? No Year:
 Future Hydraulic Design Capacity: MGD

Existing Organic Design Capacity: 1,300 lbs BOD5/day
 Upgrade Planned in Next 5 Years? No Year:
 Future Organic Design Capacity: lbs BOD5/day

Monthly Average Flows for Past Five Years (MGD)

Month	2021	2022	2023	2024	2025
January	0.241	0.239	0.351	0.363	0.2
February	0.273	0.385	0.218	0.243	0.222
March	0.304	0.295	0.248	0.328	0.246
April	0.254	0.308	0.213	0.463	0.24
May	0.244	0.357	0.211	0.28	0.373
June	0.266	0.216	0.19	0.191	0.284
July	0.218	0.172	0.213	0.222	0.238
August	0.22	0.215	0.235	0.281	0.198
September	0.422	0.237	0.198	0.194	0.184
October	0.238	0.335	0.202	0.189	0.2
November	0.21	0.229	0.187	0.185	0.178
December	0.203	0.318	0.274	0.223	0.182

Annual Avg	0.258	0.276	0.228	0.264	0.229
Max 3-Mo Avg	0.293	0.329	0.299	0.357	0.299
Max : Avg Ratio	1.14	1.19	1.31	1.35	1.31
Existing EDUs	1,581.0	1,674.0	1,664.0	1,781.0	1,775.0
Flow/EDU (GPD)	163.2	164.9	137.0	148.2	129.0
Flow/Capita (GPD)	65.3	65.9	54.8	59.3	51.6
Exist. Overload?	NO	NO	NO	NO	NO

Projected Flows for Next Five Years (MGD)

	2026	2027	2028	2029	2030
New EDUs	7.0	7.0	7.0	7.0	7.0
New EDU Flow	0.001	0.001	0.001	0.001	0.001
Proj. Annual Avg	0.252	0.253	0.254	0.255	0.256
Proj. Max 3-Mo Avg	0.317	0.319	0.32	0.321	0.322
Proj. Overload?	NO	NO	NO	NO	NO

Monthly Average BOD5 Loads for Past Five Years (lbs/day)

Month	2021	2022	2023	2024	2025
January	492	393	624	508	326
February	426	528	568	563	425
March	461	526	428	469	473
April	464	582	410	721	272
May	532	271	434	512	580
June	485	602	463	382	241
July	596	422	395	460	190
August	404	435	431	272	352
September	472	355	356	285	440
October	504	296	444	404	426
November	480	249	346	363	309
December	433	463	414	366	332

Annual Avg	479	427	443	442	364
Max Mo Avg	596	602	624	721	580
Max : Avg Ratio	1.24	1.41	1.41	1.63	1.59
Existing EDUs	1,581	1,674	1,664	1,781	1,775
Load/EDU	0.303	0.255	0.266	0.248	0.205
Load/Capita	0.121	0.102	0.106	0.099	0.082
Exist. Overload?	NO	NO	NO	NO	NO

Projected BOD5 Loads for Next Five Years (lbs/day)

	2026	2027	2028	2029	2030
New EDUs	7	7	7	7	7
New EDU Load	1.788	1.788	1.788	1.788	1.788
Proj. Annual Avg	433	434	436	438	440
Proj. Max Avg	631	633	636	639	641
Proj. Overload?	NO	NO	NO	NO	NO

Show Precipitation Data on Hydraulic Graph?

Total Monthly Precipitation for Past Five Years (Inches)

Month	2021	2022	2023	2024	2025
January	3.0	4.28	1.3	3.54	0.85
February	4.5	3.57	2.75	0.93	2.65
March	2.0	3.04	3.06	2.32	1.38
April	4.0	4.44	2.1	3.68	3.98
May	6.0	6.36	4.53	3.02	8.72
June	2.5	2.72	3.57	4.77	4.27
July	2.5	3.06	4.79	3.12	6.03
August	2.5	4.05	6.07	3.84	2.74
September	1.5	1.62	12.79	3.17	1.5
October	5.0	4.73	3.04	1.13	3.57
November	2.0	2.22	1.89	2.13	1.18
December	2.5	2.84	2.06	1.86	1.89

EXHIBIT II

HYDRAULIC LOADING GRAPH

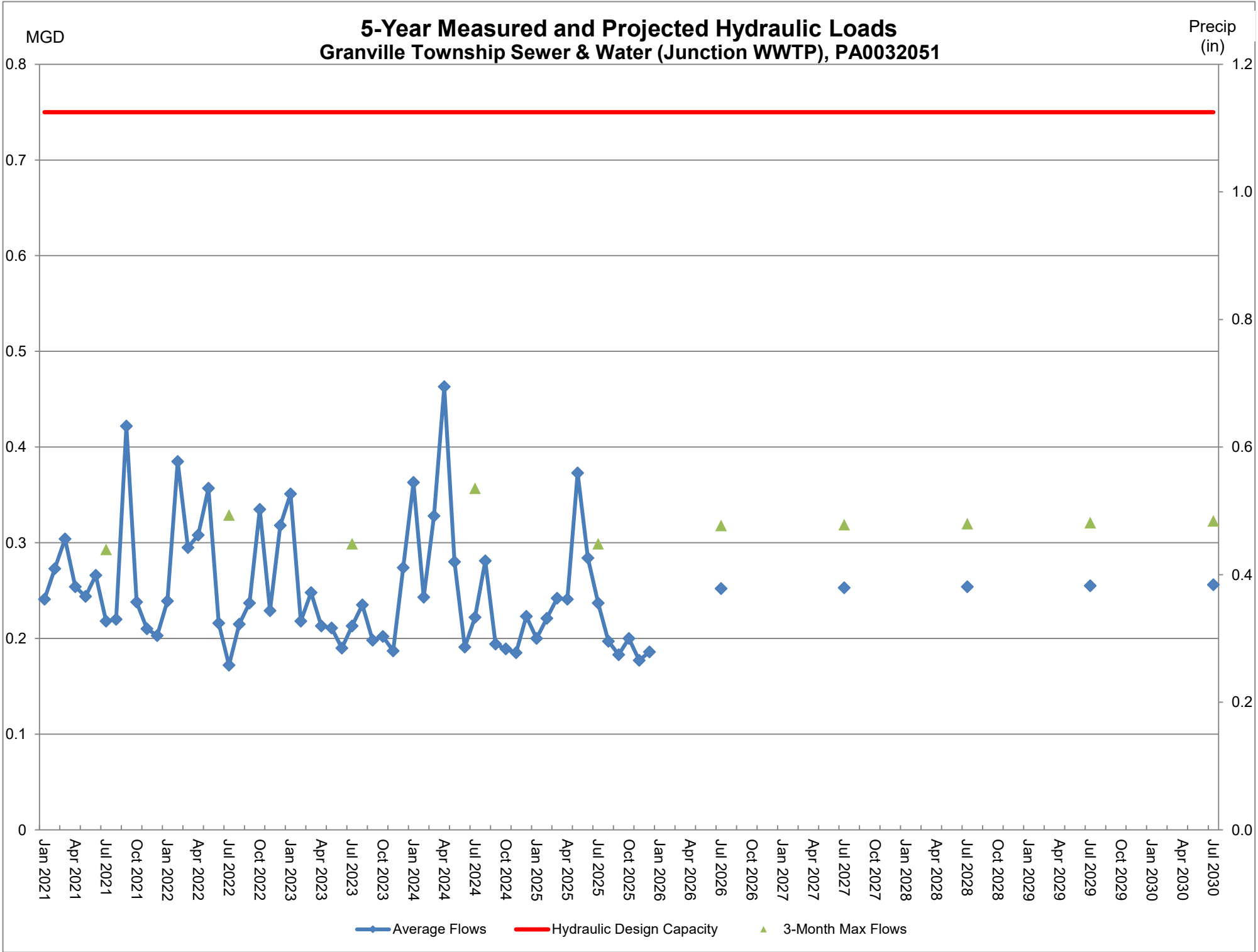


EXHIBIT III

ORGANIC LOADING GRAPH

5-Year Measured and Projected Organic Loads Granville Township Sewer & Water (Junction WWTP), PA0032051

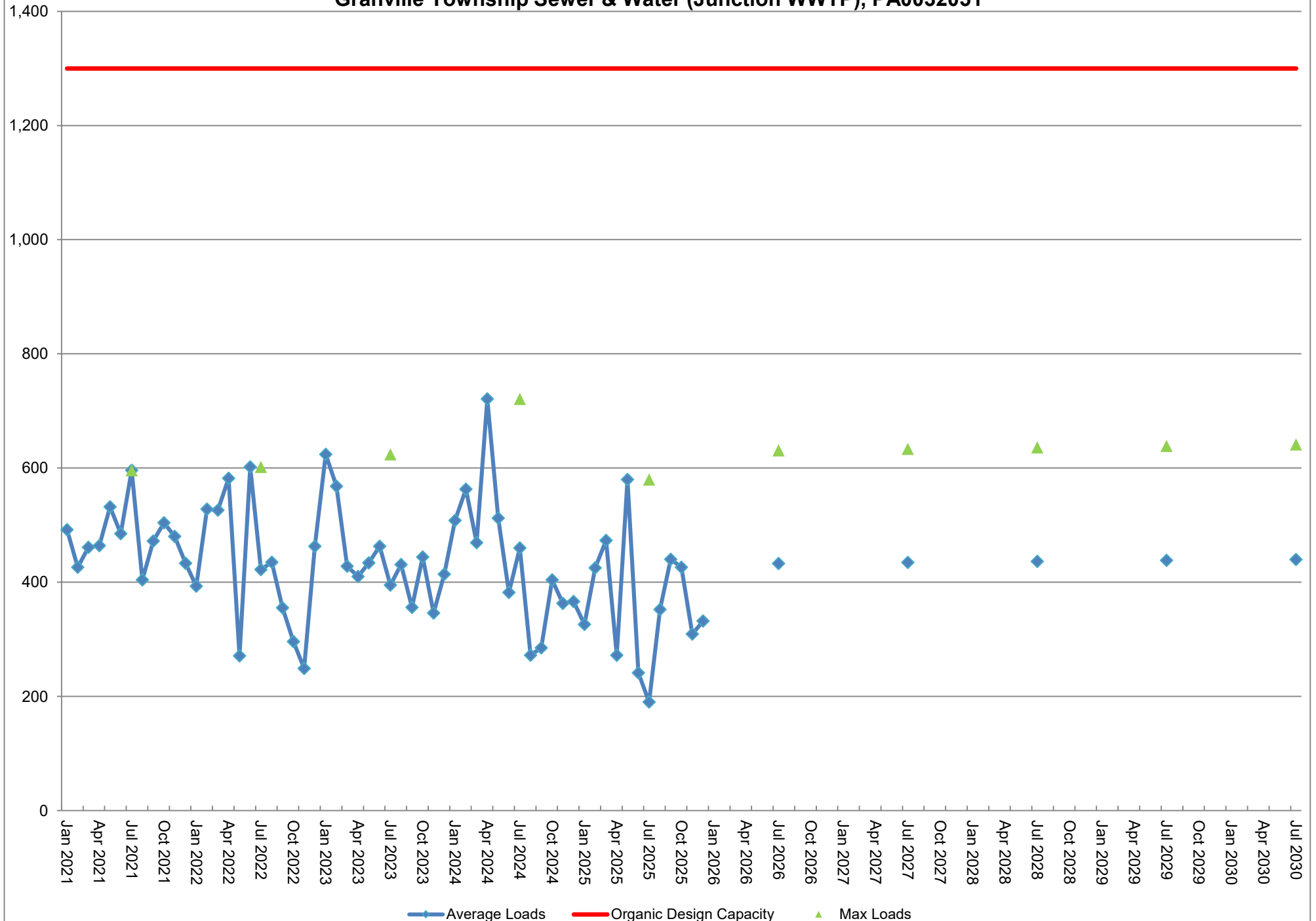


EXHIBIT IV

PUMP STATION INFORMATION

Exhibit IV: Pump Station Information

The sewage system includes ten (10) pumping stations, where are all functioning properly. Pumping Station #3 serves Phase 1 of the First Quality Project, and was placed in service during 2009. Pumping Station 11 and 12 were placed into service in 2025.

Pump Station	Permitted Flow (MGD)	Average Flow (MGD)	Flow Rate 1 and 2 pumps (gpm)	2-Year Projected Flow (MGD)	Average daily runtime (hours)	Maximum Daily pumped MGD
1 Industrial Road	0.495	0.021	136/147	.021	2.65	.160
3 First Quality	0.360	0.016	192/26	.016	1.35	.036
5 Round House Road	0.115	0.022	297/274	.023	1.26	.094
6 Race Track Road	0.086	0.004	187/141	0.004	.40	.023
7 River Road	0.300	0.077	354/499	.078	3.08	.437
8 Barrel Springs	0.750	.367	1325/1055	.367	5.22	.950
9 Loop Road	0.892	0.103	259/248	0.103	6.26	.706
10 River Road	0.250	0.025	117/119	0.025	3.52	.207
11 333A	.144			.009		
12 333B	.144			.009		

The flows depicted in the table above were calculated using the hour meters located at each pump station and drawdown flow rates. Ominisite is currently hooked up to all locations. The pumps are operating effectively and there are no foreseen problems. Pump Station 11 and 12 had hour meters and ominsites installed at the beginning of 2026. All information will be available from that point on.

A total of 25 grinder pups are located throughout the collection system and are maintained on a routine basis. Three (3) of these grinder pumps failed and were replaced in 2025. Enough spare parts are readily available to the Township should any grinder pumps need rebuilt. In addition, Four (4) complete spare pumping units are kept in stock should a grinder pump become disabled and need replaced. The Township keeps these spare pumping units readily available in order to prevent any homeowner(s) ever being without service for a signification period of time.

Exhibit V

SOLIDS MANAGEMENT REPORT

Solids Management (Sludge) Calculator

This worksheet calculates the expected sludge volume that should be produced by various treatment processes over a one-year period.
Enter data into green cells - hit the Tab key to move between cells. Red cells are calculated.

Facility Name:

Granville Township Junction WWTP

Permit No.:

PA0032051

Evaluation Period:

1/1/2025

to

12/31/2025

Design Flow:

0.75

 MGD

Actual Annual Average Flow:

0.229

 MGD

Type of Biological Treatment Process:

Sequencing Batch Reactor

Treatment Factor:

0.65

Type of Digestion Process:

Aerobic Digestion, HDT= >30

Digestion Factor:

0.65

Total Population Served by Treatment Plant:

3,952

Average Annual Influent BOD5 Load (per Ch. 94 Report):

364.0

 lbs/day

Average Annual Influent BOD5 Load (Expected based on Population):

671.8

 lbs/day *(Population x 0.17)*

% of Influent BOD5 Load per Ch. 94 Report / Influent Load Expected:

54.2%

(Influent Load per Ch. 94 Report / Influent Load based on Population)

Average Annual Effluent Concentration of

CBOD5

 :

9.72

 mg/L **Assume 11.664 mg/L BOD5**

Average Annual Pounds (lbs) of BOD5 Discharged:

22.28

 lbs/day *(Actual Flow x Effluent BOD5 Concentration x 8.34)*

Influent BOD5 Load per Person per Day (based on Ch. 94):

0.092

(Influent BOD5 Load per Ch. 94 Report / Population - 0.17 to 0.22 is typical)

Pounds of BOD5 Removed (based on Ch. 94):

341.7

 lbs/day *(Influent BOD5 Load per Ch. 94 Report - BOD5 Discharged)*

Pounds of BOD5 Removed (based on Population):

649.6

 lbs/day *(Influent BOD5 Load Expected based on Population - BOD5)*

Sludge Removed from Treatment Plant (Previous Year):

175.5

 Dry Tons =

351,000

 Dry lbs

Sludge Production and Wasting Calculations

Based on Chapter 94 Report			Based on Population		
X	341.7	BOD5 Removed / Day (lbs)	X	649.6	BOD5 Removed / Day (lbs)
	0.65	Treatment Factor		0.65	Treatment Factor
X	222.12	Daily Solids Production (lbs)	X	422.22	Daily Solids Production (lbs)
	0.65	Digestion Factor		0.65	Digestion Factor
X	144.38	Daily Digested Solids (lbs)	X	274.44	Daily Digested Solids (lbs)
	365	Days per Year		365	Days per Year
-	52,698	Solids Generated / Year (lbs)	-	100,171	Solids Generated / Year (lbs)
	351,000	Solids Actually Wasted / Year (lbs)		351,000	Solids Actually Wasted / Year (lbs)
	-298,302	Difference (lbs)		-250,829	Difference (lbs)
	666%	% of Expected Volume Wasted <i>(85 - 115% is generally acceptable)</i>		350%	% of Expected Volume Wasted <i>(85 - 115% is generally acceptable)</i>
	20.4%	Percent Solids of Wasted Solids		20.4%	Percent Solids of Removed Solids
	30,974	Volume of Solids to Remove Annually (gallons)		58,877	Volume of Solids to Remove Annually (gallons)
-	206,306	Volume of Solids Actually Removed Annually (gallons)	-	206,306	Volume of Solids Actually Removed Annually (gallons)
	-175,331	Difference (gallons)		-147,429	Difference (gallons)

Exhibit VI

CALIBRATION CERTIFICATE

Report of Calibration



Customer: Granville Township Sewer & Water
Address: 100 Helen St.
Lewistown, PA 17044
Manufacturer: E+H
Model: ProMag 50
Serial No.: L1059516
Description: Flow Meter
Asset No.: Junction Plant
Method: Electronic Per Manufacturer

Invoice #.: 31899
Flow Element: Mag Meter
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 18°C
Humidity: 31 %RH
Unit Received: In Specification
Unit Returned.: In Specification
Report No.: 019574

CALIBRATION DATA

Units	Standard	As Found	As Left
GPM	0	0	0
GPM	250	251	251
GPM	500	501	501
GPM	750	751	751
GPM	1000	1001	1001

TEST STANDARDS

NIST Test Standard	Model No.	Calibration Due	Serial No.
Fluke	725	7/18/2027	1295056-BS

Comments: Scaled 0-1000

The equipment herein described has been tested for accuracy of calibration by Moyer Instruments, Inc. The test instrument(s) used in said calibration has been checked for conformance and traceability to National Institute of Standards and Technology (N.I.S.T.). Calibrations, as applicable, are performed in compliance with the requirements of ANSI/NCSS Z540.3-2006(R2013) and ISO 10012:2003. The results are only applicable for the date of calibration noted and for the specific instrument(s) listed. Reported uncertainties are expanded uncertainties of measurement calculated using a coverage factor of K=2 for a confidence level of approximately 95%. This report shall not be reproduced, except in full, without the written consent of Moyer Instruments Inc.

Metrological Officer: Trent Schlecht
Trent Schlecht

Report of Calibration



Customer: Granville Township Sewer & Water
Address: 100 Helen St.
Lewistown, PA 17044
Manufacturer: Ertco
Model: '-5 to 15 Deg. C
Serial No.: 3202
Description: Thermometer
Asset No.: Junction Plant
Method: Direct Comparison

Invoice #.: 31899
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 18°C
Humidity: 31 %RH
Unit Received: In Specification
Unit Returned: In Specification
Report No.: 019567

CALIBRATION DATA

Units	Standard	As Found	As Left	Correction
°C	4.00	4.00	4.00	0

TEST STANDARDS

NIST Test Standard	Model No.	Calibration Due	Serial No.
Fluke	9142	9/30/2028	A85128

Comments:

The equipment herein described has been tested for accuracy of calibration by Moyer Instruments, Inc. The test instrument(s) used in said calibration has been checked for conformance and traceability to National Institute of Standards and Technology (N.I.S.T.). Calibrations, as applicable, are performed in compliance with the requirements of ANSI/NC SL Z540.3-2006(R2013) and ISO 10012:2003. The results are only applicable for the date of calibration noted and for the specific instrument(s) listed. Reported uncertainties are expanded uncertainties of measurement calculated using a coverage factor of K=2 for a confidence level of approximately 95%. This report shall not be reproduced, except in full, without the written consent of Moyer Instruments Inc.

Metrological Officer: Trent Schlecht
Trent Schlecht

Report of Calibration



Customer: Granville Township Sewer & Water
Address: 100 Helen St.
Lewistown, PA 17044
Manufacturer: Ertco
Model: '-5 to 15 Deg. C
Serial No.: 7425
Description: Thermometer
Asset No.: Junction Plant
Method: Direct Comparison

Invoice #.: 31899
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 18°C
Humidity: 31 %RH
Unit Received: In Specification
Unit Returned: In Specification
Report No.: 019571

CALIBRATION DATA

Units	Standard	As Found	As Left	Correction
°C	4.00	4.00	4.00	0

TEST STANDARDS

NIST Test Standard	Model No.	Calibration Due	Serial No.
Fluke	9142	9/30/2028	A85128

Comments:

The equipment herein described has been tested for accuracy of calibration by Moyer Instruments, Inc. The test instrument(s) used in said calibration has been checked for conformance and traceability to National Institute of Standards and Technology (N.I.S.T.). Calibrations, as applicable, are performed in compliance with the requirements of ANSI/NC SL Z540.3-2006(R2013) and ISO 10012:2003. The results are only applicable for the date of calibration noted and for the specific instrument(s) listed. Reported uncertainties are expanded uncertainties of measurement calculated using a coverage factor of K=2 for a confidence level of approximately 95%. This report shall not be reproduced, except in full, without the written consent of Moyer Instruments Inc.

Metrological Officer: Trent Schlecht
Trent Schlecht

Report of Calibration



Customer: Granville Township Sewer & Water
Address: 100 Helen St.
Lewistown, PA 17044
Manufacturer: Ertco
Model: '-5 to 15 Deg. C
Serial No.: 3386
Description: Thermometer
Asset No.: Junction Plant
Method: Direct Comparison

Invoice #.: 31899
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 18°C
Humidity: 31 %RH
Unit Received: In Specification
Unit Returned: In Specification
Report No.: 019569

CALIBRATION DATA

Units	Standard	As Found	As Left	Correction
°C	4.00	4.00	4.00	0

TEST STANDARDS

NIST Test Standard	Model No.	Calibration Due	Serial No.
Fluke	9142	9/30/2028	A85128

Comments:

The equipment herein described has been tested for accuracy of calibration by Moyer Instruments, Inc. The test instrument(s) used in said calibration has been checked for conformance and traceability to National Institute of Standards and Technology (N.I.S.T.). Calibrations, as applicable, are performed in compliance with the requirements of ANSI/NC SL Z540.3-2006(R2013) and ISO 10012:2003. The results are only applicable for the date of calibration noted and for the specific instrument(s) listed. Reported uncertainties are expanded uncertainties of measurement calculated using a coverage factor of K=2 for a confidence level of approximately 95%. This report shall not be reproduced, except in full, without the written consent of Moyer Instruments Inc.

Metrological Officer: Trent Schlecht
Trent Schlecht

Report of Calibration



Customer: Granville Township Sewer & Water
Address: 100 Helen St.
Lewistown, PA 17044
Manufacturer: Ertco
Model: '-5 to 15 Deg. C
Serial No.: 3386
Description: Thermometer
Asset No.: Junction Plant
Method: Direct Comparison

Invoice #.: 31899
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 18°C
Humidity: 31 %RH
Unit Received: In Specification
Unit Returned: In Specification
Report No.: 019569

CALIBRATION DATA

Units	Standard	As Found	As Left	Correction
°C	4.00	4.00	4.00	0

TEST STANDARDS

NIST Test Standard	Model No.	Calibration Due	Serial No.
Fluke	9142	9/30/2028	A85128

Comments:

The equipment herein described has been tested for accuracy of calibration by Moyer Instruments, Inc. The test instrument(s) used in said calibration has been checked for conformance and traceability to National Institute of Standards and Technology (N.I.S.T.). Calibrations, as applicable, are performed in compliance with the requirements of ANSI/NC SL Z540.3-2006(R2013) and ISO 10012:2003. The results are only applicable for the date of calibration noted and for the specific instrument(s) listed. Reported uncertainties are expanded uncertainties of measurement calculated using a coverage factor of K=2 for a confidence level of approximately 95%. This report shall not be reproduced, except in full, without the written consent of Moyer Instruments Inc.

Metrological Officer: Trent Schlecht
Trent Schlecht

Report of Calibration



Customer: Granville Township Sewer & Water
Address: 100 Helen St.
Lewistown, PA 17044
Manufacturer: Ertco
Model: '-5 to 15 Deg. C
Serial No.: 7425
Description: Thermometer
Asset No.: Junction Plant
Method: Direct Comparison

Invoice #.: 31899
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 18°C
Humidity: 31 %RH
Unit Received: In Specification
Unit Returned: In Specification
Report No.: 019571

CALIBRATION DATA

Units	Standard	As Found	As Left	Correction
°C	4.00	4.08	4.08	-.08

TEST STANDARDS

NIST Test Standard	Model No.	Calibration Due	Serial No.
Fluke	9142	9/30/2028	A85128

Comments:

The equipment herein described has been tested for accuracy of calibration by Moyer Instruments, Inc. The test instrument(s) used in said calibration has been checked for conformance and traceability to National Institute of Standards and Technology (N.I.S.T.). Calibrations, as applicable, are performed in compliance with the requirements of ANSI/NC SL Z540.3-2006(R2013) and ISO 10012:2003. The results are only applicable for the date of calibration noted and for the specific instrument(s) listed. Reported uncertainties are expanded uncertainties of measurement calculated using a coverage factor of K=2 for a confidence level of approximately 95%. This report shall not be reproduced, except in full, without the written consent of Moyer Instruments Inc.

Metrological Officer: Trent Schlecht

Trent Schlecht

Report of Calibration



Customer: Granville Township Sewer & Water
Address: 100 Helen St.
Lewistown, PA 17044
Manufacturer: Ertco
Model: 20 to 110 Deg C
Serial No.: S60783
Description: Thermometer
Asset No.: Junction Plant
Method: Direct Comparison

Invoice #.: 31899
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 18°C
Humidity: 31 %RH
Unit Received: In Specification
Unit Returned: In Specification
Report No.: 019566

CALIBRATION DATA

Units	Standard	As Found	As Left	Correction
°C	105.00	105.08	105.08	-0.08

TEST STANDARDS

NIST Test Standard	Model No.	Calibration Due	Serial No.
Fluke	9142	9/30/2028	A85128

Comments:

The equipment herein described has been tested for accuracy of calibration by Moyer Instruments, Inc. The test instrument(s) used in said calibration has been checked for conformance and traceability to National Institute of Standards and Technology (N.I.S.T.). Calibrations, as applicable, are performed in compliance with the requirements of ANSI/NC SL Z540.3-2006(R2013) and ISO 10012:2003. The results are only applicable for the date of calibration noted and for the specific instrument(s) listed. Reported uncertainties are expanded uncertainties of measurement calculated using a coverage factor of K=2 for a confidence level of approximately 95%. This report shall not be reproduced, except in full, without the written consent of Moyer Instruments Inc.

Metrological Officer: Trent Schlecht

Trent Schlecht

Report of Calibration



Customer: Granville Township Sewer & Water
Address: 100 Helen St.
Lewistown, PA 17044
Manufacturer: Rosemount
Model: 3490
Serial No.: 3491L1031019
Description: Effluent Flow
Asset No.: Junction Plant
Method: Head vs. Flow

Invoice #: 31899
Flow Element: 4' Rect. Weir
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 18°C
Humidity: 31 %RH
Unit Received: In Specification
Unit Returned.: In Specification
Report No.: 019572

CALIBRATION DATA

Units	Standard	As Found	As Left
GPM	1042	1036	1036

TEST STANDARDS

NIST Test Standard	Model No.	Calibration Due	Serial No.
ISCO Handbook	8th Edition	1/1/2026	ISBN 0962275719

Comments:

The equipment herein described has been tested for accuracy of calibration by Moyer Instruments, Inc. The test instrument(s) used in said calibration has been checked for conformance and traceability to National Institute of Standards and Technology (N.I.S.T.). Calibrations, as applicable, are performed in compliance with the requirements of ANSI/NCSL Z540.3-2006(R2013) and ISO 10012:2003. The results are only applicable for the date of calibration noted and for the specific instrument(s) listed. Reported uncertainties are expanded uncertainties of measurement calculated using a coverage factor of K=2 for a confidence level of approximately 95%. This report shall not be reproduced, except in full, without the written consent of Moyer Instruments Inc.

Metrological Officer: Trent Schlecht

Trent Schlecht

Report of Calibration



Customer: Granville Township Sewer & Water
Address: 100 Helen St.
Lewistown, PA 17044
Manufacturer: Rosemount
Model: 3490
Serial No.: 3491L1031019
Description: Effluent Flow
Asset No.: Junction Plant
Method: Head vs. Flow

Invoice #: 31899
Flow Element: 4' Rect. Weir
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 18°C
Humidity: 31 %RH
Unit Received: In Specification
Unit Returned.: In Specification
Report No.: 019572

CALIBRATION DATA

Units	Standard	As Found	As Left
GPM	1042	1036	1036

TEST STANDARDS

NIST Test Standard	Model No.	Calibration Due	Serial No.
ISCO Handbook	8th Edition	1/1/2026	ISBN 0962275719

Comments:

The equipment herein described has been tested for accuracy of calibration by Moyer Instruments, Inc. The test instrument(s) used in said calibration has been checked for conformance and traceability to National Institute of Standards and Technology (N.I.S.T.). Calibrations, as applicable, are performed in compliance with the requirements of ANSI/NCSS Z540.3-2006(R2013) and ISO 10012:2003. The results are only applicable for the date of calibration noted and for the specific instrument(s) listed. Reported uncertainties are expanded uncertainties of measurement calculated using a coverage factor of K=2 for a confidence level of approximately 95%. This report shall not be reproduced, except in full, without the written consent of Moyer Instruments Inc.

Metrological Officer: Trent Schlecht
Trent Schlecht

Report of Calibration



Customer: Granville Township Sewer & Water
Address: 100 Helen St.
Lewistown, PA 17044
Manufacturer: Rosemount
Model: 3490
Serial No.: 3491L1031019
Description: Effluent Flow
Asset No.: Junction Plant
Method: Head vs. Flow

Invoice #: 31899
Flow Element: 4' Rect. Weir
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 18°C
Humidity: 31 %RH
Unit Received: In Specification
Unit Returned.: In Specification
Report No.: 019572

CALIBRATION DATA

Units	Standard	As Found	As Left
GPM	1042	1036	1036

TEST STANDARDS

NIST Test Standard	Model No.	Calibration Due	Serial No.
ISCO Handbook	8th Edition	1/1/2026	ISBN 0962275719

Comments:

The equipment herein described has been tested for accuracy of calibration by Moyer Instruments, Inc. The test instrument(s) used in said calibration has been checked for conformance and traceability to National Institute of Standards and Technology (N.I.S.T.). Calibrations, as applicable, are performed in compliance with the requirements of ANSI/NCSL Z540.3-2006(R2013) and ISO 10012:2003. The results are only applicable for the date of calibration noted and for the specific instrument(s) listed. Reported uncertainties are expanded uncertainties of measurement calculated using a coverage factor of K=2 for a confidence level of approximately 95%. This report shall not be reproduced, except in full, without the written consent of Moyer Instruments Inc.

Metrological Officer: Trent Schlecht

Trent Schlecht

Report of Calibration



Customer: Granville Township Sewer & Water
Address: 100 Helen St.
Lewistown, PA 17044
Manufacturer: Rosemount
Model: 3490
Serial No.: 3491L1031019
Description: Effluent Flow
Asset No.: Junction Plant
Method: Head vs. Flow

Invoice #: 31899
Flow Element: 4' Rect. Weir
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 18°C
Humidity: 31 %RH
Unit Received: In Specification
Unit Returned.: In Specification
Report No.: 019572

CALIBRATION DATA

Units	Standard	As Found	As Left
GPM	1042	1036	1036

TEST STANDARDS

NIST Test Standard	Model No.	Calibration Due	Serial No.
ISCO Handbook	8th Edition	1/1/2026	ISBN 0962275719

Comments:

The equipment herein described has been tested for accuracy of calibration by Moyer Instruments, Inc. The test instrument(s) used in said calibration has been checked for conformance and traceability to National Institute of Standards and Technology (N.I.S.T.). Calibrations, as applicable, are performed in compliance with the requirements of ANSI/NCSS Z540.3-2006(R2013) and ISO 10012:2003. The results are only applicable for the date of calibration noted and for the specific instrument(s) listed. Reported uncertainties are expanded uncertainties of measurement calculated using a coverage factor of K=2 for a confidence level of approximately 95%. This report shall not be reproduced, except in full, without the written consent of Moyer Instruments Inc.

Metrological Officer: Trent Schlecht

Trent Schlecht

EXHIBIT VII

DISCHARGE MONITORING REPORTS

SUPPLEMENTAL REPORTS



INSTRUCTIONS FOR COMPLETING SEWAGE SLUDGE / BIOSOLIDS SUPPLEMENTAL REPORT

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.

Biosolids Production Information

2. For each off-site removal event for liquid sewage sludge or biosolids and for dewatered sewage sludge or biosolids, and for each event where dewatered sewage sludge or biosolids are incinerated on-site, list the date of the event, identify the gallons (liquid) or tons (dewatered) removed or incinerated and the percent solids (e.g., 10%, 20%, etc.) Report only sewage sludge or biosolids that have been removed from the plant digesters and other solids which have been **permanently** removed from the treatment process. Do **not** include sewage sludge or biosolids from other facilities that are processed at your facility. (If there were no off-site removal events during the month, check the box above the table).

Calculate dry tons for liquid sewage sludge or biosolids by multiplying the volume (gallons) by the percent solids and by a conversion factor of 0.0000417. For example, if 2,500 gallons of liquid biosolids is removed, and the percent solids is 3.0%, dry tons is calculated as:

$$2,500 \text{ gallons} \times 3.0\% \times 0.0000417 = 0.31 \text{ dry tons}$$

Calculate dry tons for dewatered sewage sludge or biosolids by multiplying the tons dewatered by the percent solids and by a conversion factor of 0.01. For example, if 5 tons of dewatered biosolids is removed, and the percent solids is 50%, dry tons is calculated as:

$$5 \text{ tons} \times 50\% \times 0.01 = 2.5 \text{ dry tons}$$

The **% Solids** of liquid or dewatered sewage sludge or biosolids must be determined periodically through laboratory testing. Do not estimate or guess this value. An acceptable test method is method 2540B in *Standard Methods for the Examination of Water and Wastewater*, 18th edition, where samples are dried at 103-105°C. Other references such as ASTM may have equivalent tests which are also acceptable.

Biosolids and Incinerator Ash Disposal and Beneficial Use Information

3. Report sewage sludge, biosolids, and ash disposal and beneficial use information by disposal/application site. There are columns for four possible sites per month - if more sites are needed, attach additional pages. For each Site Name, listed at the top of the column, enter the Municipality and County of the site, the DEP Permit No. (i.e., Biosolids permit number for land application, landfill waste management permit number, etc.), Type of Material (sewage sludge, biosolids, or incinerator ash), Dry Tons Applied/Disposed at the site for the month, Type of Disposal/Use (e.g., reed beds, agricultural utilization, composting, landfill, other treatment plant, etc.) and the name of the hauler (company or individual name).
4. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.



SUPPLEMENTAL REPORT SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: January Year: 2025
NPDES Permit No.: PA0032051
Renewal application due **180 days** prior to expiration
This permit will expire on July 31, 2028

SEWAGE SLUDGE/BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

☒ Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site			Dewatered Sewage Sludge/Biosolids Hauled Off-site			Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons
TOTAL:				TOTAL:				TOTAL:	

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION (Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

Site Name	Byler Farm	Junction Reclamation Site	Cumberland Co. Landfill	Wind River Enviro/Klines Services
Municipality	Granville Township	Granville Twp.	Hopewell TWP	East Hempfield
County	Mifflin	Mifflin	Cumberland	Lancaster
DEP Permit No.	PAG-08-3606	PAG-08-3606	115666	36-03186
Type of Material*	Biosolid			
Dry Tons Applied/Disposed				
Type of Disposal/Use*	Agriculture			
Hauler Name	Granville Twp. Sewer and Water	Granville Twp. Sewer and Water	Cocolamous Creek Disposal	Klines Services

*See Instructions for explanation

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared by: Travis Hartzler S18784

Signature: _____



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Title: Operator II
Date: 2/13/2025



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A
Laboratories: In House and Fairway Labs Altoona

Month: January Year: 2025
NPDES Permit No.: PA-0032051 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on September 30, 2022

Day	Effluent Parameters																			
	Flow		pH		DO		CBOD5		TSS		Fecal Coliform		E Coli		UV Intensity		Ammonia		Total Phosphorus	
	Q	MGD	Q	S.U.	Q	MG/L	Q	MG/L	Q	MG/L	Q	MG/L	Q	CFU/100 ML	Q	MG/L	Q	MG/L	Q	mw/cm ²
1		.183		6.8		9.5	<	3.00		2.40						28.3		.2614		2.95
2		.260		6.7		9.7										28.3				
3		.180		6.8		9.7										28.3				
4		.180		6.7		10.0										28.3				
5		.225		6.7		10.0										28.3				
6		.186		6.7		9.7										28.3		.2007		2.38
7		.248		6.7		9.5					<	4.0				28.3				
8		.263		6.9		8.9		6.21		5.60						28.3		.3828		3.34
9		.187		6.5		9.7										28.3				
10		.179		6.9		10.5										28.3				2"s
11		.206		7.1		9.6										28.3				
12		.253		7.0		9.8										28.3				
13		.187		6.5		9.4										28.3		.4341		3.12
14		.251		6.7		10.0					<	4.0				28.3				
15		.180		6.5		9.8		9.45		6.80						28.3		.4559		2.14
16		.175		6.8		9.7										28.3				1.5"s
17		.177		6.8		9.8										28.3				
18		.175		7.1		10.2										28.3				
19		.176		7.2		9.8										28.3				
20		.199		6.6		8.8										28.3		.7749		1.68
21		.168		6.5		10.5					<	4.0				28.3				
22		.162		6.8		10.1		8.19		12.4						28.3		6.077		1.65
23		.213		7.2		10.6										28.3				
24		.214		6.7		9.5										28.3				
25		.212		6.8		10.0										28.3				
26		.200		6.8		9.8										28.3				
27		.205		6.6		9.7										28.3		.3244		.730
28		.190		6.7		9.3					<	4.0				28.3				
29		.188		6.8		9.6		6.54		10.2						28.3		1.146		.790
30		.191		6.8		10.0										28.3				
31		.171		6.9		9.0										28.3				
Avg		.200		6.7		9.4	<	6.6		5.7	<	4.0				28.3		1.1		2.0
																				3.5"s

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler S18784

Signature: _____

Title:

Operator II

Date:

2/13/2025



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

**INSTRUCTIONS FOR COMPLETING
DAILY EFFLUENT MONITORING
SUPPLEMENTAL REPORT**

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BPNPSM0436.

1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BPNPSM0463) and DEP guidance (3800-BK-DEP3047). Note – for bacteria, calculate and report the geometric mean value.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

3800-FM-BPNPSM0437 3/2012

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: January Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	SEPTAGE				SLUDGE				OTHER (specify):				DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	0													
2	3,443				16,000								19,443	0
3	4,392												4,392	0
4	0													
5	0													
6	21,541												21,541	0
7	6,302												6,302	0
8	6,330												6,330	0
9	10,148												10,148	0
10	560												560	0
11	2,524												2,524	0
12	0													
13	6,930												6,930	0
14	6,858												6,858	0
15	0													
16	0													
17	0													
18	0													
19	0													
20	0													
21	0													
22	0													
23	0													
24	0													
25	0													
26	0													
27	3,976												3,976	0
28	0													
29	315												315	0
30	0													
31	0													
Avg	2,365				16,000								Monthly Totals:	89,319

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 2/13/2025

INSTRUCTIONS FOR COMPLETING HAULED IN MUNICIPAL WASTES SUPPLEMENTAL REPORT

This form is intended for documenting the receipt of municipal wastes including sewage sludge, septage and other wastewaters hauled in from other facilities for processing and/or disposal at your facility. This form should not be used for reporting receipt of residual wastes (e.g., food processing wastes, oil and gas wastewater, landfill leachate, etc.) - please use Form 3800-FM-BPNPSM0450 for reporting this information.

- 1** Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2** For septage, sludge and other wastewaters (specify type in the space provided), record the daily volume received in gallons, the daily BOD₅ concentration (average), and the disposal location. The mass of BOD₅ introduced (lbs) is calculated automatically. Cells for disposal location have drop-down lists; you may select one of the options or type in your own description. Monthly average values and daily total values are calculated automatically.
- 3** Determine daily BOD₅ concentrations in mg/l by sampling loads in accordance with the permit or otherwise as determined by the facility. Periodic sampling of loads is encouraged to improve confidence in reported results.
- 4** Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: January Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.183	115.0	176	128.0	195		9.5	17,500.0		
2	0.26						9.7	17,500.0		
3	0.18						9.7	17,500.0		
4	0.18						10.0	17,500.0		
5	0.225						10.0	17,500.0		
6	0.186						9.7	17,500.0		
7	0.248						9.5	17,500.0		
8	0.263	191.0	419	290.0	636	1,600.0	8.9	11,375.0		
9	0.187						9.7	11,375.0		
10	0.179						10.5	11,375.0		
11	0.206						9.6	11,375.0		
12	0.253						9.8	11,375.0		
13	0.187						9.4	11,375.0		
14	0.251						10.0	11,375.0		
15	0.18	281.0	422	296.0	444	2,085.0	9.8	10,500.0		
16	0.175						9.7	10,500.0		
17	0.177						9.8	10,500.0		
18	0.175						10.2	10,500.0		
19	0.176						9.8	10,500.0		
20	0.199						8.8	10,500.0		
21	0.168						10.5	10,500.0		
22	0.162	236.0	319	35.2	48	2,085.0	10.1	10,500.0		
23	0.213						10.6	7,000.0		
24	0.214						9.5	7,000.0		
25	0.212						10.0	7,000.0		
26	0.2						9.8	7,000.0		
27	0.205						9.7	13,125.0		
28	0.19						9.3	13,125.0		
29	0.188	189.0	296	336.0	527	2,525.0	9.6	14,875.0		
30	0.191						10.0	14,875.0		
31	0.177						9.4	14,875.0		
Avg	0.2	202	326	217	370	2,074	10	12,419		
Max	0.263	281	422	336	636	2,525	11	17,500		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 2/13/2025



INSTRUCTIONS FOR COMPLETING INFLUENT & PROCESS CONTROL SUPPLEMENTAL REPORT

- 1 Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2 For **Influent**, enter daily average Influent Flow (MGD) (if an influent flow meter is in use), daily influent BOD₅ concentrations (mg/l) and loads (lbs), and daily influent TSS concentrations (mg/l) and loads (lbs). BOD₅ and TSS loads are automatically calculated if Influent Flow and concentration values are entered. If an influent flow meter is not in use, you may use results from an effluent flow meter.
- 3 For **Process Control**, enter daily average Mixed Liquor Suspended Solids (MLSS) (mg/l) and daily average Aeration Dissolved Oxygen (DO) for aerobic biological treatment systems; total daily Sludge Wasted (removed from biological treatment), in gallons, for all treatment system types; Return Activated Sludge (RAS) Rate (in million gallons per day) for aerobic biological treatment systems; and Recirculation (Recirc) Rate (in million gallons per day) for fixed media biological treatment systems. If a parameter does not apply to your facility, leave the column blank. Information for other parameters such as Return Activated Sludge (RAS) Rate, Recirculation Rate (for fixed media treatment systems), Sludge Blanket Thickness, Sludge Volume Index, and others may be requested by the DEP office that issued the permit.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



CHESAPEAKE BAY SUPPLEMENTAL REPORT NUTRIENT MONITORING

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A

Month: 1 (Select number) Year: 2025
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 31-Aug-16

DAY	FLOW MGD	Total P				NH ₃ -N				TKN				NO ₂ +NO ₃ as N				Total N			
		Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day
1	0.183		2.95		4.5		0.261		0.4		2.416		3.7		9.287		14.2		11.70		17.9
2																					
3																					
4																					
5																					
6	0.186		2.38		3.7		0.201		0.3		1.98		3.1		12.5		19.4		14.48		22.5
7																					
8	0.263		3.34		7.3		0.383		0.8		2.229		4.9	<	0.2	<	0.4	<	2.43	<	5.3
9																					
10																					
11																					
12																					
13	0.187		3.12		4.9		0.434		0.7		3.777		5.9		8.636		13.5		12.41		19.4
14																					
15	0.18		2.14		3.2		0.456		0.7		2.84		4.3		9.241		13.9		12.08		18.1
16																					
17																					
18																					
19																					
20	0.199		1.68		2.8		0.775		1.3		4.116		6.8		5.272		8.7		9.39		15.6
21																					
22	0.162		1.65		2.2		6.077		8.2		5.462		7.4		6.077		8.2		11.54		15.6
23																					
24																					
25																					
26																					
27	0.205		0.73		1.2		0.324		0.6		3.365		5.8		2.603		4.5		5.97		10.2
28																					
29	0.188		0.79		1.2		1.146		1.8		2.641		4.1		3.428		5.4		6.07		9.5
30																					
31																					
Avg	0.195		2.09		3		1.1175		2		3.203		5	<	6.3604	<	10	<	9.5633	<	15
Monthly Total Loads (lbs):					107				51				158			<	304			<	462

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 2/13/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total N Credits Purchased During Month: _____ lbs
 Total N (TN) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Nitrogen - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TN Delivery Ratio for Facility (lbs)*	Credits Sold / TN Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Nitrogen - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Nitrogen Load (lbs):	462	(Actual Load Discharged)
Monthly Net Nitrogen Load (lbs):	462	(Actual Load + (Credits Sold / TN Delivery Ratio) - (Credits Applied / TN Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **2/13/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A
 Total P Credits Purchased During Month: _____ lbs
 Total P (TP) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: August 31, 2016

Total Phosphorus - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TP Delivery Ratio for Facility (lbs)*	Credits Sold / TP Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Phosphorus - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Phosphorus Load (lbs):

107

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

107

(Actual Load + (Credits Sold / TP Delivery Ratio) - (Credits Applied / TP Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 2/13/2025

INSTRUCTIONS FOR COMPLETING MONTHLY CHESAPEAKE BAY SUPPLEMENTAL REPORTS

NUTRIENT MONITORING WORKSHEET

- 1 Enter Facility Name, Municipality, County, Watershed No., Month (numeric), Year, NPDES Permit No., Outfall No., and Permit Expiration Date.
- 2 Enter daily monitoring data for Flow (MGD) and Nutrient parameter concentrations (mg/l). **Enter results exactly as received from the laboratory.** The worksheet will automatically calculate the daily loading and Total Nitrogen concentrations (in blue). If no monitoring data are available for the day, leave the row blank. Use the "Q" column to select the less than symbol ("<") for any result reported as "non-detect."
- 3 Average monthly concentrations and mass loadings and Total Monthly Loads are automatically calculated. Daily concentrations for Total Nitrogen are computed by summing the concentrations for TKN and $\text{NO}_2 + \text{NO}_3$ as N.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

NITROGEN AND PHOSPHORUS BUDGET WORKSHEETS

- 1 Enter the total number of Nitrogen (N) and Phosphorus (P) credits purchased or sold during the month (lbs).
- 2 Use the tables **"Total Nitrogen - Pounds"** and **"Total Phosphorus - Pounds"** to report all credits that you wish to apply for permit compliance and all credits sold. You do not need to apply credits that you purchased during the month toward permit compliance, but if you choose to do so, report the number you wish to apply in this table. Any remaining credits that you purchase can be applied another month or during the Truing Period (Oct 1 - Nov 28). List the registry number, contract effective date and DEP approval date for all credits applied or sold during the month. Divide credits applied and sold by the TN and TP Delivery Ratios for your facility.
- 3 Use the tables **"Total Nitrogen - Offsets"** and **"Total Phosphorus - Offsets"** to report all offsets for the month. For septage (only septage, not holding tank or other hauled in wastes), divide the total gallons of septage received by 1,000 and multiply by 3 to determine the total amount (lbs) of offsets to report in the Total Nitrogen - Offsets table. For all other offsets, list the source, approved amount and DEP approval date.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **01/01/2025**

DMR Effective To: **01/31/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	01	01	TO	2025	01	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	8.9	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Daily Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	6.5	***	7.2	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	9.0	16.7	lbs/day	***	5.7	12.4	mg/L	1/week	24-Hr Composite
	Permit Requirement	125 Avg Mo	185 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		1/week	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	< 9.5633	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	2	***	lbs/day	***	1.1175	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	3.203	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	< 6.3604	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	2.09	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	28.3	***	***	mW/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Daily Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.200	.263	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	< 462	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	51	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	158	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	< 304	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	107	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (Oct-Apr)	Sample Measurement	***	***	***	***	< 4.0	< 4.0	No./100 ml	1/week	Grab
	Permit Requirement	***	***		***	2000 Geo Mean	10000 IMAX		1/week	Grab



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	10.6	13.6	lbs/day	***	6.6	9.45	mg/L	1/week	24-Hr Composite
	Permit Requirement	100 Avg Mo	165 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Raw Sewage Influent**

PA0032051

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **01/01/2025**

DMR Effective To: **01/31/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	01	01	TO	2025	01	31

FROM

TO

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	325	421	lbs/day	***	206	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	455	636	lbs/day	***	280	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
JUNC Biosolids Production 1-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-02-13T09:58:56-05:00	
JUNC Daily Effluent Monitoring 1-2025.doc	Daily Effluent Monitoring Form	2025-02-13T09:59:17-05:00	
JUNC Hauled In Munciple Waste 1-2025.xls	Hauled-In Municipal Waste Form	2025-02-13T10:00:45-05:00	
JUNC Old Bay Worksheet 1-2025.xlsx	Other	2025-02-13T10:01:44-05:00	Bay Sheet
JUNC Influent Process Control 1-2025.xls	Influent and Process Control Form	2025-02-13T10:01:09-05:00	

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	02	13
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



INSTRUCTIONS FOR COMPLETING SEWAGE SLUDGE / BIOSOLIDS SUPPLEMENTAL REPORT

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.

Biosolids Production Information

2. For each off-site removal event for liquid sewage sludge or biosolids and for dewatered sewage sludge or biosolids, and for each event where dewatered sewage sludge or biosolids are incinerated on-site, list the date of the event, identify the gallons (liquid) or tons (dewatered) removed or incinerated and the percent solids (e.g., 10%, 20%, etc.) Report only sewage sludge or biosolids that have been removed from the plant digesters and other solids which have been **permanently** removed from the treatment process. Do **not** include sewage sludge or biosolids from other facilities that are processed at your facility. (If there were no off-site removal events during the month, check the box above the table).

Calculate dry tons for liquid sewage sludge or biosolids by multiplying the volume (gallons) by the percent solids and by a conversion factor of 0.0000417. For example, if 2,500 gallons of liquid biosolids is removed, and the percent solids is 3.0%, dry tons is calculated as:

$$2,500 \text{ gallons} \times 3.0\% \times 0.0000417 = 0.31 \text{ dry tons}$$

Calculate dry tons for dewatered sewage sludge or biosolids by multiplying the tons dewatered by the percent solids and by a conversion factor of 0.01. For example, if 5 tons of dewatered biosolids is removed, and the percent solids is 50%, dry tons is calculated as:

$$5 \text{ tons} \times 50\% \times 0.01 = 2.5 \text{ dry tons}$$

The **% Solids** of liquid or dewatered sewage sludge or biosolids must be determined periodically through laboratory testing. Do not estimate or guess this value. An acceptable test method is method 2540B in *Standard Methods for the Examination of Water and Wastewater*, 18th edition, where samples are dried at 103-105°C. Other references such as ASTM may have equivalent tests which are also acceptable.

Biosolids and Incinerator Ash Disposal and Beneficial Use Information

3. Report sewage sludge, biosolids, and ash disposal and beneficial use information by disposal/application site. There are columns for four possible sites per month - if more sites are needed, attach additional pages. For each Site Name, listed at the top of the column, enter the Municipality and County of the site, the DEP Permit No. (i.e., Biosolids permit number for land application, landfill waste management permit number, etc.), Type of Material (sewage sludge, biosolids, or incinerator ash), Dry Tons Applied/Disposed at the site for the month, Type of Disposal/Use (e.g., reed beds, agricultural utilization, composting, landfill, other treatment plant, etc.) and the name of the hauler (company or individual name).
4. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.



SUPPLEMENTAL REPORT SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: February Year: 2025
NPDES Permit No.: PA0032051
Renewal application due **180 days** prior to expiration
This permit will expire on July 31, 2028

SEWAGE SLUDGE/BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

☒ Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site			Dewatered Sewage Sludge/Biosolids Hauled Off-site			Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons
				5.2	19.0	5.2			
TOTAL:				TOTAL:			5.2	TOTAL:	

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION (Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

Site Name	Byler Farm	Junction Reclamation Site	Cumberland Co. Landfill	Wind River Enviro/Klines Services
Municipality	Granville Township	Granville Twp.	Hopewell TWP	East Hempfield
County	Mifflin	Mifflin	Cumberland	Lancaster
DEP Permit No.	PAG-08-3606	PAG-08-3606	115666	36-03186
Type of Material*	Biosolid			Sludge/Grit
Dry Tons Applied/Disposed				5.2
Type of Disposal/Use*	Agriculture			
Hauler Name	Granville Twp. Sewer and Water	Granville Twp. Sewer and Water	Cocolamous Creek Disposal	Klines Services

*See Instructions for explanation

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared by: Travis Hartzler S18784

Signature: _____



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Title: Operator II
Date: 3/17/2025



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A
Laboratories: In House and Fairway Labs Altoona

Month: February Year: 2025
NPDES Permit No.: PA-0032051 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on September 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		CBOD5		TSS		Fecal Coliform		E Coli		UV Intensity		Ammonia		Total Phosphorus		Precipitation	
Day	Q	MGD	Q	S.U.	Q	MG/L	Q	MG/L	Q	MG/L	Q	MG/L	Q	CFU/ 100 ML	Q	MG/L	Q	MG/L	Q	mw/cm 2	Q	
1		.202		7.2		9.5										28.3						
2		.186		7.3		9.8										28.3						
3		.206		6.8		10.0										28.3		1.407		1.49		
4		.182		7.1		8.9					<	4.0	<	4.0		28.3						
5		.160		6.7		9.8		3.41		2.80						28.3		4.044		1.79		2.5"s
6		.190		6.6		9.5										28.3						
7		.206		6.7		10.0										28.3						
8		.166		7.2		9.4										28.3						
9		.194		7.3		9.3										28.3						
10		.293		7.3		9.7										28.3		4.048		1.95		
11		.177		7.1		9.9										28.3						
12		.169		6.7		10.6		7.74		28.0						28.3		2.860		3.27		
13		.233		6.7		8.7					<	4.0				28.3						
14		.224		6.7		10.4										28.3						
15		.217		6.6		10.2										28.3						2.0"s
16		.419		6.7		10.1										28.3						.3"r
17		.313		6.6		10.4										28.3		2.883		1.03		
18		.216		6.7		10.1						4.0				28.3						
19		.187		6.9		10.5		7.28		26.0						28.3		4.284		.790		
20		.189		7.1		9.6										28.3						
21		.164		7.4		10.5										28.3						
22		.207		7.2		11.1										28.3						
23		.195		7.3		11.3										28.3						
24		.232		6.4		11.8										28.3		3.664		1.34		
25		.193		7.0		11.0					<	4.0				28.3						.25"r
26		.276		6.8		10.3		3.98		10.8						28.3		4.989		2.17		
27		.358		6.5		9.0										28.3						
28		.261		6.9		11.2										28.3						
29																						
30																						
31																						
Avg		.221		6.9		10.0		5.6		16.9	<	4.0	<	4.0		28.3		3.5		1.7		5.0"r/s

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler S18784

Signature: _____

Title:

Operator II

Date:

3/17/2025



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

**INSTRUCTIONS FOR COMPLETING
DAILY EFFLUENT MONITORING
SUPPLEMENTAL REPORT**

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BPNPSM0436.

1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BPNPSM0463) and DEP guidance (3800-BK-DEP3047). Note – for bacteria, calculate and report the geometric mean value.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

3800-FM-BPNPSM0437 3/2012

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: February Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	SEPTAGE				SLUDGE				OTHER (specify):				DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	0													
2	0													
3	0													
4	0				12,000			Aerobic Digester					12,000	0
5	0													
6	0													
7	0													
8	0													
9	0													
10	26,360			Aerobic Digester									26,360	0
11	5,357			Aerobic Digester									5,357	0
12	4,083			Aerobic Digester									4,083	0
13	13,168			Aerobic Digester									13,168	0
14	32,998			Aerobic Digester	40,500			Aerobic Digester					73,498	0
15	0													
16	44			Aerobic Digester									44	0
17	502			Aerobic Digester									502	0
18	8,405			Aerobic Digester									8,405	0
19	2,481			Aerobic Digester									2,481	0
20	12,123			Aerobic Digester									12,123	0
21	3,122			Aerobic Digester									3,122	0
22	0													
23	0													
24	11,731			Aerobic Digester									11,731	0
25	4,948			Aerobic Digester									4,948	0
26	8,571			Aerobic Digester									8,571	0
27	6,642			Aerobic Digester									6,642	0
28	8,217			Aerobic Digester									8,217	0
29														
30														
31														
Avg	5,313				26,250							Monthly Totals:	201,252	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 3/17/2025

INSTRUCTIONS FOR COMPLETING HAULED IN MUNICIPAL WASTES SUPPLEMENTAL REPORT

This form is intended for documenting the receipt of municipal wastes including sewage sludge, septage and other wastewaters hauled in from other facilities for processing and/or disposal at your facility. This form should not be used for reporting receipt of residual wastes (e.g., food processing wastes, oil and gas wastewater, landfill leachate, etc.) - please use Form 3800-FM-BPNPSM0450 for reporting this information.

- 1** Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2** For septage, sludge and other wastewaters (specify type in the space provided), record the daily volume received in gallons, the daily BOD₅ concentration (average), and the disposal location. The mass of BOD₅ introduced (lbs) is calculated automatically. Cells for disposal location have drop-down lists; you may select one of the options or type in your own description. Monthly average values and daily total values are calculated automatically.
- 3** Determine daily BOD₅ concentrations in mg/l by sampling loads in accordance with the permit or otherwise as determined by the facility. Periodic sampling of loads is encouraged to improve confidence in reported results.
- 4** Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

3800-FM-WSFR0436 7/2009

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: February Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.202						9.5	14,875.0		
2	0.186						9.8	14,875.0		
3	0.206						10.0	14,875.0		
4	0.182						8.9	14,875.0		
5	0.16	287.0	383	162.0	216	2,380.0	9.8	16,625.0		
6	0.19						9.5	16,625.0		
7	0.206						10.0	16,625.0		
8	0.166						9.4	16,625.0		
9	0.194						9.3	16,625.0		
10	0.293						9.7	16,625.0		
11	0.177						9.9	16,625.0		
12	0.169	265.0	374	1,950.0	2,748	2,430.0	10.6	19,250.0		
13	0.233						8.7	19,250.0		
14	0.224						10.4	19,250.0		
15	0.217						10.2	19,250.0		
16	0.419						10.1	19,250.0		
17	0.313						10.4	19,250.0		
18	0.216						10.1	19,250.0		
19	0.187	253.0	395	228.0	356	2,810.0	10.5	21,000.0		
20	0.189						9.6	21,000.0		
21	0.164						10.5	21,000.0		
22	0.207						11.1	21,000.0		
23	0.195						11.3	21,000.0		
24	0.232						11.8	21,000.0		
25	0.193						11.0	21,000.0		
26	0.276	238.0	548	220.0	506	2,430.0	10.3	21,875.0		
27	0.358						9.0	21,875.0		
28	0.261						11.2	21,875.0		
29										
30										
31										
Avg	0.222	261	425	640	957	2,513	10	18,688		
Max	0.419	287	548	1,950	2,748	2,810	12	21,875		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 3/17/2025



pennsylvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION

INSTRUCTIONS FOR COMPLETING INFLUENT & PROCESS CONTROL SUPPLEMENTAL REPORT

- 1 Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2 For **Influent**, enter daily average Influent Flow (MGD) (if an influent flow meter is in use), daily influent BOD₅ concentrations (mg/l) and loads (lbs), and daily influent TSS concentrations (mg/l) and loads (lbs). BOD₅ and TSS loads are automatically calculated if Influent Flow and concentration values are entered. If an influent flow meter is not in use, you may use results from an effluent flow meter.
- 3 For **Process Control**, enter daily average Mixed Liquor Suspended Solids (MLSS) (mg/l) and daily average Aeration Dissolved Oxygen (DO) for aerobic biological treatment systems; total daily Sludge Wasted (removed from biological treatment), in gallons, for all treatment system types; Return Activated Sludge (RAS) Rate (in million gallons per day) for aerobic biological treatment systems; and Recirculation (Recirc) Rate (in million gallons per day) for fixed media biological treatment systems. If a parameter does not apply to your facility, leave the column blank. Information for other parameters such as Return Activated Sludge (RAS) Rate, Recirculation Rate (for fixed media treatment systems), Sludge Blanket Thickness, Sludge Volume Index, and others may be requested by the DEP office that issued the permit.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



CHESAPEAKE BAY SUPPLEMENTAL REPORT NUTRIENT MONITORING

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A

Month: 2 (Select number) Year: 2025
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 31-Aug-16

DAY	FLOW MGD	Total P				NH ₃ -N				TKN				NO ₂ +NO ₃ as N				Total N			
		Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day
1																					
2																					
3	0.206		1.49		2.6		1.407		2.4		4.773		8.2		3.506		6.0		8.28		14.2
4																					
5	0.16		1.79		2.4		4.044		5.4		5.609		7.5		4.044		5.4		9.65		12.9
6																					
7																					
8																					
9																					
10	0.293		1.95		4.8		4.048		9.9		5.213		12.7		4.736		11.6		9.95		24.3
11																					
12	0.169		3.27		4.6		2.86		4.0		5.174		7.3		6.9		9.7		12.07		17.0
13																					
14																					
15																					
16																					
17	0.313		1.03		2.7		2.883		7.5		5.24		13.7		3.779		9.9		9.02		23.5
18																					
19	0.187		0.79		1.2		4.284		6.7		3.57		5.6		0.813		1.3		4.38		6.8
20																					
21																					
22																					
23																					
24	0.232		1.34		2.6		3.664		7.1		6.306		12.2		4.117		8.0		10.42		20.2
25																					
26	0.276		2.17		5.0		4.989		11.5		9.951		22.9		5.075		11.7		15.03		34.6
27																					
28																					
Avg	0.23		1.73		3		3.522		7		5.73		11		4.121		8		9.851		19
Monthly Total Loads (lbs):					90				191				315				222				537

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 3/17/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total N Credits Purchased During Month: _____ lbs
 Total N (TN) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Nitrogen - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TN Delivery Ratio for Facility (lbs)*	Credits Sold / TN Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Nitrogen - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Nitrogen Load (lbs):

537

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

537

(Actual Load + (Credits Sold / TN Delivery Ratio) - (Credits Applied / TN Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **3/17/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A
 Total P Credits Purchased During Month: _____ lbs
 Total P (TP) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: August 31, 2016

Total Phosphorus - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TP Delivery Ratio for Facility (lbs)*	Credits Sold / TP Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Phosphorus - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Phosphorus Load (lbs):

90

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

90

(Actual Load + (Credits Sold / TP Delivery Ratio) - (Credits Applied / TP Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 3/17/2025

INSTRUCTIONS FOR COMPLETING MONTHLY CHESAPEAKE BAY SUPPLEMENTAL REPORTS

NUTRIENT MONITORING WORKSHEET

- 1 Enter Facility Name, Municipality, County, Watershed No., Month (numeric), Year, NPDES Permit No., Outfall No., and Permit Expiration Date.
- 2 Enter daily monitoring data for Flow (MGD) and Nutrient parameter concentrations (mg/l). **Enter results exactly as received from the laboratory.** The worksheet will automatically calculate the daily loading and Total Nitrogen concentrations (in blue). If no monitoring data are available for the day, leave the row blank. Use the "Q" column to select the less than symbol (" $<$ ") for any result reported as "non-detect."
- 3 Average monthly concentrations and mass loadings and Total Monthly Loads are automatically calculated. Daily concentrations for Total Nitrogen are computed by summing the concentrations for TKN and $\text{NO}_2 + \text{NO}_3$ as N.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

NITROGEN AND PHOSPHORUS BUDGET WORKSHEETS

- 1 Enter the total number of Nitrogen (N) and Phosphorus (P) credits purchased or sold during the month (lbs).
- 2 Use the tables "**Total Nitrogen - Pounds**" and "**Total Phosphorus - Pounds**" to report all credits that you wish to apply for permit compliance and all credits sold. You do not need to apply credits that you purchased during the month toward permit compliance, but if you choose to do so, report the number you wish to apply in this table. Any remaining credits that you purchase can be applied another month or during the Truing Period (Oct 1 - Nov 28). List the registry number, contract effective date and DEP approval date for all credits applied or sold during the month. Divide credits applied and sold by the TN and TP Delivery Ratios for your facility.
- 3 Use the tables "**Total Nitrogen - Offsets**" and "**Total Phosphorus - Offsets**" to report all offsets for the month. For septage (only septage, not holding tank or other hauled in wastes), divide the total gallons of septage received by 1,000 and multiply by 3 to determine the total amount (lbs) of offsets to report in the Total Nitrogen - Offsets table. For all other offsets, list the source, approved amount and DEP approval date.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051				001		
PERMIT NUMBER				OUTFALL NUMBER		
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	02	01	TO	2025	02	28

Reporting Frequency: **Monthly**

DMR Effective From: **02/01/2025**

DMR Effective To: **02/28/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	8.7	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Daily Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	6.5	***	7.4	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	26.9	39.4	lbs/day	***	16.9	28.0	mg/L	1/week	24-Hr Composite
	Permit Requirement	125 Avg Mo	185 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		1/week	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	9.8	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	7	***	lbs/day	***	3.5	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	5.73	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	4.1	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	1.73	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	28.3	***	***	mW/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Daily Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.221	.358	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	537	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	191	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	315	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	222	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	90	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (Oct-Apr)	Sample Measurement	***	***	***	***	< 4.0	4.0	No./100 ml	1/week	Grab
	Permit Requirement	***	***		***	2000 Geo Mean	10000 IMAX		1/week	Grab



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	8.9	11.3	lbs/day	***	5.6	7.7	mg/L	1/week	24-Hr Composite
	Permit Requirement	100 Avg Mo	165 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Raw Sewage Influent**

PA0032051
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **02/01/2025**

DMR Effective To: **02/28/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	02	01	TO	2025	02	28

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	424	547	lbs/day	***	260	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	956	2748	lbs/day	***	424	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
JUNC Biosolids Production 2-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-03-17T09:15:41-04:00	
JUNC Daily Effluent Monitoring 2-2025.doc	Daily Effluent Monitoring Form	2025-03-17T09:16:07-04:00	
JUNC Hauled In Munciple Waste 2-2025.xls	Hauled-In Residual Waste Form	2025-03-17T09:16:33-04:00	
JUNC Old Bay Worksheet 2-2025.xlsx	Other	2025-03-17T09:17:42-04:00	Bay Sheet
JUNC Influent Process Control 2-2025.xls	Influent and Process Control Form	2025-03-17T09:17:13-04:00	

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	03	17
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Quarterly**

DMR Effective From: **01/01/2025**

DMR Effective To: **03/31/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	01	01	TO	2025	03	31

FROM

TO

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
E. Coli (51040)	Sample Measurement	***	***	***	***	***	< 4.0	No./100 ml	1/quarter	Grab
	Permit Requirement	***	***		***	***	Monitor & Report IMAX		1/quarter	Grab
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
2-4-2025 E.Coli.pdf	Other	2025-02-17T08:02:23-05:00	Quarterly E.Coli

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	02	17
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



INSTRUCTIONS FOR COMPLETING SEWAGE SLUDGE / BIOSOLIDS SUPPLEMENTAL REPORT

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.

Biosolids Production Information

2. For each off-site removal event for liquid sewage sludge or biosolids and for dewatered sewage sludge or biosolids, and for each event where dewatered sewage sludge or biosolids are incinerated on-site, list the date of the event, identify the gallons (liquid) or tons (dewatered) removed or incinerated and the percent solids (e.g., 10%, 20%, etc.) Report only sewage sludge or biosolids that have been removed from the plant digesters and other solids which have been **permanently** removed from the treatment process. Do **not** include sewage sludge or biosolids from other facilities that are processed at your facility. (If there were no off-site removal events during the month, check the box above the table).

Calculate dry tons for liquid sewage sludge or biosolids by multiplying the volume (gallons) by the percent solids and by a conversion factor of 0.0000417. For example, if 2,500 gallons of liquid biosolids is removed, and the percent solids is 3.0%, dry tons is calculated as:

$$2,500 \text{ gallons} \times 3.0\% \times 0.0000417 = 0.31 \text{ dry tons}$$

Calculate dry tons for dewatered sewage sludge or biosolids by multiplying the tons dewatered by the percent solids and by a conversion factor of 0.01. For example, if 5 tons of dewatered biosolids is removed, and the percent solids is 50%, dry tons is calculated as:

$$5 \text{ tons} \times 50\% \times 0.01 = 2.5 \text{ dry tons}$$

The **% Solids** of liquid or dewatered sewage sludge or biosolids must be determined periodically through laboratory testing. Do not estimate or guess this value. An acceptable test method is method 2540B in *Standard Methods for the Examination of Water and Wastewater*, 18th edition, where samples are dried at 103-105°C. Other references such as ASTM may have equivalent tests which are also acceptable.

Biosolids and Incinerator Ash Disposal and Beneficial Use Information

3. Report sewage sludge, biosolids, and ash disposal and beneficial use information by disposal/application site. There are columns for four possible sites per month - if more sites are needed, attach additional pages. For each Site Name, listed at the top of the column, enter the Municipality and County of the site, the DEP Permit No. (i.e., Biosolids permit number for land application, landfill waste management permit number, etc.), Type of Material (sewage sludge, biosolids, or incinerator ash), Dry Tons Applied/Disposed at the site for the month, Type of Disposal/Use (e.g., reed beds, agricultural utilization, composting, landfill, other treatment plant, etc.) and the name of the hauler (company or individual name).
4. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.



SUPPLEMENTAL REPORT SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: March Year: 2025
NPDES Permit No.: PA0032051
Renewal application due **180 days** prior to expiration
This permit will expire on July 31, 2028

SEWAGE SLUDGE/BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

☒ Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site			Dewatered Sewage Sludge/Biosolids Hauled Off-site			Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons
TOTAL:			0	TOTAL:			TOTAL:		

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION (Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

Site Name	Byler Farm	Junction Reclamation Site	Cumberland Co. Landfill	Wind River Enviro/Klines Services
Municipality	Granville Township	Granville Twp.	Hopewell TWP	East Hempfield
County	Mifflin	Mifflin	Cumberland	Lancaster
DEP Permit No.	PAG-08-3606	PAG-08-3606	115666	36-03186
Type of Material*	Biosolid			
Dry Tons Applied/Disposed	0			
Type of Disposal/Use*	Agriculture			
Hauler Name	Granville Twp. Sewer and Water	Granville Twp. Sewer and Water	Cocolamous Creek Disposal	Klines Services

*See Instructions for explanation

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared by: Travis Hartzler S18784

Signature: _____



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Title: Operator II
Date: 4/15/2025



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A
Laboratories: In House and Fairway Labs Altoona

Month: March Year: 2025
NPDES Permit No.: PA-0032051 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on September 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		CBOD5		TSS		Fecal Coliform		E Coli		UV Intensity		Ammonia		Total Phosphorus		Precipitation	
Day	Q	MGD	Q	S.U.	Q	MG/L	Q	MG/L	Q	MG/L	Q	MG/L	Q	CFU/100 ML	Q	MG/L	Q	MG/L	Q	mw/cm ²	Q	
1		.246		7.2		10.9										28.3						
2		.220		7.1		11.1										28.3						
3		.267		6.4		11.1										28.3		5.944		2.34		
4		.187		6.5		10.7					<	4.0				28.3						.75"r
5		.418		6.6		10.0		8.85		9.60						28.3		2.600		2.12		
6		.296		6.5		10.4										28.3						
7		.258		7.1		10.0										28.3						
8		.218		6.4		10.4										28.3						
9		.198		6.6		10.5										28.3						
10		.278		6.5		10.6										28.3		.3633		.950		
11		.276		6.5		10.3										28.3						
12		.261		6.7		9.9					<	4.0				28.3		1.939		4.50		
13		.245		7.1		9.7		9.30		8.80						28.3						
14		.243		7.2		9.9										28.3						
15		.166		7.1		9.5										28.3						1.0"r
16		.372		7.1		9.4										28.3						
17		.359		6.5		9.9										28.3	<	.1000		2.46		
18		.292		6.6		10.5					<	4.0				28.3						
19		.266		7.2		9.7		5.51		11.6						28.3		.6247		3.96		
20		.270		6.6		10.1										28.3						
21		.255		6.7		10.0										28.3						
22		.187		7.1		9.6										28.3						
23		.186		6.9		9.6										28.3						
24		.250		6.5		9.1										28.3	<	.1000		2.56		
25		.233		7.2		9.9					<	4.0				28.3						
26		.175		6.4		10.0		5.76		4.80						28.3		.5088		2.41		
27		.181		6.8		10.3										28.3						
28		.189		6.5		10.0										28.3						
29		.187		6.6		9.9										28.3						
30		.161		6.7		9.6										28.3						
31		.178		6.7		9.4										28.3	<	.1000		1.34		
Avg		.242		6.7		10.0		7.3		8.7	<	4.0				28.3	<	1.3		2.5		1.75"r

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler S18784

Signature: _____

Title:

Operator II

Date:

4/15/2025



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

**INSTRUCTIONS FOR COMPLETING
DAILY EFFLUENT MONITORING
SUPPLEMENTAL REPORT**

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BPNPSM0436.

1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BPNPSM0463) and DEP guidance (3800-BK-DEP3047). Note – for bacteria, calculate and report the geometric mean value.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

3800-FM-BPNPSM0437 3/2012

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: March Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	SEPTAGE				SLUDGE				OTHER (specify):				DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	724			Aerobic Digester									724	0
2	0													
3	11,205			Aerobic Digester									11,205	0
4	22,920			Aerobic Digester	12,000			Aerobic Digester					34,920	0
5	418			Aerobic Digester									418	0
6	7,681			Aerobic Digester									7,681	0
7	8,518			Aerobic Digester									8,518	0
8	2,168			Aerobic Digester									2,168	0
9	0													
10	11,594			Aerobic Digester									11,594	0
11	19,575			Aerobic Digester									19,575	0
12	34,609			Aerobic Digester									34,609	0
13	11,807			Aerobic Digester									11,807	0
14	8,752			Aerobic Digester									8,752	0
15	8,712			Aerobic Digester	22,500			Aerobic Digester					31,212	0
16	0													
17	8,732			Aerobic Digester									8,732	0
18	11,345			Aerobic Digester									11,345	0
19	11,153			Aerobic Digester									11,153	0
20	10,515			Aerobic Digester									10,515	0
21	5,250			Aerobic Digester									5,250	0
22	0													
23	0													
24	12,744			Aerobic Digester									12,744	0
25	23,874			Aerobic Digester	12,000			Aerobic Digester					35,874	0
26	9,954			Aerobic Digester									9,954	0
27	4,944			Aerobic Digester									4,944	0
28	11,166			Aerobic Digester									11,166	0
29	6,493			Aerobic Digester									6,493	0
30	0													
31	1,886			Aerobic Digester									1,886	0
Avg	8,604				15,500							Monthly Totals:	313,239	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 4/15/2025

INSTRUCTIONS FOR COMPLETING HAULED IN MUNICIPAL WASTES SUPPLEMENTAL REPORT

This form is intended for documenting the receipt of municipal wastes including sewage sludge, septage and other wastewaters hauled in from other facilities for processing and/or disposal at your facility. This form should not be used for reporting receipt of residual wastes (e.g., food processing wastes, oil and gas wastewater, landfill leachate, etc.) - please use Form 3800-FM-BPNPSM0450 for reporting this information.

- 1** Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2** For septage, sludge and other wastewaters (specify type in the space provided), record the daily volume received in gallons, the daily BOD₅ concentration (average), and the disposal location. The mass of BOD₅ introduced (lbs) is calculated automatically. Cells for disposal location have drop-down lists; you may select one of the options or type in your own description. Monthly average values and daily total values are calculated automatically.
- 3** Determine daily BOD₅ concentrations in mg/l by sampling loads in accordance with the permit or otherwise as determined by the facility. Periodic sampling of loads is encouraged to improve confidence in reported results.
- 4** Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

3800-FM-WSFR0436 7/2009

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: March Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.246						10.9	21,875.0		
2	0.22						11.1	21,875.0		
3	0.267						11.1	21,875.0		
4	0.187						10.7	21,875.0		
5	0.418	204.0	711	294.0	1,025	2,575.0	10.0	22,750.0		
6	0.296						10.4	22,750.0		
7	0.258						10.5	22,750.0		
8	0.218						10.6	22,750.0		
9	0.198						10.3	22,750.0		
10	0.278						9.9	22,750.0		
11	0.276						9.7	22,750.0		
12	0.261						9.9	22,750.0		
13	0.245	210.0	429	212.0	433	2,525.0	9.5	22,750.0		
14	0.243						9.4	22,750.0		
15	0.166						9.9	22,750.0		
16	0.372						10.5	22,750.0		
17	0.359						9.7	22,750.0		
18	0.292						10.1	22,750.0		
19	0.266	179.0	397	226.0	501	2,075.0	10.0	20,125.0		
20	0.27						9.6	20,125.0		
21	0.255						9.6	20,125.0		
22	0.287						9.1	20,125.0		
23	0.186						9.9	20,125.0		
24	0.25						10.0	20,125.0		
25	0.233						10.3	20,125.0		
26	0.175	244.0	356	284.0	414	2,095.0	10.0	21,000.0		
27	0.181						9.9	21,000.0		
28	0.189						9.4	21,000.0		
29	0.187						9.9	21,000.0		
30	0.161						9.6	21,000.0		
31	0.178						9.4	21,000.0		
Avg	0.246	209	473	254	593	2,318	10	21,706		
Max	0.418	244	711	294	1,025	2,575	11	22,750		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 4/15/2025



pennsylvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION

INSTRUCTIONS FOR COMPLETING INFLUENT & PROCESS CONTROL SUPPLEMENTAL REPORT

- 1 Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2 For **Influent**, enter daily average Influent Flow (MGD) (if an influent flow meter is in use), daily influent BOD₅ concentrations (mg/l) and loads (lbs), and daily influent TSS concentrations (mg/l) and loads (lbs). BOD₅ and TSS loads are automatically calculated if Influent Flow and concentration values are entered. If an influent flow meter is not in use, you may use results from an effluent flow meter.
- 3 For **Process Control**, enter daily average Mixed Liquor Suspended Solids (MLSS) (mg/l) and daily average Aeration Dissolved Oxygen (DO) for aerobic biological treatment systems; total daily Sludge Wasted (removed from biological treatment), in gallons, for all treatment system types; Return Activated Sludge (RAS) Rate (in million gallons per day) for aerobic biological treatment systems; and Recirculation (Recirc) Rate (in million gallons per day) for fixed media biological treatment systems. If a parameter does not apply to your facility, leave the column blank. Information for other parameters such as Return Activated Sludge (RAS) Rate, Recirculation Rate (for fixed media treatment systems), Sludge Blanket Thickness, Sludge Volume Index, and others may be requested by the DEP office that issued the permit.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



CHESAPEAKE BAY SUPPLEMENTAL REPORT NUTRIENT MONITORING

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A

Month: 3 (Select number) Year: 2025
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 31-Aug-16

DAY	FLOW MGD	Total P				NH ₃ -N				TKN				NO ₂ +NO ₃ as N				Total N			
		Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day
1																					
2																					
3	0.267		2.34		5.2		5.944		13.2		10.68		23.8	<	0.2	<	0.4	<	10.88	<	24.2
4																					
5	0.418		2.12		7.4		2.6		9.1		4.933		17.2		6.225		21.7		11.16		38.9
6																					
7																					
8																					
9																					
10	0.175		0.95		1.4		0.363		0.5		2.587		3.8		4.131		6.0		6.72		9.8
11																					
12	0.261		4.5		9.8		1.939		4.2		3.688		8.0		7.347		16.0		11.04		24.0
13																					
14																					
15																					
16																					
17	0.359		2.46		7.4	<	0.1	<	0.3		2.346		7.0		5.546		16.6		7.89		23.6
18																					
19	0.266		3.96		8.8		0.625		1.4		3.349		7.4		8.517		18.9		11.87		26.3
20																					
21																					
22																					
23																					
24	0.25		2.56		5.3	<	0.1	<	0.2		1.766		3.7		6.677		13.9		8.44		17.6
25																					
26	0.175		2.41		3.5		0.509		0.7		3.941		5.8		8.88		13.0		12.82		18.7
27																					
28																					
29																					
30																					
31	0.178		1.34		2.0	<	0.1	<	0.1		2.766		4.1		5.918		8.8		8.68		12.9
Avg	0.261		2.52		6	<	1.3644	<	3		4.006		9	<	5.938	<	13	<	9.944	<	22
Monthly Total Loads (lbs):					175			<	103				278			<	397			<	675

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 4/15/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total N Credits Purchased During Month: _____ lbs
 Total N (TN) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Nitrogen - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TN Delivery Ratio for Facility (lbs)*	Credits Sold / TN Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Nitrogen - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Nitrogen Load (lbs): **675** (Actual Load Discharged)
 Monthly Net Nitrogen Load (lbs): **675** (Actual Load + (Credits Sold / TN Delivery Ratio) - (Credits Applied / TN Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **4/15/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total P Credits Purchased During Month: _____ lbs
 Total P (TP) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Phosphorus - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TP Delivery Ratio for Facility (lbs)*	Credits Sold / TP Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Phosphorus - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Phosphorus Load (lbs):

175

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

175

(Actual Load + (Credits Sold / TP Delivery Ratio) - (Credits Applied / TP Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **4/15/2025**

INSTRUCTIONS FOR COMPLETING MONTHLY CHESAPEAKE BAY SUPPLEMENTAL REPORTS

NUTRIENT MONITORING WORKSHEET

- 1 Enter Facility Name, Municipality, County, Watershed No., Month (numeric), Year, NPDES Permit No., Outfall No., and Permit Expiration Date.
- 2 Enter daily monitoring data for Flow (MGD) and Nutrient parameter concentrations (mg/l). **Enter results exactly as received from the laboratory.** The worksheet will automatically calculate the daily loading and Total Nitrogen concentrations (in blue). If no monitoring data are available for the day, leave the row blank. Use the "Q" column to select the less than symbol ("<") for any result reported as "non-detect."
- 3 Average monthly concentrations and mass loadings and Total Monthly Loads are automatically calculated. Daily concentrations for Total Nitrogen are computed by summing the concentrations for TKN and $\text{NO}_2 + \text{NO}_3$ as N.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

NITROGEN AND PHOSPHORUS BUDGET WORKSHEETS

- 1 Enter the total number of Nitrogen (N) and Phosphorus (P) credits purchased or sold during the month (lbs).
- 2 Use the tables **"Total Nitrogen - Pounds"** and **"Total Phosphorus - Pounds"** to report all credits that you wish to apply for permit compliance and all credits sold. You do not need to apply credits that you purchased during the month toward permit compliance, but if you choose to do so, report the number you wish to apply in this table. Any remaining credits that you purchase can be applied another month or during the Truing Period (Oct 1 - Nov 28). List the registry number, contract effective date and DEP approval date for all credits applied or sold during the month. Divide credits applied and sold by the TN and TP Delivery Ratios for your facility.
- 3 Use the tables **"Total Nitrogen - Offsets"** and **"Total Phosphorus - Offsets"** to report all offsets for the month. For septage (only septage, not holding tank or other hauled in wastes), divide the total gallons of septage received by 1,000 and multiply by 3 to determine the total amount (lbs) of offsets to report in the Total Nitrogen - Offsets table. For all other offsets, list the source, approved amount and DEP approval date.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051				001		
PERMIT NUMBER				OUTFALL NUMBER		
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	03	01	TO	2025	03	31

Reporting Frequency: **Monthly**

DMR Effective From: **03/01/2025**

DMR Effective To: **03/31/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	9.4	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Daily Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	6.4	***	7.2	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	21.3	33.4	lbs/day	***	8.7	11.6	mg/L	1/week	24-Hr Composite
	Permit Requirement	125 Avg Mo	185 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		1/week	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	< 9.944	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	< 3	***	lbs/day	***	< 1.3644	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	4.006	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	5.938	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	2.52	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	28.3	***	***	mW/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Daily Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.242	.372	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	< 675	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 103	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	278	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	< 397	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	175	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (Oct-Apr)	Sample Measurement	***	***	***	***	< 4.0	< 4.0	No./100 ml	1/week	Grab
	Permit Requirement	***	***		***	2000 Geo Mean	10000 IMAX		1/week	Grab



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	17.9	30.8	lbs/day	***	7.3	9.30	mg/L	1/week	24-Hr Composite
	Permit Requirement	100 Avg Mo	165 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Raw Sewage Influent**

PA0032051

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **03/01/2025**

DMR Effective To: **03/31/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	03	01	TO	2025	03	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	480	711	lbs/day	***	209	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	600	1024	lbs/day	***	254	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
JUNC Biosolids Production 3-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-04-15T14:59:45-04:00	
JUNC Daily Effluent Monitoring 3-2025.doc	Daily Effluent Monitoring Form	2025-04-15T15:00:19-04:00	
JUNC Influent Process Control 3-2025.xls	Influent and Process Control Form	2025-04-15T15:01:12-04:00	
JUNC Old Bay Worksheet 3-2025.xlsx	Other	2025-04-15T15:01:42-04:00	Bay Sheet
JUNC Hauled In Munciple Waste 3-2025.xls	Hauled-In Municipal Waste Form	2025-04-15T15:00:44-04:00	

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	04	15
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



INSTRUCTIONS FOR COMPLETING SEWAGE SLUDGE / BIOSOLIDS SUPPLEMENTAL REPORT

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.

Biosolids Production Information

2. For each off-site removal event for liquid sewage sludge or biosolids and for dewatered sewage sludge or biosolids, and for each event where dewatered sewage sludge or biosolids are incinerated on-site, list the date of the event, identify the gallons (liquid) or tons (dewatered) removed or incinerated and the percent solids (e.g., 10%, 20%, etc.) Report only sewage sludge or biosolids that have been removed from the plant digesters and other solids which have been **permanently** removed from the treatment process. Do **not** include sewage sludge or biosolids from other facilities that are processed at your facility. (If there were no off-site removal events during the month, check the box above the table).

Calculate dry tons for liquid sewage sludge or biosolids by multiplying the volume (gallons) by the percent solids and by a conversion factor of 0.0000417. For example, if 2,500 gallons of liquid biosolids is removed, and the percent solids is 3.0%, dry tons is calculated as:

$$2,500 \text{ gallons} \times 3.0\% \times 0.0000417 = 0.31 \text{ dry tons}$$

Calculate dry tons for dewatered sewage sludge or biosolids by multiplying the tons dewatered by the percent solids and by a conversion factor of 0.01. For example, if 5 tons of dewatered biosolids is removed, and the percent solids is 50%, dry tons is calculated as:

$$5 \text{ tons} \times 50\% \times 0.01 = 2.5 \text{ dry tons}$$

The **% Solids** of liquid or dewatered sewage sludge or biosolids must be determined periodically through laboratory testing. Do not estimate or guess this value. An acceptable test method is method 2540B in *Standard Methods for the Examination of Water and Wastewater*, 18th edition, where samples are dried at 103-105°C. Other references such as ASTM may have equivalent tests which are also acceptable.

Biosolids and Incinerator Ash Disposal and Beneficial Use Information

3. Report sewage sludge, biosolids, and ash disposal and beneficial use information by disposal/application site. There are columns for four possible sites per month - if more sites are needed, attach additional pages. For each Site Name, listed at the top of the column, enter the Municipality and County of the site, the DEP Permit No. (i.e., Biosolids permit number for land application, landfill waste management permit number, etc.), Type of Material (sewage sludge, biosolids, or incinerator ash), Dry Tons Applied/Disposed at the site for the month, Type of Disposal/Use (e.g., reed beds, agricultural utilization, composting, landfill, other treatment plant, etc.) and the name of the hauler (company or individual name).
4. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.



SUPPLEMENTAL REPORT SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: April Year: 2025
NPDES Permit No.: PA0032051
Renewal application due **180 days** prior to expiration
This permit will expire on July 31, 2028

SEWAGE SLUDGE/BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

☐ Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site			Dewatered Sewage Sludge/Biosolids Hauled Off-site			Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons
4/17/25				464.02	16.1	74.7			
TOTAL:				TOTAL:			74.7	TOTAL:	

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION (Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

Site Name	Byler Farm	Junction Reclamation Site	Cumberland Co. Landfill	Wind River Enviro/Klines Services
Municipality	Granville Township	Granville Twp.	Hopewell TWP	East Hempfield
County	Mifflin	Mifflin	Cumberland	Lancaster
DEP Permit No.	PAG-08-3606	PAG-08-3606	115666	36-03186
Type of Material*	Biosolid			
Dry Tons Applied/Disposed	74.7			
Type of Disposal/Use*	Agriculture			
Hauler Name	Granville Twp. Sewer and Water	Granville Twp. Sewer and Water	Cocolamous Creek Disposal	Klines Services

*See Instructions for explanation

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared by: Travis Hartzler S18784

Signature: _____



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Title: Operator II
Date: 5/15/2025



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A
Laboratories: In House and Fairway Labs Altoona

Month: April Year: 2025
NPDES Permit No.: PA-0032051 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on September 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		CBOD5		TSS		Fecal Coliform		E Coli		UV Intensity		Ammonia		Total Phosphorus		Precipitation	
Day	Q	MGD	Q	S.U.	Q	MG/L	Q	MG/L	Q	MG/L	Q	MG/L	Q	CFU/100 ML	Q	MG/L	Q	MG/L	Q	mw/cm ²	Q	
1		.160		6.5		9.1					<	4.0				28.3						.2"r
2		.181		6.9		9.0		3.80		3.60						28.3	<	.1000		.670		.75"r
3		.208		6.6		8.9										28.3						
4		.216		6.5		9.7										28.3						.5"r
5		.336		7.1		9.4										28.3						1.0"r
6		.451		7.0		9.8										27.2						.3"r
7		.351		6.5		10.0										27.2		.1486		.990		
8		.259		7.0		10.3					<	4.0				27.2						
9		.211		6.6		9.1		3.46	<	1.60						27.2	<	.1000		.360		.5"r
10		.315		6.6		10.4										27.2						
11		.370		6.5		10.7										27.2						
12		.253		7.0		9.6										27.0						.1"r
13		.243		7.1		9.3										27.0						
14		.199		6.8		9.9										27.2	<	.1000		.760		
15		.227		6.8		9.6					<	4.0				27.2						.3"
16		.216		6.8		9.7	<	3.0		2.80						27.2		.1906		.990		
17		.221		6.7		10.3										27.2						
18		.209		6.6		9.3										27.2						
19		.213		6.8		9.2										27.2						
20		.176		6.4		9.2										27.2						
21		.328		6.4		9.7										27.2	<	.1000		.870		
22		.191		6.6		9.0					<	4.0				27.2						
23		.189		6.8		7.8		6.37		6.0						27.2	<	.1000		2.54		
24		.186		6.7		9.8										27.2						
25		.196		6.6		9.6										27.2						.6"r
26		.247		6.8		8.9										27.2						.2"r
27		.198		7.1		9.5										27.2						
28		.241		6.8		9.8										27.2	<	.1000		.820		
29		.234		7.1		9.1										27.2						.4"r
30		.180		6.7		8.6		5.75		4.0						27.2		2.54		.1168		
31																						
Avg		.241		6.7		9.5	<	4.4	<	3.6	<	4.0				27.2		.1168		1.16		4.8"r

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler S18784

Signature: _____

Title:

Operator II

Date:

5/15/2025



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

**INSTRUCTIONS FOR COMPLETING
DAILY EFFLUENT MONITORING
SUPPLEMENTAL REPORT**

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BPNPSM0436.

1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BPNPSM0463) and DEP guidance (3800-BK-DEP3047). Note – for bacteria, calculate and report the geometric mean value.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

3800-FM-BPNPSM0437 3/2012

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: April Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	SEPTAGE				SLUDGE				OTHER (specify):				DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	12,576			Aerobic Digester									12,576	0
2	13,381			Aerobic Digester									13,381	0
3	18,767			Aerobic Digester									18,767	0
4	10,905			Aerobic Digester									10,905	0
5	15,954			Aerobic Digester	22,500			Aerobic Digester					38,454	0
6	0													
7	17,497			Aerobic Digester									17,497	0
8	2,265			Aerobic Digester									2,265	0
9	2,052			Aerobic Digester									2,052	0
10	4,793			Aerobic Digester									4,793	0
11	11,427			Aerobic Digester									11,427	0
12	0													
13	0													
14	7,586			Aerobic Digester									7,586	0
15	9,542			Aerobic Digester									9,542	0
16	6,278			Aerobic Digester									6,278	0
17	16,975			Aerobic Digester									16,975	0
18	13,296			Aerobic Digester									13,296	0
19	325			Aerobic Digester									325	0
20	0													
21	24,394			Aerobic Digester	12,000			Aerobic Digester					36,394	0
22	8,089			Aerobic Digester									8,089	0
23	11,067			Aerobic Digester									11,067	0
24	8,439			Aerobic Digester									8,439	0
25	13,920			Aerobic Digester									13,920	0
26	14,458			Aerobic Digester									14,458	0
27	0													
28	5,335			Aerobic Digester									5,335	0
29	5,556			Aerobic Digester									5,556	0
30	15,675			Aerobic Digester									15,675	0
31														
Avg	9,018				17,250							Monthly Totals:	305,052	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 5/15/2025

INSTRUCTIONS FOR COMPLETING HAULED IN MUNICIPAL WASTES SUPPLEMENTAL REPORT

This form is intended for documenting the receipt of municipal wastes including sewage sludge, septage and other wastewaters hauled in from other facilities for processing and/or disposal at your facility. This form should not be used for reporting receipt of residual wastes (e.g., food processing wastes, oil and gas wastewater, landfill leachate, etc.) - please use Form 3800-FM-BPNPSM0450 for reporting this information.

- 1** Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2** For septage, sludge and other wastewaters (specify type in the space provided), record the daily volume received in gallons, the daily BOD₅ concentration (average), and the disposal location. The mass of BOD₅ introduced (lbs) is calculated automatically. Cells for disposal location have drop-down lists; you may select one of the options or type in your own description. Monthly average values and daily total values are calculated automatically.
- 3** Determine daily BOD₅ concentrations in mg/l by sampling loads in accordance with the permit or otherwise as determined by the facility. Periodic sampling of loads is encouraged to improve confidence in reported results.
- 4** Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

3800-FM-WSFR0436 7/2009

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: April Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.16						9.1	21,000.0		
2	0.181	136.0	205	252.0	380	1,755.0	9.0	16,625.0		
3	0.208						9.9	16,625.0		
4	0.216						9.7	16,625.0		
5	0.336						9.4	16,625.0		
6	0.451						9.8	16,625.0		
7	0.351						10.0	16,625.0		
8	0.259						10.3	16,625.0		
9	0.211	119.0	209	98.0	172	2,195.0	9.1	17,500.0		
10	0.315						10.4	17,500.0		
11	0.37						10.7	17,500.0		
12	0.253						9.6	17,500.0		
13	0.243						9.3	17,500.0		
14	0.199						9.9	17,500.0		
15	0.227						9.6	17,500.0		
16	0.216	114.0	205	206.0	371	1,880.0	9.7	16,625.0		
17	0.221						10.36	16,625.0		
18	0.209						9.3	16,625.0		
19	0.213						9.2	16,625.0		
20	0.176						9.2	16,625.0		
21	0.328						9.7	16,625.0		
22	0.191						9.0	16,625.0		
23	0.189	236.0	372	204.0	322	2,105.0	7.8	16,625.0		
24	0.186						9.8	16,625.0		
25	0.196						9.6	16,625.0		
26	0.247						8.9	16,625.0		
27	0.198						9.5	16,625.0		
28	0.241						9.8	16,625.0		
29	0.234						9.1	16,625.0		
30	0.18	244.0	366	160.0	240	2,295.0	8.6	18,375.0		
31										
Avg	0.24	170	272	184	297	2,046	10	17,033		
Max	0.451	244	372	252	380	2,295	11	21,000		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 1/15/2025



INSTRUCTIONS FOR COMPLETING INFLUENT & PROCESS CONTROL SUPPLEMENTAL REPORT

- 1 Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2 For **Influent**, enter daily average Influent Flow (MGD) (if an influent flow meter is in use), daily influent BOD₅ concentrations (mg/l) and loads (lbs), and daily influent TSS concentrations (mg/l) and loads (lbs). BOD₅ and TSS loads are automatically calculated if Influent Flow and concentration values are entered. If an influent flow meter is not in use, you may use results from an effluent flow meter.
- 3 For **Process Control**, enter daily average Mixed Liquor Suspended Solids (MLSS) (mg/l) and daily average Aeration Dissolved Oxygen (DO) for aerobic biological treatment systems; total daily Sludge Wasted (removed from biological treatment), in gallons, for all treatment system types; Return Activated Sludge (RAS) Rate (in million gallons per day) for aerobic biological treatment systems; and Recirculation (Recirc) Rate (in million gallons per day) for fixed media biological treatment systems. If a parameter does not apply to your facility, leave the column blank. Information for other parameters such as Return Activated Sludge (RAS) Rate, Recirculation Rate (for fixed media treatment systems), Sludge Blanket Thickness, Sludge Volume Index, and others may be requested by the DEP office that issued the permit.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



CHESAPEAKE BAY SUPPLEMENTAL REPORT NUTRIENT MONITORING

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A

Month: 4 (Select number) Year: 2025
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 31-Aug-16

DAY	FLOW MGD	Total P				NH ₃ -N				TKN				NO ₂ +NO ₃ as N				Total N			
		Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day
1																					
2	0.181		0.67		1.0	<	0.1	<	0.2		2.108		3.2		5.968		9.0		8.08		12.2
3																					
4																					
5																					
6																					
7	0.351		0.99		2.9		0.149		0.4		2.478		7.3		5.238		15.3		7.72		22.6
8																					
9	0.211		0.36		0.6	<	0.1	<	0.2		1.276		2.2		5.169		9.1		6.45		11.3
10																					
11																					
12																					
13																					
14	0.199		0.76		1.3	<	0.1	<	0.2		0.984		1.6		5.601		9.3		6.59		10.9
15																					
16	0.216		0.9		1.6		0.191		0.3		1.463		2.6		7.01		12.6		8.47		15.3
17																					
18																					
19																					
20																					
21	0.328		0.87		2.4	<	0.1	<	0.3		1.929		5.3		5.952		16.3		7.88		21.6
22																					
23	0.189		2.54		4.0	<	0.1	<	0.2		0.182		0.3		5.726		9.0		5.91		9.3
24																					
25																					
26																					
27																					
28	0.241		0.82		1.6	<	0.1	<	0.2		0.167		0.3		5.135		10.3		5.30		10.7
29																					
30	0.18		2.44		3.7		0.113		0.2		2.241		3.4		5.557		8.3		7.80		11.7
Avg	0.233		1.15		2	<	0.1169	<	0.2		1.4254		3		5.706		11		7.1316		14
Monthly Total Loads (lbs):					64			<	7				87				331				418

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 5/15/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total N Credits Purchased During Month: _____ lbs
 Total N (TN) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Nitrogen - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TN Delivery Ratio for Facility (lbs)*	Credits Sold / TN Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Nitrogen - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Nitrogen Load (lbs):

418

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

418

(Actual Load + (Credits Sold / TN Delivery Ratio) - (Credits Applied / TN Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **5/15/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A
 Total P Credits Purchased During Month: _____ lbs
 Total P (TP) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: August 31, 2016

Total Phosphorus - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TP Delivery Ratio for Facility (lbs)*	Credits Sold / TP Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Phosphorus - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Phosphorus Load (lbs):

64

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

64

(Actual Load + (Credits Sold / TP Delivery Ratio) - (Credits Applied / TP Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 5/15/2025

INSTRUCTIONS FOR COMPLETING MONTHLY CHESAPEAKE BAY SUPPLEMENTAL REPORTS

NUTRIENT MONITORING WORKSHEET

- 1 Enter Facility Name, Municipality, County, Watershed No., Month (numeric), Year, NPDES Permit No., Outfall No., and Permit Expiration Date.
- 2 Enter daily monitoring data for Flow (MGD) and Nutrient parameter concentrations (mg/l). **Enter results exactly as received from the laboratory.** The worksheet will automatically calculate the daily loading and Total Nitrogen concentrations (in blue). If no monitoring data are available for the day, leave the row blank. Use the "Q" column to select the less than symbol (" $<$ ") for any result reported as "non-detect."
- 3 Average monthly concentrations and mass loadings and Total Monthly Loads are automatically calculated. Daily concentrations for Total Nitrogen are computed by summing the concentrations for TKN and $\text{NO}_2 + \text{NO}_3$ as N.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

NITROGEN AND PHOSPHORUS BUDGET WORKSHEETS

- 1 Enter the total number of Nitrogen (N) and Phosphorus (P) credits purchased or sold during the month (lbs).
- 2 Use the tables "**Total Nitrogen - Pounds**" and "**Total Phosphorus - Pounds**" to report all credits that you wish to apply for permit compliance and all credits sold. You do not need to apply credits that you purchased during the month toward permit compliance, but if you choose to do so, report the number you wish to apply in this table. Any remaining credits that you purchase can be applied another month or during the Truing Period (Oct 1 - Nov 28). List the registry number, contract effective date and DEP approval date for all credits applied or sold during the month. Divide credits applied and sold by the TN and TP Delivery Ratios for your facility.
- 3 Use the tables "**Total Nitrogen - Offsets**" and "**Total Phosphorus - Offsets**" to report all offsets for the month. For septage (only septage, not holding tank or other hauled in wastes), divide the total gallons of septage received by 1,000 and multiply by 3 to determine the total amount (lbs) of offsets to report in the Total Nitrogen - Offsets table. For all other offsets, list the source, approved amount and DEP approval date.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **04/01/2025**

DMR Effective To: **04/30/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	04	01	TO	2025	04	30

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	7.8	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Daily Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	6.5	***	7.1	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	5.7	9.4	lbs/day	***	3.6	6.0	mg/L	1/week	24-Hr Composite
	Permit Requirement	125 Avg Mo	185 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		1/week	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	7.1316	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	< .2	***	lbs/day	***	< .1169	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	1.4254	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	5.706	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	1.15	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	27.2	***	***	mW/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Daily Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.241	.451	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	418	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 7.0	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	87	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	331	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	64	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (Oct-Apr)	Sample Measurement	***	***	***	***	< 4.0	< 4.0	No./100 ml	1/week	Grab
	Permit Requirement	***	***		***	2000 Geo Mean	10000 IMAX		1/week	Grab



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	7.1	9.9	lbs/day	***	4.4	6.37	mg/L	1/week	24-Hr Composite
	Permit Requirement	100 Avg Mo	165 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Raw Sewage Influent**

PA0032051

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **04/01/2025**

DMR Effective To: **04/30/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	04	01	TO	2025	04	30

FROM

TO

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	271	371	lbs/day	***	169	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	296	380	lbs/day	***	184	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
JUNC Daily Effluent Monitoring 4-2025.doc	Daily Effluent Monitoring Form	2025-05-15T08:16:12-04:00	
JUNC Hauled In Munciple Waste 4-2025.xls	Hauled-In Municipal Waste Form	2025-05-15T08:16:40-04:00	
JUNC Influent Process Control 4-2025.xls	Influent and Process Control Form	2025-05-15T08:17:14-04:00	
JUNC Biosolids Production 4-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-05-15T08:15:43-04:00	
JUNC Old Bay Worksheet 4-2025.xlsx	Other	2025-05-15T08:18:36-04:00	Bay Worksheet

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	05	15
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



INSTRUCTIONS FOR COMPLETING SEWAGE SLUDGE / BIOSOLIDS SUPPLEMENTAL REPORT

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.

Biosolids Production Information

2. For each off-site removal event for liquid sewage sludge or biosolids and for dewatered sewage sludge or biosolids, and for each event where dewatered sewage sludge or biosolids are incinerated on-site, list the date of the event, identify the gallons (liquid) or tons (dewatered) removed or incinerated and the percent solids (e.g., 10%, 20%, etc.) Report only sewage sludge or biosolids that have been removed from the plant digesters and other solids which have been **permanently** removed from the treatment process. Do **not** include sewage sludge or biosolids from other facilities that are processed at your facility. (If there were no off-site removal events during the month, check the box above the table).

Calculate dry tons for liquid sewage sludge or biosolids by multiplying the volume (gallons) by the percent solids and by a conversion factor of 0.0000417. For example, if 2,500 gallons of liquid biosolids is removed, and the percent solids is 3.0%, dry tons is calculated as:

$$2,500 \text{ gallons} \times 3.0\% \times 0.0000417 = 0.31 \text{ dry tons}$$

Calculate dry tons for dewatered sewage sludge or biosolids by multiplying the tons dewatered by the percent solids and by a conversion factor of 0.01. For example, if 5 tons of dewatered biosolids is removed, and the percent solids is 50%, dry tons is calculated as:

$$5 \text{ tons} \times 50\% \times 0.01 = 2.5 \text{ dry tons}$$

The **% Solids** of liquid or dewatered sewage sludge or biosolids must be determined periodically through laboratory testing. Do not estimate or guess this value. An acceptable test method is method 2540B in *Standard Methods for the Examination of Water and Wastewater*, 18th edition, where samples are dried at 103-105°C. Other references such as ASTM may have equivalent tests which are also acceptable.

Biosolids and Incinerator Ash Disposal and Beneficial Use Information

3. Report sewage sludge, biosolids, and ash disposal and beneficial use information by disposal/application site. There are columns for four possible sites per month - if more sites are needed, attach additional pages. For each Site Name, listed at the top of the column, enter the Municipality and County of the site, the DEP Permit No. (i.e., Biosolids permit number for land application, landfill waste management permit number, etc.), Type of Material (sewage sludge, biosolids, or incinerator ash), Dry Tons Applied/Disposed at the site for the month, Type of Disposal/Use (e.g., reed beds, agricultural utilization, composting, landfill, other treatment plant, etc.) and the name of the hauler (company or individual name).
4. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

SUPPLEMENTAL REPORT

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: May Year: 2025
NPDES Permit No.: PA0032051
Renewal application due **180 days** prior to expiration
This permit will expire on July 31, 2028

SEWAGE SLUDGE/BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

☐ Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site			Dewatered Sewage Sludge/Biosolids Hauled Off-site			Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons
							</		

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION
(Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

Site Name	Byler Farm	Junction Reclamation Site	Cumberland Co. Landfill	Wind River Enviro/Klines Services
Municipality	Granville Township	Granville Twp.	Hopewell TWP	East Hempfield
County	Mifflin	Mifflin	Cumberland	Lancaster
DEP Permit No.	PAG-08-3606	PAG-08-3606	115666	36-03186
Type of Material*	Biosolid			
Dry Tons Applied/Disposed				
Type of Disposal/Use*	Agriculture			
Hauler Name	Granville Twp. Sewer and Water	Granville Twp. Sewer and Water	Cocolamous Creek Disposal	Klines Services

*See Instructions for explanation

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared by: Travis Hartzler S18784

Signature: _____



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Title: Operator II
Date: 6/13/25



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A
Laboratories: In House and Fairway Labs Altoona

Month: May Year: 2025
NPDES Permit No.: PA-0032051 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on September 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		CBOD5		TSS		Fecal Coliform		E Coli		UV Intensity		Ammonia		Total Phosphorus		Precipitation	
Day	Q	MGD	Q	S.U.	Q	MG/L	Q	MG/L	Q	MG/L	Q	MG/L	Q	CFU/100 ML	Q	MG/L	Q	MG/L	Q	mw/cm ²	Q	
1		.181		6.6		9.5										27.2						.5"r
2		.221		6.5		9.1										27.2						
3		.182		7.0		9.0										27.2						.5"r
4		.245		7.0		8.5										27.2						.2"r
5		.467		6.8		9.0										27.2	<	.1000		1.37		1.5"r
6		.381		6.7		9.3					<	4.0		4.0		27.2						
7		.230		7.0		9.4		6.82		3.20						27.2	<	.1000		1.54		.5"r
8		.202		6.5		9.1										27.2						
9		.378		6.5		9.4										27.2						
10		.255		7.0		9.2										27.2						
11		.227		6.9		8.5										27.2						.3"r
12		.209		6.8		9.3										27.2	<	.1000		.930		
13		.840		7.0		9.0					<	4.0				27.2						
14		.966		7.0		9.4		12.3		34.8						27.2	<	.1000		1.95		.2"r
15		.480		7.1		9.8										27.2						.2"r
16		.617		7.9		9.4										27.2						
17		.556		7.3		9.1										27.2						
18		.376		7.4		9.2										27.2						
19		.454		7.1		9.5										27.2	<	1.000		.180		
20		.273		7.0		9.4					<	2.0				27.2						
21		.312		7.1		9.0		3.0		12.8						27.2	<	.1000		1.18		.5"r
22		.514		7.0		9.5										27.2						.5"r
23		.393		6.9		9.6										27.2						
24		.277		6.9		9.1										27.2						
25		.239		7.1		9.3										27.2						
26		.240		7.0		9.0										27.2	<	.1000		.190		
27		.333		6.8		9.2					<	4.0				27.2						.3"r
28		.332		7.3		9.4		8.5		12.8						27.2		.1307		2.52		.3"r
29		.277		6.9		9.5										27.2						1.0"r
30		.516		6.8		9.1										27.2						
31		.396		7.0		9.1										27.2						
Avg		.373		7.1		9.2		7.6		23.1	<	3.3		4.0		27.2	<	.10		1.2		6.5"r

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler S18784

Signature: _____

Title:

Operator II

Date:

6/13/25



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

**INSTRUCTIONS FOR COMPLETING
DAILY EFFLUENT MONITORING
SUPPLEMENTAL REPORT**

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BPNPSM0436.

1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BPNPSM0463) and DEP guidance (3800-BK-DEP3047). Note – for bacteria, calculate and report the geometric mean value.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: May Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	SEPTAGE				SLUDGE				OTHER (specify):				DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	6,864			Aerobic Digester									6,864	0
2	17,657			Aerobic Digester									17,657	0
3	0													
4	3,269			Aerobic Digester									3,269	0
5	20,813			Aerobic Digester									20,813	0
6	16,356			Aerobic Digester									16,356	0
7	13,622			Aerobic Digester									13,622	0
8	18,194			Aerobic Digester									18,194	0
9	22,726			Aerobic Digester									22,726	0
10	4,614			Aerobic Digester	31,500			Aerobic Digester					36,114	0
11	4,773			Aerobic Digester									4,773	0
12	12,531			Aerobic Digester									12,531	0
13	4,153			Aerobic Digester									4,153	0
14	10,318			Aerobic Digester									10,318	0
15	15,820			Aerobic Digester									15,820	0
16	15,274			Aerobic Digester									15,274	0
17	7,155			Aerobic Digester									7,155	0
18	0													
19	32,988			Aerobic Digester									32,988	0
20	107,369			Aerobic Digester	12,000			Aerobic Digester					119,369	0
21	8,188			Aerobic Digester									8,188	0
22	16,417			Aerobic Digester									16,417	0
23	10,272			Aerobic Digester									10,272	0
24	16,542			Aerobic Digester									16,542	0
25	0													
26	7,447			Aerobic Digester									7,447	0
27	17,998			Aerobic Digester									17,998	0
28	17,898			Aerobic Digester									17,898	0
29	20,336			Aerobic Digester									20,336	0
30	14,904			Aerobic Digester									14,904	0
31	5,457			Aerobic Digester	22,500			Aerobic Digester					27,957	0
Avg	15,160				22,000							Monthly Totals:	535,955	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 6/13/2025

INSTRUCTIONS FOR COMPLETING HAULED IN MUNICIPAL WASTES SUPPLEMENTAL REPORT

This form is intended for documenting the receipt of municipal wastes including sewage sludge, septage and other wastewaters hauled in from other facilities for processing and/or disposal at your facility. This form should not be used for reporting receipt of residual wastes (e.g., food processing wastes, oil and gas wastewater, landfill leachate, etc.) - please use Form 3800-FM-BPNPSM0450 for reporting this information.

- 1** Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2** For septage, sludge and other wastewaters (specify type in the space provided), record the daily volume received in gallons, the daily BOD₅ concentration (average), and the disposal location. The mass of BOD₅ introduced (lbs) is calculated automatically. Cells for disposal location have drop-down lists; you may select one of the options or type in your own description. Monthly average values and daily total values are calculated automatically.
- 3** Determine daily BOD₅ concentrations in mg/l by sampling loads in accordance with the permit or otherwise as determined by the facility. Periodic sampling of loads is encouraged to improve confidence in reported results.
- 4** Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: May Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	SEPTAGE				SLUDGE				OTHER (specify):				DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	6,864			Aerobic Digester									6,864	0
2	17,657			Aerobic Digester									17,657	0
3	0													
4	3,269			Aerobic Digester									3,269	0
5	20,813			Aerobic Digester									20,813	0
6	16,356			Aerobic Digester									16,356	0
7	13,622			Aerobic Digester									13,622	0
8	18,194			Aerobic Digester									18,194	0
9	22,726			Aerobic Digester									22,726	0
10	4,614			Aerobic Digester	31,500			Aerobic Digester					36,114	0
11	4,773			Aerobic Digester									4,773	0
12	12,531			Aerobic Digester									12,531	0
13	4,153			Aerobic Digester									4,153	0
14	10,318			Aerobic Digester									10,318	0
15	15,820			Aerobic Digester									15,820	0
16	15,274			Aerobic Digester									15,274	0
17	7,155			Aerobic Digester									7,155	0
18	0													
19	32,988			Aerobic Digester									32,988	0
20	107,369			Aerobic Digester	12,000			Aerobic Digester					119,369	0
21	8,188			Aerobic Digester									8,188	0
22	16,417			Aerobic Digester									16,417	0
23	10,272			Aerobic Digester									10,272	0
24	16,542			Aerobic Digester									16,542	0
25	0													
26	7,447			Aerobic Digester									7,447	0
27	17,998			Aerobic Digester									17,998	0
28	17,898			Aerobic Digester									17,898	0
29	20,336			Aerobic Digester									20,336	0
30	14,904			Aerobic Digester									14,904	0
31	5,457			Aerobic Digester	22,500			Aerobic Digester					27,957	0
Avg	15,160				22,000							Monthly Totals:	535,955	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 6/13/2025

INSTRUCTIONS FOR COMPLETING HAULED IN MUNICIPAL WASTES SUPPLEMENTAL REPORT

This form is intended for documenting the receipt of municipal wastes including sewage sludge, septage and other wastewaters hauled in from other facilities for processing and/or disposal at your facility. This form should not be used for reporting receipt of residual wastes (e.g., food processing wastes, oil and gas wastewater, landfill leachate, etc.) - please use Form 3800-FM-BPNPSM0450 for reporting this information.

- 1** Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2** For septage, sludge and other wastewaters (specify type in the space provided), record the daily volume received in gallons, the daily BOD₅ concentration (average), and the disposal location. The mass of BOD₅ introduced (lbs) is calculated automatically. Cells for disposal location have drop-down lists; you may select one of the options or type in your own description. Monthly average values and daily total values are calculated automatically.
- 3** Determine daily BOD₅ concentrations in mg/l by sampling loads in accordance with the permit or otherwise as determined by the facility. Periodic sampling of loads is encouraged to improve confidence in reported results.
- 4** Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



CHESAPEAKE BAY SUPPLEMENTAL REPORT NUTRIENT MONITORING

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A

Month: 5 (Select number) Year: 2025
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 31-Aug-16

DAY	FLOW MGD	Total P				NH ₃ -N				TKN				NO ₂ +NO ₃ as N				Total N			
		Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day
1																					
2																					
3																					
4																					
5	0.467		1.37		5.3	<	0.1	<	0.4		1.669		6.5		5.029		19.6		6.70		26.1
6																					
7	0.202		1.54		2.6	<	0.1	<	0.2		1.595		2.7		4.205		7.1		5.80		9.8
8																					
9																					
10																					
11																					
12	0.209		0.93		1.6	<	0.1	<	0.2		1.245		2.2		4.737		8.3		5.98		10.4
13																					
14	0.966		1.95		15.7	<	0.1	<	0.8		3.606		29.1		3.888		31.3		7.49		60.4
15																					
16																					
17																					
18																					
19	0.454		0.18		0.7	<	0.1	<	0.4		1.0		3.8		5.681		21.5		6.68		25.3
20																					
21	0.312		1.18		3.1	<	0.1	<	0.3		1.957		5.1		6.82		17.7		8.78		22.8
22																					
23																					
24																					
25																					
26	0.24		0.19		0.4	<	0.1	<	0.2		1.432		2.9		5.7		11.4		7.13		14.3
27																					
28	0.332		2.52		7.0		0.131		0.4		1.848		5.1		7.902		21.9		9.75		27.0
29																					
30																					
31																					
Avg	0.398		1.23		5	<	0.1038	<	0.3		1.794		7		5.495		17		7.2892		25
Monthly Total Loads (lbs):					141			<	11				222				538				760

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 6/13/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total N Credits Purchased During Month: _____ lbs
 Total N (TN) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Nitrogen - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TN Delivery Ratio for Facility (lbs)*	Credits Sold / TN Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Nitrogen - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Nitrogen Load (lbs):	760	(Actual Load Discharged)
Monthly Net Nitrogen Load (lbs):	760	(Actual Load + (Credits Sold / TN Delivery Ratio) - (Credits Applied / TN Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **6/13/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total P Credits Purchased During Month: _____ lbs
 Total P (TP) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Phosphorus - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TP Delivery Ratio for Facility (lbs)*	Credits Sold / TP Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Phosphorus - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Phosphorus Load (lbs):

141

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

141

(Actual Load + (Credits Sold / TP Delivery Ratio) - (Credits Applied / TP Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **6/13/2025**

INSTRUCTIONS FOR COMPLETING MONTHLY CHESAPEAKE BAY SUPPLEMENTAL REPORTS

NUTRIENT MONITORING WORKSHEET

- 1 Enter Facility Name, Municipality, County, Watershed No., Month (numeric), Year, NPDES Permit No., Outfall No., and Permit Expiration Date.
- 2 Enter daily monitoring data for Flow (MGD) and Nutrient parameter concentrations (mg/l). **Enter results exactly as received from the laboratory.** The worksheet will automatically calculate the daily loading and Total Nitrogen concentrations (in blue). If no monitoring data are available for the day, leave the row blank. Use the "Q" column to select the less than symbol ("<") for any result reported as "non-detect."
- 3 Average monthly concentrations and mass loadings and Total Monthly Loads are automatically calculated. Daily concentrations for Total Nitrogen are computed by summing the concentrations for TKN and $\text{NO}_2 + \text{NO}_3$ as N.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

NITROGEN AND PHOSPHORUS BUDGET WORKSHEETS

- 1 Enter the total number of Nitrogen (N) and Phosphorus (P) credits purchased or sold during the month (lbs).
- 2 Use the tables **"Total Nitrogen - Pounds"** and **"Total Phosphorus - Pounds"** to report all credits that you wish to apply for permit compliance and all credits sold. You do not need to apply credits that you purchased during the month toward permit compliance, but if you choose to do so, report the number you wish to apply in this table. Any remaining credits that you purchase can be applied another month or during the Truing Period (Oct 1 - Nov 28). List the registry number, contract effective date and DEP approval date for all credits applied or sold during the month. Divide credits applied and sold by the TN and TP Delivery Ratios for your facility.
- 3 Use the tables **"Total Nitrogen - Offsets"** and **"Total Phosphorus - Offsets"** to report all offsets for the month. For septage (only septage, not holding tank or other hauled in wastes), divide the total gallons of septage received by 1,000 and multiply by 3 to determine the total amount (lbs) of offsets to report in the Total Nitrogen - Offsets table. For all other offsets, list the source, approved amount and DEP approval date.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **05/01/2025**

DMR Effective To: **05/31/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	05	01	TO	2025	05	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	8.5	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Daily Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	6.5	***	7.9	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	88.5	280	lbs/day	***	23.1	34.8	mg/L	1/week	24-Hr Composite
	Permit Requirement	125 Avg Mo	185 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		1/week	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	7.289	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	< .3	***	lbs/day	***	< .1038	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	1.794	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	5.495	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	1.23	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	27.2	***	***	mW/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Daily Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.373	.966	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	735	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 10	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	215	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	520	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	136	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (May-Sep)	Sample Measurement	***	***	***	***	< 3.3	< 4.0	No./100 ml	1/week	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		1/week	Grab



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	35.4	23.5	lbs/day	***	7.6	12.3	mg/L	1/week	24-Hr Composite
	Permit Requirement	100 Avg Mo	165 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Raw Sewage Influent**

PA0032051

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **05/01/2025**

DMR Effective To: **05/31/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	05	01	TO	2025	05	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	571.5	1498	lbs/day	***	132	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	1127	2148	lbs/day	***	397	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
JUNC Biosolids Production 5-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-06-13T08:45:18-04:00	
JUNC Influent Process Control 5-2025.xls	Influent and Process Control Form	2025-06-13T08:46:36-04:00	
JUNC Hauled In Munciple Waste 5-2025.xls	Hauled-In Municipal Waste Form	2025-06-13T08:46:06-04:00	
JUNC Old Bay Worksheet 5-2025.xlsx	Other	2025-06-13T08:46:59-04:00	Bay Sheet
JUNC Daily Effluent Monitoring 5-2025.doc	Daily Effluent Monitoring Form	2025-06-13T08:45:48-04:00	

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
240448	05/01/2025	05/31/2025	Total Suspended Solids	Weekly Average	280	185	lbs/day	Final Effluent (001)	See attached comments	See attached comments	On 5/13/25-5/14/25 the Junction Plant had received over 2in of rain which drove up loadings. Adjustments were made to accommodate the incoming high flows. Plant was back to normal the following day and all cycles were put back online.

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	06	13
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Quarterly**

DMR Effective From: **04/01/2025**

DMR Effective To: **06/30/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	04	01	TO	2025	06	30

FROM

TO

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
E. Coli (51040)	Sample Measurement	***	***	***	***	***	4.0	No./100 ml	1/quarter	Grab
	Permit Requirement	***	***		***	***	Monitor & Report IMAX		1/quarter	Grab
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
scan.pdf	Other	2025-08-08T08:56:08-04:00	E.Coli

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
245380	Late DMR Submission					Sampling was completed see attached. Forgot to enter on eDMR.

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	08	08
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



INSTRUCTIONS FOR COMPLETING SEWAGE SLUDGE / BIOSOLIDS SUPPLEMENTAL REPORT

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.

Biosolids Production Information

2. For each off-site removal event for liquid sewage sludge or biosolids and for dewatered sewage sludge or biosolids, and for each event where dewatered sewage sludge or biosolids are incinerated on-site, list the date of the event, identify the gallons (liquid) or tons (dewatered) removed or incinerated and the percent solids (e.g., 10%, 20%, etc.) Report only sewage sludge or biosolids that have been removed from the plant digesters and other solids which have been **permanently** removed from the treatment process. Do **not** include sewage sludge or biosolids from other facilities that are processed at your facility. (If there were no off-site removal events during the month, check the box above the table).

Calculate dry tons for liquid sewage sludge or biosolids by multiplying the volume (gallons) by the percent solids and by a conversion factor of 0.0000417. For example, if 2,500 gallons of liquid biosolids is removed, and the percent solids is 3.0%, dry tons is calculated as:

$$2,500 \text{ gallons} \times 3.0\% \times 0.0000417 = 0.31 \text{ dry tons}$$

Calculate dry tons for dewatered sewage sludge or biosolids by multiplying the tons dewatered by the percent solids and by a conversion factor of 0.01. For example, if 5 tons of dewatered biosolids is removed, and the percent solids is 50%, dry tons is calculated as:

$$5 \text{ tons} \times 50\% \times 0.01 = 2.5 \text{ dry tons}$$

The **% Solids** of liquid or dewatered sewage sludge or biosolids must be determined periodically through laboratory testing. Do not estimate or guess this value. An acceptable test method is method 2540B in *Standard Methods for the Examination of Water and Wastewater*, 18th edition, where samples are dried at 103-105°C. Other references such as ASTM may have equivalent tests which are also acceptable.

Biosolids and Incinerator Ash Disposal and Beneficial Use Information

3. Report sewage sludge, biosolids, and ash disposal and beneficial use information by disposal/application site. There are columns for four possible sites per month - if more sites are needed, attach additional pages. For each Site Name, listed at the top of the column, enter the Municipality and County of the site, the DEP Permit No. (i.e., Biosolids permit number for land application, landfill waste management permit number, etc.), Type of Material (sewage sludge, biosolids, or incinerator ash), Dry Tons Applied/Disposed at the site for the month, Type of Disposal/Use (e.g., reed beds, agricultural utilization, composting, landfill, other treatment plant, etc.) and the name of the hauler (company or individual name).
4. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

SUPPLEMENTAL REPORT

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: June Year: 2025
NPDES Permit No.: PA0032051
Renewal application due **180 days** prior to expiration
This permit will expire on July 31, 2028

SEWAGE SLUDGE/BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

☐ Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site			Dewatered Sewage Sludge/Biosolids Hauled Off-site			Sewage Sludge/Biosolids Dewatered and Incinerated On-site			
	Gallons	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	
TOTAL:				TOTAL:				TOTAL:		

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION
(Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

Site Name	Byler Farm	Junction Reclamation Site	Cumberland Co. Landfill	Wind River Enviro/Klines Services
Municipality	Granville Township	Granville Twp.	Hopewell TWP	East Hempfield
County	Mifflin	Mifflin	Cumberland	Lancaster
DEP Permit No.	PAG-08-3606	PAG-08-3606	115666	36-03186
Type of Material*	Biosolid			
Dry Tons Applied/Disposed				
Type of Disposal/Use*	Agriculture			
Hauler Name	Granville Twp. Sewer and Water	Granville Twp. Sewer and Water	Cocolamous Creek Disposal	Klines Services

*See Instructions for explanation

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared by: Travis Hartzler S18784

Signature: _____



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Title: Operator II
Date: 7/16/2025



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A
Laboratories: In House and Fairway Labs Altoona

Month: June Year: 2025
NPDES Permit No.: PA-0032051 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on September 30, 2022

Day	Effluent Parameters																			
	Flow		pH		DO		CBOD5		TSS		Fecal Coliform		E Coli		UV Intensity		Ammonia		Total Phosphorus	
	Q	MGD	Q	S.U.	Q	MG/L	Q	MG/L	Q	MG/L	Q	MG/L	Q	CFU/100 ML	Q	MG/L	Q	MG/L	Q	mw/cm ²
1		.258		7.0		9.3										27.2				
2		.256		7.1		9.5										27.2	<	.1000		.265
3		.235		6.8		8.5					<	4.0				27.2				
4		.217		6.9		8.6		5.02		6.00						27.2	<	.1000		2.01
5		.197		7.2		8.1										27.2				
6		.223		7.0		8.0										27.2				.1"r
7		.221		7.2		8.1										27.2				1.0"r
8		.299		7.1		8.1										27.2				.7"r
9		.427		6.9		9.0										27.2	<	.1000		.845
10		.224		6.9		8.7						4.0				27.2				
11		.220		7.5		8.9		8.87		2.80						27.2	<	.1000		2.81
12		.204		7.8		8.0										27.2				
13		.240		7.0		9.0										27.2				
14		.344		7.4		8.5										27.2				1.0"r
15		.263		7.0		8.2										27.2				.3"r
16		.315		7.0		8.0										27.2	<	.1000		2.16
17		.562		7.0		8.8						20.8				27.2				.3"r
18		.516		7.0		8.7		6.90		6.40						27.2		3.326		4.84
19		.448		6.8		9.0										27.2				
20		.328		7.0		9.0										27.2				
21		.246		6.8		8.5										27.2				
22		.209		7.0		9.0										27.2				
23		.298		7.0		8.7										27.2		5.478		1.39
24		.284		7.0		8.0						8.0				27.2				
25		.292		7.4		7.7		39.8		2.80						27.2	<	.1000		3.35
26		.267		7.0		8.3										27.2				.5"r
27		.245		7.3		8.4										27.2				.1"r
28		.208		7.0		8.0										27.2				.3"r
29		.208		7.0		7.8										27.2				
30		.268		7.0		8.3										27.2	<	.1000		2.58
31																				
Avg		.284		7.0		8.4		15.1		4.5	<	7.1				27.2	<	1.0		2.25
																				5.3"r

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler S18784

Signature: _____

Title:

Operator II

Date:

7/16/2025



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

**INSTRUCTIONS FOR COMPLETING
DAILY EFFLUENT MONITORING
SUPPLEMENTAL REPORT**

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BPNPSM0436.

1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BPNPSM0463) and DEP guidance (3800-BK-DEP3047). Note – for bacteria, calculate and report the geometric mean value.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

3800-FM-BPNPSM0437 3/2012

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: June Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	SEPTAGE				SLUDGE				OTHER (specify):				DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	0			Aerobic Digester										
2	7,282			Aerobic Digester									7,282	0
3	10,185			Aerobic Digester									10,185	0
4	9,858			Aerobic Digester									9,858	0
5	11,099			Aerobic Digester									11,099	0
6	15,520			Aerobic Digester									15,520	0
7	0													
8	0													
9	14,026			Aerobic Digester									14,026	0
10	14,207			Aerobic Digester									14,207	0
11	18,368			Aerobic Digester									18,368	0
12	20,962			Aerobic Digester									20,962	0
13	8,720			Aerobic Digester									8,720	0
14	0													
15	0													
16	19,647			Aerobic Digester									19,647	0
17	33,183			Aerobic Digester	12,000			Aerobic Digester					45,183	0
18	17,615			Aerobic Digester									17,615	0
19	14,616			Aerobic Digester									14,616	0
20	11,474			Aerobic Digester									11,474	0
21	1,736			Aerobic Digester									1,736	0
22	5,702			Aerobic Digester									5,702	0
23	15,989			Aerobic Digester									15,989	0
24	16,186			Aerobic Digester									16,186	0
25	22,184			Aerobic Digester									22,184	0
26	15,530			Aerobic Digester									15,530	0
27	17,000			Aerobic Digester									17,000	0
28	14,984			Aerobic Digester	22,500			Aerobic Digester					37,484	0
29	0													
30	12,706			Aerobic Digester									12,706	0
31														
Avg	11,626				17,250							Monthly Totals:	383,279	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 7/16/2025

INSTRUCTIONS FOR COMPLETING HAULED IN MUNICIPAL WASTES SUPPLEMENTAL REPORT

This form is intended for documenting the receipt of municipal wastes including sewage sludge, septage and other wastewaters hauled in from other facilities for processing and/or disposal at your facility. This form should not be used for reporting receipt of residual wastes (e.g., food processing wastes, oil and gas wastewater, landfill leachate, etc.) - please use Form 3800-FM-BPNPSM0450 for reporting this information.

- 1** Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2** For septage, sludge and other wastewaters (specify type in the space provided), record the daily volume received in gallons, the daily BOD₅ concentration (average), and the disposal location. The mass of BOD₅ introduced (lbs) is calculated automatically. Cells for disposal location have drop-down lists; you may select one of the options or type in your own description. Monthly average values and daily total values are calculated automatically.
- 3** Determine daily BOD₅ concentrations in mg/l by sampling loads in accordance with the permit or otherwise as determined by the facility. Periodic sampling of loads is encouraged to improve confidence in reported results.
- 4** Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

3800-FM-WSFR0436 7/2009

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: June Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.258						9.3	14,000.0		
2	0.256						9.5	14,000.0		
3	0.235						8.5	14,000.0		
4	0.217	129.0	233	222.0	402	2,150.0	8.6	15,750.0		
5	0.197						8.1	15,705.0		
6	0.223						8.0	15,750.0		
7	0.221						8.1	15,750.0		
8	0.299						8.1	15,750.0		
9	0.427						9.0	15,750.0		
10	0.224						8.7	15,750.0		
11	0.22	148.0	272	118.0	217	2,150.0	8.9	15,750.0		
12	0.204						8.0	15,750.0		
13	0.24						9.0	15,750.0		
14	0.344						8.5	15,750.0		
15	0.263						8.2	15,750.0		
16	0.315						8.0	15,750.0		
17	0.562						8.8	15,750.0		
18	0.516	64.3	277	60.0	258	1,980.0	8.7	14,000.0		
19	0.448						9.0	14,000.0		
20	0.328						9.0	14,000.0		
21	0.246						8.5	14,000.0		
22	0.209						9.0	14,000.0		
23	0.298						8.7	14,000.0		
24	0.284						8.0	14,000.0		
25	0.292	75.1	183	162.0	395	2,445.0	7.7	17,500.0		
26	0.267						8.3	17,500.0		
27	0.245						8.4	17,500.0		
28	0.208						8.0	17,500.0		
29	0.208						7.8	17,500.0		
30	0.268						8.3	17,500.0		
31										
Avg	0.284	104	241	141	318	2,181	8	15,515		
Max	0.562	148	277	222	402	2,445	10	17,500		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 7/16/2025



INSTRUCTIONS FOR COMPLETING INFLUENT & PROCESS CONTROL SUPPLEMENTAL REPORT

- 1 Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2 For **Influent**, enter daily average Influent Flow (MGD) (if an influent flow meter is in use), daily influent BOD₅ concentrations (mg/l) and loads (lbs), and daily influent TSS concentrations (mg/l) and loads (lbs). BOD₅ and TSS loads are automatically calculated if Influent Flow and concentration values are entered. If an influent flow meter is not in use, you may use results from an effluent flow meter.
- 3 For **Process Control**, enter daily average Mixed Liquor Suspended Solids (MLSS) (mg/l) and daily average Aeration Dissolved Oxygen (DO) for aerobic biological treatment systems; total daily Sludge Wasted (removed from biological treatment), in gallons, for all treatment system types; Return Activated Sludge (RAS) Rate (in million gallons per day) for aerobic biological treatment systems; and Recirculation (Recirc) Rate (in million gallons per day) for fixed media biological treatment systems. If a parameter does not apply to your facility, leave the column blank. Information for other parameters such as Return Activated Sludge (RAS) Rate, Recirculation Rate (for fixed media treatment systems), Sludge Blanket Thickness, Sludge Volume Index, and others may be requested by the DEP office that issued the permit.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



CHESAPEAKE BAY SUPPLEMENTAL REPORT NUTRIENT MONITORING

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A

Month: 6 (Select number) Year: 2025
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 31-Aug-16

DAY	FLOW MGD	Total P				NH ₃ -N				TKN				NO ₂ +NO ₃ as N				Total N			
		Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day
1																					
2	0.256		0.265		0.6	<	0.1	<	0.2		1.183		2.5		5.65		12.1		6.83		14.6
3																					
4	0.217		2.01		3.6	<	0.1	<	0.2		1.26		2.3		6.801		12.3		8.06		14.6
5																					
6																					
7																					
8																					
9	0.427		0.845		3.0	<	0.1	<	0.4		1.56		5.6		5.863		20.9		7.42		26.4
10																					
11	0.22		2.81		5.2	<	0.1	<	0.2		2.14		3.9		5.582		10.2		7.72		14.2
12																					
13																					
14																					
15																					
16	0.315		2.16		5.7	<	0.1	<	0.3		1.844		4.8		6.49		17.0		8.33		21.9
17																					
18	0.516		4.84		20.8		3.326		14.3		5.718		24.6		8.526		36.7		14.24		61.3
19																					
20																					
21																					
22																					
23	0.298		1.39		3.5		5.478		13.6		2.019		5.0		5.478		13.6		7.50		18.6
24																					
25	0.292		3.35		8.2	<	0.1	<	0.2		2.26		5.5		7.462		18.2		9.72		23.7
26																					
27																					
28																					
29																					
30	0.268		2.58		5.8	<	0.1	<	0.2		1.622		3.6		4.509		10.1		6.13		13.7
Avg	0.312		2.25		6	<	1.056	<	3		2.178		6		6.262		17		8.441		23
Monthly Total Loads (lbs):					188			<	99				193				504				697

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 7/16/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total N Credits Purchased During Month: _____ lbs
 Total N (TN) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Nitrogen - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TN Delivery Ratio for Facility (lbs)*	Credits Sold / TN Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Nitrogen - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Nitrogen Load (lbs):

697

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

697

(Actual Load + (Credits Sold / TN Delivery Ratio) - (Credits Applied / TN Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **7/16/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total P Credits Purchased During Month: _____ lbs
 Total P (TP) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Phosphorus - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TP Delivery Ratio for Facility (lbs)*	Credits Sold / TP Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Phosphorus - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Phosphorus Load (lbs):

188

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

188

(Actual Load + (Credits Sold / TP Delivery Ratio) - (Credits Applied / TP Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **7/16/2025**

INSTRUCTIONS FOR COMPLETING MONTHLY CHESAPEAKE BAY SUPPLEMENTAL REPORTS

NUTRIENT MONITORING WORKSHEET

- 1 Enter Facility Name, Municipality, County, Watershed No., Month (numeric), Year, NPDES Permit No., Outfall No., and Permit Expiration Date.
- 2 Enter daily monitoring data for Flow (MGD) and Nutrient parameter concentrations (mg/l). **Enter results exactly as received from the laboratory.** The worksheet will automatically calculate the daily loading and Total Nitrogen concentrations (in blue). If no monitoring data are available for the day, leave the row blank. Use the "Q" column to select the less than symbol (" $<$ ") for any result reported as "non-detect."
- 3 Average monthly concentrations and mass loadings and Total Monthly Loads are automatically calculated. Daily concentrations for Total Nitrogen are computed by summing the concentrations for TKN and $\text{NO}_2 + \text{NO}_3$ as N.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

NITROGEN AND PHOSPHORUS BUDGET WORKSHEETS

- 1 Enter the total number of Nitrogen (N) and Phosphorus (P) credits purchased or sold during the month (lbs).
- 2 Use the tables "**Total Nitrogen - Pounds**" and "**Total Phosphorus - Pounds**" to report all credits that you wish to apply for permit compliance and all credits sold. You do not need to apply credits that you purchased during the month toward permit compliance, but if you choose to do so, report the number you wish to apply in this table. Any remaining credits that you purchase can be applied another month or during the Truing Period (Oct 1 - Nov 28). List the registry number, contract effective date and DEP approval date for all credits applied or sold during the month. Divide credits applied and sold by the TN and TP Delivery Ratios for your facility.
- 3 Use the tables "**Total Nitrogen - Offsets**" and "**Total Phosphorus - Offsets**" to report all offsets for the month. For septage (only septage, not holding tank or other hauled in wastes), divide the total gallons of septage received by 1,000 and multiply by 3 to determine the total amount (lbs) of offsets to report in the Total Nitrogen - Offsets table. For all other offsets, list the source, approved amount and DEP approval date.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **06/01/2025**

DMR Effective To: **06/30/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	06	01	TO	2025	06	30

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	7.7	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Daily Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	6.8	***	7.4	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	6.3	27.5	lbs/day	***	4.5	6.40	mg/L	1/week	24-Hr Composite
	Permit Requirement	125 Avg Mo	185 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		1/week	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	8.441	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	< 3	***	lbs/day	***	< 1.056	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	2.178	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	6.262	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	2.25	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	27.2	***	***	mW/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Daily Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.284	.562	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	697	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 99	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	193	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	504	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	188	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (May-Sep)	Sample Measurement	***	***	***	***	< 7.1	20.8	No./100 ml	1/week	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		1/week	Grab



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	37.8	96	lbs/day	***	15.1	39.8	mg/L	1/week	24-Hr Composite
	Permit Requirement	100 Avg Mo	165 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Raw Sewage Influent**

PA0032051	001
PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **06/01/2025**

DMR Effective To: **06/30/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	06	01	TO	2025	06	30

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	240.5	276	lbs/day	***	104.1	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	317.2	401	lbs/day	***	140.5	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
JUNC Daily Effluent Monitoring 6-2025.doc	Daily Effluent Monitoring Form	2025-07-16T11:18:53-04:00	
JUNC Hauled In Munciple Waste 6-2025.xls	Hauled-In Municipal Waste Form	2025-07-16T11:19:21-04:00	
JUNC Influent Process Control 6-2025.xls	Influent and Process Control Form	2025-07-16T11:19:48-04:00	
JUNC Biosolids Production 6-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-07-16T11:18:12-04:00	
JUNC Old Bay Worksheet 6-2025.xlsx	Other	2025-07-16T11:20:29-04:00	Bay Sheet

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	07	16
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



INSTRUCTIONS FOR COMPLETING SEWAGE SLUDGE / BIOSOLIDS SUPPLEMENTAL REPORT

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.

Biosolids Production Information

2. For each off-site removal event for liquid sewage sludge or biosolids and for dewatered sewage sludge or biosolids, and for each event where dewatered sewage sludge or biosolids are incinerated on-site, list the date of the event, identify the gallons (liquid) or tons (dewatered) removed or incinerated and the percent solids (e.g., 10%, 20%, etc.) Report only sewage sludge or biosolids that have been removed from the plant digesters and other solids which have been **permanently** removed from the treatment process. Do **not** include sewage sludge or biosolids from other facilities that are processed at your facility. (If there were no off-site removal events during the month, check the box above the table).

Calculate dry tons for liquid sewage sludge or biosolids by multiplying the volume (gallons) by the percent solids and by a conversion factor of 0.0000417. For example, if 2,500 gallons of liquid biosolids is removed, and the percent solids is 3.0%, dry tons is calculated as:

$$2,500 \text{ gallons} \times 3.0\% \times 0.0000417 = 0.31 \text{ dry tons}$$

Calculate dry tons for dewatered sewage sludge or biosolids by multiplying the tons dewatered by the percent solids and by a conversion factor of 0.01. For example, if 5 tons of dewatered biosolids is removed, and the percent solids is 50%, dry tons is calculated as:

$$5 \text{ tons} \times 50\% \times 0.01 = 2.5 \text{ dry tons}$$

The **% Solids** of liquid or dewatered sewage sludge or biosolids must be determined periodically through laboratory testing. Do not estimate or guess this value. An acceptable test method is method 2540B in *Standard Methods for the Examination of Water and Wastewater*, 18th edition, where samples are dried at 103-105°C. Other references such as ASTM may have equivalent tests which are also acceptable.

Biosolids and Incinerator Ash Disposal and Beneficial Use Information

3. Report sewage sludge, biosolids, and ash disposal and beneficial use information by disposal/application site. There are columns for four possible sites per month - if more sites are needed, attach additional pages. For each Site Name, listed at the top of the column, enter the Municipality and County of the site, the DEP Permit No. (i.e., Biosolids permit number for land application, landfill waste management permit number, etc.), Type of Material (sewage sludge, biosolids, or incinerator ash), Dry Tons Applied/Disposed at the site for the month, Type of Disposal/Use (e.g., reed beds, agricultural utilization, composting, landfill, other treatment plant, etc.) and the name of the hauler (company or individual name).
4. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.



SUPPLEMENTAL REPORT SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: July Year: 2025
NPDES Permit No.: PA0032051
Renewal application due **180 days** prior to expiration
This permit will expire on July 31, 2028

SEWAGE SLUDGE/BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

☒ Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site			Dewatered Sewage Sludge/Biosolids Hauled Off-site			Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons
TOTAL:				TOTAL:				TOTAL:	

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION (Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

Site Name	Byler Farm	Junction Reclamation Site	Cumberland Co. Landfill	Wind River Enviro/Klines Services
Municipality	Granville Township	Granville Twp.	Hopewell TWP	East Hempfield
County	Mifflin	Mifflin	Cumberland	Lancaster
DEP Permit No.	PAG-08-3606	PAG-08-3606	115666	36-03186
Type of Material*	Biosolid			
Dry Tons Applied/Disposed				
Type of Disposal/Use*	Agriculture			
Hauler Name	Granville Twp. Sewer and Water	Granville Twp. Sewer and Water	Cocolamous Creek Disposal	Klines Services

*See Instructions for explanation

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared by: Travis Hartzler S18784

Signature: _____



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Title: Operator II
Date: 8/14/2025



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A
Laboratories: In House and Fairway Labs Altoona

Month: _____ Year: _____
NPDES Permit No.: PA-0032051 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on September 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		CBOD5		TSS		Fecal Coliform		E Coli		UV Intensity		Ammonia		Total Phosphorus		Precipitation	
Day	Q	MGD	Q	S.U.	Q	MG/L	Q	MG/L	Q	MG/L	Q	MG/L	Q	CFU/ 100 ML	Q	MG/L	Q	MG/L	Q	mw/cm 2	Q	
1		.305		7.0		8.3					<	4.0				27.2						.5"r
2		.257		7.2		8.2		6.22		1.60						27.2		.7850		2.80		
3		.222		7.0		8.0										27.2						
4		.185		7.3		7.8										27.2						
5		.189		7.0		8.5										27.2						
6		.179		7.1		8.0										27.2						
7		.193		6.8		8.4										27.2	<	.1000		1.22		1.0"r
8		.330		7.0		8.3					<	4.0				27.2						
9		.223		7.5		8.0		4.89		15.6						27.2	<	.1000		1.55		
10		.188		7.0		7.6										27.2						
11		.183		7.0		8.4										27.2						.4"r
12		.193		7.0		8.0										27.2						
13		.168		7.0		8.0										27.2						2.5"r
14		.678		7.0		8.2										27.2	<	.1000		1.01		
15		.301		7.0		8.3						12.4				27.2						.6"r
16		.303		7.1		8.3		3.00		3.20						27.2		.2762		2.18		
17		.256		7.0		8.3										27.2						
18		.141		7.0		8.0										27.2						
19		.173		7.2		7.9										27.2						
20		.207		7.3		7.8										27.2						
21		.320		7.1		8.0										27.2	<	.1000		1.23		
22		.174		7.2		7.5						12.4				27.2						
23		.171		7.1		8.3		11.1		15.8						27.2		5.398		5.28		
24		.181		7.5		8.0										27.2						
25		.321		7.3		8.0										27.2						1.0"r
26		.259		7.3		7.6										27.2						.7"r
27		.264		7.4		7.6										27.2						
28		.230		7.6		7.8										27.2	<	.1000		2.62		
29		.194		7.5		7.5					<	4.0				27.2						
30		.186		7.6		7.8		4.61		12.0						27.2	<	.1000		1.57		
31		.191		7.5		7.4										27.2						
Avg		.237		7.1		7.7		5.9		9.0	<	6.2				27.2	<	.880		2.1		6.7"r

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler S18784

Signature: _____

Title:

Operator II

Date:

8/14/25



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

**INSTRUCTIONS FOR COMPLETING
DAILY EFFLUENT MONITORING
SUPPLEMENTAL REPORT**

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BPNPSM0436.

1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BPNPSM0463) and DEP guidance (3800-BK-DEP3047). Note – for bacteria, calculate and report the geometric mean value.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

3800-FM-BPNPSM0437 3/2012

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: July Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	SEPTAGE				SLUDGE				OTHER (specify):				DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	18,079												18,079	0
2	10,624												10,624	0
3	10,721												10,721	0
4	71,320												71,320	0
5	0													
6	0													
7	10,704												10,704	0
8	20,224												20,224	0
9	15,190												15,190	0
10	15,514												15,514	0
11	9,009												9,009	0
12	6,883												6,883	0
13	0													
14	15,243												15,243	0
15	21,638												21,638	0
16	4,175												4,175	0
17	6,744												6,744	0
18	12,842												12,842	0
19	4,655												4,655	0
20	938												938	0
21	25,561				12,000			Aerobic Digester					37,561	0
22	9,857												9,857	0
23	9,789												9,789	0
24	13,061												13,061	0
25	4,783												4,783	0
26	0													
27	654												654	0
28	18,995												18,995	0
29	14,820												14,820	0
30	13,074												13,074	0
31	25,586												25,586	0
Avg	12,603				12,000								Monthly Totals: 402,683	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 8/14/2025

INSTRUCTIONS FOR COMPLETING HAULED IN MUNICIPAL WASTES SUPPLEMENTAL REPORT

This form is intended for documenting the receipt of municipal wastes including sewage sludge, septage and other wastewaters hauled in from other facilities for processing and/or disposal at your facility. This form should not be used for reporting receipt of residual wastes (e.g., food processing wastes, oil and gas wastewater, landfill leachate, etc.) - please use Form 3800-FM-BPNPSM0450 for reporting this information.

- 1** Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2** For septage, sludge and other wastewaters (specify type in the space provided), record the daily volume received in gallons, the daily BOD₅ concentration (average), and the disposal location. The mass of BOD₅ introduced (lbs) is calculated automatically. Cells for disposal location have drop-down lists; you may select one of the options or type in your own description. Monthly average values and daily total values are calculated automatically.
- 3** Determine daily BOD₅ concentrations in mg/l by sampling loads in accordance with the permit or otherwise as determined by the facility. Periodic sampling of loads is encouraged to improve confidence in reported results.
- 4** Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

3800-FM-WSFR0436 7/2009

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: July Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.305						8.3	17,500.0		
2	0.257	59.3	127	108.0	231	2,175.0	8.2	15,750.0		
3	0.222						8.0	15,750.0		
4	0.185						7.8	15,750.0		
5	0.189						8.5	15,750.0		
6	0.179						8.0	15,750.0		
7	0.193						8.4	15,750.0		
8	0.33						8.3	15,750.0		
9	0.223	53.6	100	278.0	517	1,820.0	8.0	12,250.0		
10	0.188						7.6	12,250.0		
11	0.183						8.4	12,250.0		
12	0.193						8.0	12,250.0		
13	0.168						8.0	12,250.0		
14	0.678						8.2	12,250.0		
15	0.301						8.3	12,250.0		
16	0.303	92.4	233	260.0	657	1,935.0	8.3	15,750.0		
17	0.256						8.3	15,750.0		
18	0.141						8.0	15,750.0		
19	0.173						7.9	15,750.0		
20	0.207						7.8	15,750.0		
21	0.32						8.0	15,750.0		
22	0.174						7.5	15,750.0		
23	0.171	247.0	352	271.0	386	1,850.0	8.3	16,625.0		
24	0.181						8.0	16,625.0		
25	0.321						8.0	16,625.0		
26	0.259						7.6	16,625.0		
27	0.264						7.6	16,625.0		
28	0.23						7.8	16,625.0		
29	0.194					1,985.0	7.5	16,625.0		
30	0.186	87.4	136	224.0	347		7.8	16,625.0		
31	0.191						7.4	16,625.0		
Avg	0.238	108	190	228	428	1,953	8	15,270		
Max	0.678	247	352	278	657	2,175	9	17,500		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 8/14/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

INSTRUCTIONS FOR COMPLETING INFLUENT & PROCESS CONTROL SUPPLEMENTAL REPORT

- 1 Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2 For **Influent**, enter daily average Influent Flow (MGD) (if an influent flow meter is in use), daily influent BOD₅ concentrations (mg/l) and loads (lbs), and daily influent TSS concentrations (mg/l) and loads (lbs). BOD₅ and TSS loads are automatically calculated if Influent Flow and concentration values are entered. If an influent flow meter is not in use, you may use results from an effluent flow meter.
- 3 For **Process Control**, enter daily average Mixed Liquor Suspended Solids (MLSS) (mg/l) and daily average Aeration Dissolved Oxygen (DO) for aerobic biological treatment systems; total daily Sludge Wasted (removed from biological treatment), in gallons, for all treatment system types; Return Activated Sludge (RAS) Rate (in million gallons per day) for aerobic biological treatment systems; and Recirculation (Recirc) Rate (in million gallons per day) for fixed media biological treatment systems. If a parameter does not apply to your facility, leave the column blank. Information for other parameters such as Return Activated Sludge (RAS) Rate, Recirculation Rate (for fixed media treatment systems), Sludge Blanket Thickness, Sludge Volume Index, and others may be requested by the DEP office that issued the permit.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



CHESAPEAKE BAY SUPPLEMENTAL REPORT NUTRIENT MONITORING

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A

Month: 7 (Select number) Year: 2025
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 31-Aug-16

DAY	FLOW MGD	Total P				NH ₃ -N				TKN				NO ₂ +NO ₃ as N				Total N			
		Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day
1																					
2	0.257		2.8		6.0		0.785		1.7		2.252		4.8		8.001		17.1		10.25		22.0
3																					
4																					
5																					
6																					
7	0.193		1.22		2.0	<	0.1	<	0.2		0.107		0.2		8.131		13.1		8.24		13.3
8																					
9	0.223		1.22		2.3	<	0.1	<	0.2		1.066		2.0		8.131		15.1		9.20		17.1
10																					
11																					
12																					
13																					
14	0.678		1.01		5.7	<	0.1	<	0.6		0.665		3.8		8.753		49.5		9.42		53.3
15																					
16	0.303		2.18		5.5		0.276		0.7		1.645		4.2		4.1		10.4		5.75		14.5
17																					
18																					
19																					
20																					
21	0.32		1.23		3.3	<	0.1	<	0.3		1.015		2.7		9.175		24.5		10.19		27.2
22																					
23	0.171		5.28		7.5		5.398		7.7		10.86		15.5		19.59		27.9		30.45		43.4
24																					
25																					
26																					
27																					
28	0.23		2.62		5.0	<	0.1	<	0.2		1.509		2.9		8.059		15.5		9.57		18.4
29																					
30	0.186		1.57		2.4	<	0.1	<	0.2		1.929		3.0		7.903		12.3		9.83		15.3
31																					
Avg	0.285		2.13		4	<	0.7844	<	1		2.3386		4		9.094		21		11.4323		25
Monthly Total Loads (lbs):					137			<	40				134				638				773

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 8/14/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total N Credits Purchased During Month: _____ lbs
 Total N (TN) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Nitrogen - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TN Delivery Ratio for Facility (lbs)*	Credits Sold / TN Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Nitrogen - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Nitrogen Load (lbs):

773

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

773

(Actual Load + (Credits Sold / TN Delivery Ratio) - (Credits Applied / TN Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **8/14/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total P Credits Purchased During Month: _____ lbs
 Total P (TP) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Phosphorus - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TP Delivery Ratio for Facility (lbs)*	Credits Sold / TP Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Total Phosphorus - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

Monthly Total Phosphorus Load (lbs):

137

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

137

(Actual Load + (Credits Sold / TP Delivery Ratio) - (Credits Applied / TP Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **8/14/2025**

INSTRUCTIONS FOR COMPLETING MONTHLY CHESAPEAKE BAY SUPPLEMENTAL REPORTS

NUTRIENT MONITORING WORKSHEET

- 1 Enter Facility Name, Municipality, County, Watershed No., Month (numeric), Year, NPDES Permit No., Outfall No., and Permit Expiration Date.
- 2 Enter daily monitoring data for Flow (MGD) and Nutrient parameter concentrations (mg/l). **Enter results exactly as received from the laboratory.** The worksheet will automatically calculate the daily loading and Total Nitrogen concentrations (in blue). If no monitoring data are available for the day, leave the row blank. Use the "Q" column to select the less than symbol ("<") for any result reported as "non-detect."
- 3 Average monthly concentrations and mass loadings and Total Monthly Loads are automatically calculated. Daily concentrations for Total Nitrogen are computed by summing the concentrations for TKN and $\text{NO}_2 + \text{NO}_3$ as N.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

NITROGEN AND PHOSPHORUS BUDGET WORKSHEETS

- 1 Enter the total number of Nitrogen (N) and Phosphorus (P) credits purchased or sold during the month (lbs).
- 2 Use the tables **"Total Nitrogen - Pounds"** and **"Total Phosphorus - Pounds"** to report all credits that you wish to apply for permit compliance and all credits sold. You do not need to apply credits that you purchased during the month toward permit compliance, but if you choose to do so, report the number you wish to apply in this table. Any remaining credits that you purchase can be applied another month or during the Truing Period (Oct 1 - Nov 28). List the registry number, contract effective date and DEP approval date for all credits applied or sold during the month. Divide credits applied and sold by the TN and TP Delivery Ratios for your facility.
- 3 Use the tables **"Total Nitrogen - Offsets"** and **"Total Phosphorus - Offsets"** to report all offsets for the month. For septage (only septage, not holding tank or other hauled in wastes), divide the total gallons of septage received by 1,000 and multiply by 3 to determine the total amount (lbs) of offsets to report in the Total Nitrogen - Offsets table. For all other offsets, list the source, approved amount and DEP approval date.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **07/01/2025**

DMR Effective To: **07/31/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	07	01	TO	2025	07	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	7.4	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Daily Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	6.8	***	7.6	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	48.2	18.2	lbs/day	***	9.0	15.6	mg/L	1/week	24-Hr Composite
	Permit Requirement	125 Avg Mo	185 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		1/week	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	11.43	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	< 1	***	lbs/day	***	< .7844	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	2.3386	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	9.094	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	2.13	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	27.2	***	***	mW/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Daily Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.237	.678	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	773	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 40	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	134	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	638	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	137	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (May-Sep)	Sample Measurement	***	***	***	***	< 6.2	12.4	No./100 ml	1/week	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		1/week	Grab



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	10.5	15.8	lbs/day	***	5.9	11.1	mg/L	1/week	24-Hr Composite
	Permit Requirement	100 Avg Mo	165 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: GRANVILLE TWP MIFFLIN CNTY

ADDRESS: 100 HELEN ST, LEWISTOWN PA, 17044-2437

FACILITY: JUNCTION WWTP

LOCATION: 6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044

STAGE: Raw Sewage Influent

PA0032051

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: Monthly

DMR Effective From: 07/01/2025

DMR Effective To: 07/31/2025

Permit Expires: 07/31/2028

Permit Application Due: 02/02/2028

No Discharge: ☐

MONITORING PERIOD

YEAR	MO	DAY		YEAR	MO	DAY
2025	07	01	TO	2025	07	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	189	352	lbs/day	***	107	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	356	657	lbs/day	***	186	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
JUNC Biosolids Production 7-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-08-14T09:04:15-04:00	
JUNC Daily Effluent Monitoring 7-2025.doc	Daily Effluent Monitoring Form	2025-08-14T09:04:45-04:00	
JUNC Old Bay Worksheet 7-2025.xlsx	Other	2025-08-14T09:06:55-04:00	Bay Sheet
JUNC Influent Process Control 7-2025.xls	Influent and Process Control Form	2025-08-14T09:05:53-04:00	
JUNC Hauled In Munciple Waste 7-2025.xls	Hauled-In Municipal Waste Form	2025-08-14T09:05:18-04:00	

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	08	14
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



INSTRUCTIONS FOR COMPLETING SEWAGE SLUDGE / BIOSOLIDS SUPPLEMENTAL REPORT

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.

Biosolids Production Information

2. For each off-site removal event for liquid sewage sludge or biosolids and for dewatered sewage sludge or biosolids, and for each event where dewatered sewage sludge or biosolids are incinerated on-site, list the date of the event, identify the gallons (liquid) or tons (dewatered) removed or incinerated and the percent solids (e.g., 10%, 20%, etc.) Report only sewage sludge or biosolids that have been removed from the plant digesters and other solids which have been **permanently** removed from the treatment process. Do **not** include sewage sludge or biosolids from other facilities that are processed at your facility. (If there were no off-site removal events during the month, check the box above the table).

Calculate dry tons for liquid sewage sludge or biosolids by multiplying the volume (gallons) by the percent solids and by a conversion factor of 0.0000417. For example, if 2,500 gallons of liquid biosolids is removed, and the percent solids is 3.0%, dry tons is calculated as:

$$2,500 \text{ gallons} \times 3.0\% \times 0.0000417 = 0.31 \text{ dry tons}$$

Calculate dry tons for dewatered sewage sludge or biosolids by multiplying the tons dewatered by the percent solids and by a conversion factor of 0.01. For example, if 5 tons of dewatered biosolids is removed, and the percent solids is 50%, dry tons is calculated as:

$$5 \text{ tons} \times 50\% \times 0.01 = 2.5 \text{ dry tons}$$

The **% Solids** of liquid or dewatered sewage sludge or biosolids must be determined periodically through laboratory testing. Do not estimate or guess this value. An acceptable test method is method 2540B in *Standard Methods for the Examination of Water and Wastewater*, 18th edition, where samples are dried at 103-105°C. Other references such as ASTM may have equivalent tests which are also acceptable.

Biosolids and Incinerator Ash Disposal and Beneficial Use Information

3. Report sewage sludge, biosolids, and ash disposal and beneficial use information by disposal/application site. There are columns for four possible sites per month - if more sites are needed, attach additional pages. For each Site Name, listed at the top of the column, enter the Municipality and County of the site, the DEP Permit No. (i.e., Biosolids permit number for land application, landfill waste management permit number, etc.), Type of Material (sewage sludge, biosolids, or incinerator ash), Dry Tons Applied/Disposed at the site for the month, Type of Disposal/Use (e.g., reed beds, agricultural utilization, composting, landfill, other treatment plant, etc.) and the name of the hauler (company or individual name).
4. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

SUPPLEMENTAL REPORT

SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Month: August Year: 2025
NPDES Permit No.: PA0032051
Renewal application due **180 days** prior to expiration
This permit will expire on July 31, 2028

☐ Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site			Dewatered Sewage Sludge/Biosolids Hauled Off-site			Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons

Site Name	Byler Farm	Junction Reclamation Site	Cumberland Co. Landfill	Wind River Enviro/Klines Services
Municipality	Granville Township	Granville Twp.	Hopewell TWP	East Hempfield
County	Mifflin	Mifflin	Cumberland	Lancaster
DEP Permit No.	PAG-08-3606	PAG-08-3606	115666	36-03186
Type of Material*	Biosolid			
Dry Tons Applied/Disposed				
Type of Disposal/Use*	Agriculture			
Hauler Name	Granville Twp. Sewer and Water	Granville Twp. Sewer and Water	Cocolamous Creek Disposal	Klines Services

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Signature: _____



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Title: Operator II
Date: 9/17/2025



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A
Laboratories: In House and Fairway Labs Altoona

Month: August Year: 2025
NPDES Permit No.: PA-0032051 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on September 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		CBOD5		TSS		Fecal Coliform		E Coli		UV Intensity		Ammonia		Total Phosphorus		Precipitation	
Day	Q	MGD	Q	S.U.	Q	MG/L	Q	MG/L	Q	MG/L	Q	MG/L	Q	CFU/100 ML	Q	MG/L	Q	MG/L	Q	mw/cm ²	Q	
1		.191		7.5		8.2										27.2						
2		.217		7.3		8.4										27.2						
3		.273		7.3		8.4										27.2						
4		.378		7.3		8.4										27.2	<	.1000		1.62		
5		.197		7.5		7.6						4.0		4.0		27.2						
6		.174		7.0		8.3										27.2		13.33		4.17		
7		.158		7.3		8.0		9.03		8.80						27.2						
8		.151		7.2		8.0										27.2						
9		.151		7.6		8.4										27.2						
10		.176		7.6		8.3										27.2						
11		.239		7.4		8.5										27.2		.1066		1.53		
12		.155		7.3		8.0						12.4				27.2						
13		.165		7.7		8.0		10.3		9.60						27.2		1.290		4.59		
14		.165		7.4		8.0										27.2						
15		.285		7.4		8.3										27.2						
16		.169		7.8		8.0										27.2						.5"r
17		.226		7.7		8.0										27.2						.8"r
18		.245		7.6		8.3										27.2		.7469		4.84		
19		.176		7.1		8.0						8.0				27.2						.5"r
20		.228		7.0		8.2	<	3.00	<	1.60						27.2		.1922		3.86		
21		.196		7.8		8.1										27.2						
22		.160		7.4		8.0										27.2						
23		.140		7.3		8.0										27.2						1.4"r
24		.225		7.4		8.1										27.2		.1050		.640		
25		.285		7.5		8.3						48.0				27.2						
26		.154		7.2		8.0		14.8		10.4						27.2		1.379		2.78		
27		.140		7.3		8.4										27.2						
28		.141		7.2		8.1										27.2						
29		.186		7.3		8.5										27.2						
30		.173		7.6		8.1										27.2						
31		.207		7.5		8.3										27.2						
Avg		.197		7.4		8.4	<	9.2	<	7.6		11.7		4.0		27.2	<	4.5		3.0		3.2"r

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler S18784

Signature: _____

Title:

Operator II

Date:

9/17/2025



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

**INSTRUCTIONS FOR COMPLETING
DAILY EFFLUENT MONITORING
SUPPLEMENTAL REPORT**

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BPNPSM0436.

1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BPNPSM0463) and DEP guidance (3800-BK-DEP3047). Note – for bacteria, calculate and report the geometric mean value.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

3800-FM-BPNPSM0437 3/2012

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: August Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	SEPTAGE				SLUDGE				OTHER (specify):				DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	7,013			Aerobic Digester									7,013	0
2	8,523			Aerobic Digester									8,523	0
3	4,962			Aerobic Digester									4,962	0
4	12,432			Aerobic Digester									12,432	0
5	12,160			Aerobic Digester									12,160	0
6	13,532			Aerobic Digester									13,532	0
7	23,256			Aerobic Digester									23,256	0
8	11,391			Aerobic Digester									11,391	0
9	0													
10	0													
11	19,924			Aerobic Digester									19,924	0
12	14,517			Aerobic Digester									14,517	0
13	14,598			Aerobic Digester									14,598	0
14	16,696			Aerobic Digester									16,696	0
15	11,613			Aerobic Digester									11,613	0
16	2,289			Aerobic Digester	27,000			Aerobic Digester					29,289	0
17	512			Aerobic Digester									512	0
18	4,983			Aerobic Digester									4,983	0
19	12,430			Aerobic Digester									12,430	0
20	7,445			Aerobic Digester									7,445	0
21	18,736			Aerobic Digester									18,736	0
22	10,010			Aerobic Digester									10,010	0
23	1,875			Aerobic Digester									1,875	0
24	0													
25	18,728			Aerobic Digester									18,728	0
26	9,479			Aerobic Digester									9,479	0
27	8,726			Aerobic Digester									8,726	0
28	23,785			Aerobic Digester									23,785	0
29	10,368			Aerobic Digester									10,368	0
30	0													
31	0													
Avg	9,677				27,000							Monthly Totals:	326,983	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 9/17/2025

INSTRUCTIONS FOR COMPLETING HAULED IN MUNICIPAL WASTES SUPPLEMENTAL REPORT

This form is intended for documenting the receipt of municipal wastes including sewage sludge, septage and other wastewaters hauled in from other facilities for processing and/or disposal at your facility. This form should not be used for reporting receipt of residual wastes (e.g., food processing wastes, oil and gas wastewater, landfill leachate, etc.) - please use Form 3800-FM-BPNPSM0450 for reporting this information.

- 1** Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2** For septage, sludge and other wastewaters (specify type in the space provided), record the daily volume received in gallons, the daily BOD₅ concentration (average), and the disposal location. The mass of BOD₅ introduced (lbs) is calculated automatically. Cells for disposal location have drop-down lists; you may select one of the options or type in your own description. Monthly average values and daily total values are calculated automatically.
- 3** Determine daily BOD₅ concentrations in mg/l by sampling loads in accordance with the permit or otherwise as determined by the facility. Periodic sampling of loads is encouraged to improve confidence in reported results.
- 4** Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: August Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.191						8.2	175,000.0		
2	0.217						8.4	17,500.0		
3	0.273						8.4	17,500.0		
4	0.378						8.4	17,500.0		
5	0.197						7.6	17,500.0		
6	0.174					1,760.0	8.3	17,500.0		
7	0.158	228.0	300	264.0	348		8.0	17,500.0		
8	0.151						8.0	17,500.0		
9	0.151						8.4	17,500.0		
10	0.176						8.3	17,500.0		
11	0.239						8.5	17,500.0		
12	0.155						8.0	17,500.0		
13	0.165	264.0	363	290.0	399	1,750.0	8.0	18,375.0		
14	0.165						8.0	18,375.0		
15	0.285						8.3	18,375.0		
16	0.169						8.0	18,375.0		
17	0.226						8.0	18,375.0		
18	0.245						8.3	18,375.0		
19	0.176						8.0	18,375.0		
20	0.228	163.0	310	260.0	494	2,015.0	8.2	19,250.0		
21	0.196						8.1	19,250.0		
22	0.16						8.0	19,250.0		
23	0.14						8.0	19,250.0		
24	0.225						8.1	19,250.0		
25	0.285						8.3	19,250.0		
26	0.154	339.0	435	196.0	252		8.0	19,250.0		
27	0.14					2,220.0	8.4	19,250.0		
28	0.141						8.1	21,000.0		
29	0.186						8.5	21,000.0		
30	0.173						8.1	21,000.0		
31	0.207						8.3	21,000.0		
Avg	0.198	249	352	253	373	1,936	8	23,681		
Max	0.378	339	435	290	494	2,220	9	175,000		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 9/17/2025



INSTRUCTIONS FOR COMPLETING INFLUENT & PROCESS CONTROL SUPPLEMENTAL REPORT

- 1 Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2 For **Influent**, enter daily average Influent Flow (MGD) (if an influent flow meter is in use), daily influent BOD₅ concentrations (mg/l) and loads (lbs), and daily influent TSS concentrations (mg/l) and loads (lbs). BOD₅ and TSS loads are automatically calculated if Influent Flow and concentration values are entered. If an influent flow meter is not in use, you may use results from an effluent flow meter.
- 3 For **Process Control**, enter daily average Mixed Liquor Suspended Solids (MLSS) (mg/l) and daily average Aeration Dissolved Oxygen (DO) for aerobic biological treatment systems; total daily Sludge Wasted (removed from biological treatment), in gallons, for all treatment system types; Return Activated Sludge (RAS) Rate (in million gallons per day) for aerobic biological treatment systems; and Recirculation (Recirc) Rate (in million gallons per day) for fixed media biological treatment systems. If a parameter does not apply to your facility, leave the column blank. Information for other parameters such as Return Activated Sludge (RAS) Rate, Recirculation Rate (for fixed media treatment systems), Sludge Blanket Thickness, Sludge Volume Index, and others may be requested by the DEP office that issued the permit.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



CHESAPEAKE BAY SUPPLEMENTAL REPORT NUTRIENT MONITORING

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A

Month: 8 (Select number) Year: 2025
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 31-Aug-16

DAY	FLOW MGD	Total P				NH ₃ -N				TKN				NO ₂ +NO ₃ as N				Total N			
		Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day
1																					
2																					
3																					
4	0.378		1.62		5.1	<	0.1	<	0.3		0.883		2.8		8.633		27.2		9.52		30.0
5																					
6																					
7	0.158		4.17		5.5		13.33		17.6		14.53		19.1		9.72		12.8		24.25		32.0
8																					
9																					
10																					
11	0.239		1.53		3.0		0.107		0.2		1.439		2.9		9.318		18.6		10.76		21.4
12																					
13	0.165		4.59		6.3		1.29		1.8		3.544		4.9		17.87		24.6		21.41		29.5
14																					
15																					
16																					
17																					
18	0.245		4.84		9.9		0.747		1.5		3.898		8.0		13.49		27.6		17.39		35.5
19																					
20	0.228		3.86		7.3		0.192		0.4		1.0		1.9		12.76		24.3		13.76		26.2
21																					
22																					
23																					
24																					
25	0.285		0.64		1.5		0.105		0.2		1.307		3.1		6.483		15.4		7.79		18.5
26																					
27	0.14		2.78		3.2		1.379		1.6		5.038		5.9		11.58		13.5		16.62		19.4
28																					
29																					
30																					
31																					
Avg	0.23		3		5	<	2.1562	<	3		3.9548		6		11.232		20		15.1866		27
Monthly Total Loads (lbs):					163			<	92				188				635				823

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 9/17/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total N Credits Purchased During Month: _____ lbs
 Total N (TN) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Nitrogen - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TN Delivery Ratio for Facility (lbs)*	Credits Sold / TN Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Nitrogen - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Nitrogen Load (lbs):

823

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

823

(Actual Load + (Credits Sold / TN Delivery Ratio) - (Credits Applied / TN Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **9/17/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total P Credits Purchased During Month: _____ lbs
 Total P (TP) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Phosphorus - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TP Delivery Ratio for Facility (lbs)*	Credits Sold / TP Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Phosphorus - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Phosphorus Load (lbs):

163

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

163

(Actual Load + (Credits Sold / TP Delivery Ratio) - (Credits Applied / TP Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **9/17/2025**

INSTRUCTIONS FOR COMPLETING MONTHLY CHESAPEAKE BAY SUPPLEMENTAL REPORTS

NUTRIENT MONITORING WORKSHEET

- 1 Enter Facility Name, Municipality, County, Watershed No., Month (numeric), Year, NPDES Permit No., Outfall No., and Permit Expiration Date.
- 2 Enter daily monitoring data for Flow (MGD) and Nutrient parameter concentrations (mg/l). **Enter results exactly as received from the laboratory.** The worksheet will automatically calculate the daily loading and Total Nitrogen concentrations (in blue). If no monitoring data are available for the day, leave the row blank. Use the "Q" column to select the less than symbol ("<") for any result reported as "non-detect."
- 3 Average monthly concentrations and mass loadings and Total Monthly Loads are automatically calculated. Daily concentrations for Total Nitrogen are computed by summing the concentrations for TKN and $\text{NO}_2 + \text{NO}_3$ as N.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

NITROGEN AND PHOSPHORUS BUDGET WORKSHEETS

- 1 Enter the total number of Nitrogen (N) and Phosphorus (P) credits purchased or sold during the month (lbs).
- 2 Use the tables "**Total Nitrogen - Pounds**" and "**Total Phosphorus - Pounds**" to report all credits that you wish to apply for permit compliance and all credits sold. You do not need to apply credits that you purchased during the month toward permit compliance, but if you choose to do so, report the number you wish to apply in this table. Any remaining credits that you purchase can be applied another month or during the Truing Period (Oct 1 - Nov 28). List the registry number, contract effective date and DEP approval date for all credits applied or sold during the month. Divide credits applied and sold by the TN and TP Delivery Ratios for your facility.
- 3 Use the tables "**Total Nitrogen - Offsets**" and "**Total Phosphorus - Offsets**" to report all offsets for the month. For septage (only septage, not holding tank or other hauled in wastes), divide the total gallons of septage received by 1,000 and multiply by 3 to determine the total amount (lbs) of offsets to report in the Total Nitrogen - Offsets table. For all other offsets, list the source, approved amount and DEP approval date.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051				001		
PERMIT NUMBER				OUTFALL NUMBER		
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	08	01	TO	2025	08	31

Reporting Frequency: **Monthly**

DMR Effective From: **08/01/2025**

DMR Effective To: **08/31/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	8.0	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Daily Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.0	***	7.8	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	7.6	10.4	lbs/day	***	10.2	13.3	mg/L	1/week	24-Hr Composite
	Permit Requirement	125 Avg Mo	185 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		1/week	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	15.1866	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	< 3	***	lbs/day	***	< 2.1562	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	3.9548	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	11.232	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	3	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	27.2	***	***	mW/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Daily Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.197	.378	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	823	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 92	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	188	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	635	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	163	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (May-Sep)	Sample Measurement	***	***	***	***	11.7	48	No./100 ml	1/week	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		1/week	Grab



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	12.6	19	lbs/day	***	9.2	14.8	mg/L	1/week	24-Hr Composite
	Permit Requirement	100 Avg Mo	165 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Raw Sewage Influent**

PA0032051
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **08/01/2025**

DMR Effective To: **08/31/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	08	01	TO	2025	08	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	351	435	lbs/day	***	248	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	372	494	lbs/day	***	252	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
JUNC Influent Process Control 8-2025.xls	Influent and Process Control Form	2025-09-17T11:41:08-04:00	
JUNC Old Bay Worksheet 8-2025.xlsx	Other	2025-09-17T11:41:36-04:00	Bay Sheet
JUNC Biosolids Production 8-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-09-17T11:39:43-04:00	
JUNC Daily Effluent Monitoring 8-2025.doc	Daily Effluent Monitoring Form	2025-09-17T11:40:20-04:00	
JUNC Hauled In Munciple Waste 8-2025.xls	Hauled-In Municipal Waste Form	2025-09-17T11:40:44-04:00	

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	09	17
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Quarterly**

DMR Effective From: **07/01/2025**

DMR Effective To: **09/30/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	07	01	TO	2025	09	30

FROM

TO

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
E. Coli (51040)	Sample Measurement	***	***	***	***	***	4.0	No./100 ml	1/quarter	Grab
	Permit Requirement	***	***		***	***	Monitor & Report IMAX		1/quarter	Grab
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
scan.pdf	Other	2025-08-19T08:35:40-04:00	E.Coli

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	08	19
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



INSTRUCTIONS FOR COMPLETING SEWAGE SLUDGE / BIOSOLIDS SUPPLEMENTAL REPORT

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.

Biosolids Production Information

2. For each off-site removal event for liquid sewage sludge or biosolids and for dewatered sewage sludge or biosolids, and for each event where dewatered sewage sludge or biosolids are incinerated on-site, list the date of the event, identify the gallons (liquid) or tons (dewatered) removed or incinerated and the percent solids (e.g., 10%, 20%, etc.) Report only sewage sludge or biosolids that have been removed from the plant digesters and other solids which have been **permanently** removed from the treatment process. Do **not** include sewage sludge or biosolids from other facilities that are processed at your facility. (If there were no off-site removal events during the month, check the box above the table).

Calculate dry tons for liquid sewage sludge or biosolids by multiplying the volume (gallons) by the percent solids and by a conversion factor of 0.0000417. For example, if 2,500 gallons of liquid biosolids is removed, and the percent solids is 3.0%, dry tons is calculated as:

$$2,500 \text{ gallons} \times 3.0\% \times 0.0000417 = 0.31 \text{ dry tons}$$

Calculate dry tons for dewatered sewage sludge or biosolids by multiplying the tons dewatered by the percent solids and by a conversion factor of 0.01. For example, if 5 tons of dewatered biosolids is removed, and the percent solids is 50%, dry tons is calculated as:

$$5 \text{ tons} \times 50\% \times 0.01 = 2.5 \text{ dry tons}$$

The **% Solids** of liquid or dewatered sewage sludge or biosolids must be determined periodically through laboratory testing. Do not estimate or guess this value. An acceptable test method is method 2540B in *Standard Methods for the Examination of Water and Wastewater*, 18th edition, where samples are dried at 103-105°C. Other references such as ASTM may have equivalent tests which are also acceptable.

Biosolids and Incinerator Ash Disposal and Beneficial Use Information

3. Report sewage sludge, biosolids, and ash disposal and beneficial use information by disposal/application site. There are columns for four possible sites per month - if more sites are needed, attach additional pages. For each Site Name, listed at the top of the column, enter the Municipality and County of the site, the DEP Permit No. (i.e., Biosolids permit number for land application, landfill waste management permit number, etc.), Type of Material (sewage sludge, biosolids, or incinerator ash), Dry Tons Applied/Disposed at the site for the month, Type of Disposal/Use (e.g., reed beds, agricultural utilization, composting, landfill, other treatment plant, etc.) and the name of the hauler (company or individual name).
4. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.



SUPPLEMENTAL REPORT SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: September Year: 2025
NPDES Permit No.: PA0032051
Renewal application due **180 days** prior to expiration
This permit will expire on July 31, 2028

SEWAGE SLUDGE/BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

☒ Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site			Dewatered Sewage Sludge/Biosolids Hauled Off-site			Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons
TOTAL:				TOTAL:				TOTAL:	

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION (Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

Site Name	Byler Farm	Junction Reclamation Site	Cumberland Co. Landfill	Wind River Enviro/Klines Services
Municipality	Granville Township	Granville Twp.	Hopewell TWP	East Hempfield
County	Mifflin	Mifflin	Cumberland	Lancaster
DEP Permit No.	PAG-08-3606	PAG-08-3606	115666	36-03186
Type of Material*	Biosolid			
Dry Tons Applied/Disposed				
Type of Disposal/Use*	Agriculture			
Hauler Name	Granville Twp. Sewer and Water	Granville Twp. Sewer and Water	Cocolamous Creek Disposal	Klines Services

*See Instructions for explanation

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared by: Travis Hartzler S18784

Signature: _____



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Title: Operator II
Date: 10/14/2025



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A
Laboratories: In House and Fairway Labs Altoona

Month: September Year: 2025
NPDES Permit No.: PA-0032051 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on September 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		CBOD5		TSS		Fecal Coliform		E Coli		UV Intensity		Ammonia		Total Phosphorus		Precipitation	
Day	Q	MGD	Q	S.U.	Q	MG/L	Q	MG/L	Q	MG/L	Q	MG/L	Q	CFU/100 ML	Q	MG/L	Q	MG/L	Q	mw/cm ²	Q	
1		.250		7.4		8.5										27.2	<	.1000		2.03		
2		.275		7.2		8.3										27.2						
3		.163		7.0		8.1		8.19		29.6						27.2		4.270		4.85		
4		.142		7.1		8.0					<	4.0				27.2						.1"r
5		.225		7.2		8.0										27.2						
6		.137		7.4		8.1										27.2						
7		.175		6.9		8.2										27.2						
8		.214		7.0		8.2										27.2	<	.1000		4.42		
9		.193		7.0		8.7					<	4.0				27.2						
10		.174		7.5		9.0		7.44		7.60						27.2		8.037		3.86		
11		.160		7.3		8.1										27.2						
12		.178		7.4		8.1										27.2						
13		.152		7.0		8.6										27.2						
14		.178		7.1		8.0										27.2						
15		.137		7.0		8.5										27.2		1.796		5.09		
16		.157		7.0		8.1										27.2						
17		.174		7.1		8.4		12.4		11.6						27.2						
18		.180		7.2		8.0						8.0				27.2						
19		.235		7.1		8.6										27.2						
20		.161		7.3		8.0										27.2						
21		.160		7.4		8.2										27.2						
22		.176		7.2		8.0										27.2	<	.1000		1.12		.1"r
23		.196		7.0		8.0					<	4.0				27.2						
24		.170		6.9		8.0		3.89		8.40						27.2		.5640		3.82		.2"r
25		.217		7.3		8.0										27.2						.3"r
26		.219		7.4		8.0										27.2						.4"r
27		.151		7.2		8.2										27.2						
28		.163		7.4		8.4										27.2						
29		.245		7.2		8.0										27.2	<	.1000		2.41		
30		.162		7.2		8.0					<	4.0				27.2						
31																						
Avg		.183		7.9		8.7		7.98		14.3	<	4.5				27.2	<	1.7		4.9		1.1"r

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler S18784

Signature: _____

Title:

Operator II

Date:

10/14/2025



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

**INSTRUCTIONS FOR COMPLETING
DAILY EFFLUENT MONITORING
SUPPLEMENTAL REPORT**

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BPNPSM0436.

1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BPNPSM0463) and DEP guidance (3800-BK-DEP3047). Note – for bacteria, calculate and report the geometric mean value.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

3800-FM-BPNPSM0437 3/2012

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: September Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	SEPTAGE				SLUDGE				OTHER (specify):				DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	3,163			Aerobic Digester									3,163	0
2	14,918			Aerobic Digester									14,918	0
3	13,573			Aerobic Digester									13,573	0
4	24,984			Aerobic Digester									24,984	0
5	9,248			Aerobic Digester									9,248	0
6	0													
7	0													
8	27,043			Aerobic Digester	12,000			Aerobic Digester					39,043	0
9	16,505			Aerobic Digester									16,505	0
10	24,539			Aerobic Digester									24,539	0
11	10,784			Aerobic Digester									10,784	0
12	21,481			Aerobic Digester									21,481	0
13	11,597			Aerobic Digester									11,597	0
14	0													
15	12,961			Aerobic Digester									12,961	0
16	13,208			Aerobic Digester									13,208	0
17	15,029			Aerobic Digester									15,029	0
18	22,174			Aerobic Digester									22,174	0
19	3,030			Aerobic Digester									3,030	0
20	0													
21	3,950			Aerobic Digester									3,950	0
22	31,464			Aerobic Digester									31,464	0
23	14,006			Aerobic Digester									14,006	0
24	20,363			Aerobic Digester									20,363	0
25	16,981			Aerobic Digester									16,981	0
26	16,986			Aerobic Digester									16,986	0
27	0													
28	2,311			Aerobic Digester									2,311	0
29	12,843			Aerobic Digester									12,843	0
30	18,478			Aerobic Digester									18,478	0
31														
Avg	12,721				12,000								Monthly Totals: 393,619	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 10/14/2025

INSTRUCTIONS FOR COMPLETING HAULED IN MUNICIPAL WASTES SUPPLEMENTAL REPORT

This form is intended for documenting the receipt of municipal wastes including sewage sludge, septage and other wastewaters hauled in from other facilities for processing and/or disposal at your facility. This form should not be used for reporting receipt of residual wastes (e.g., food processing wastes, oil and gas wastewater, landfill leachate, etc.) - please use Form 3800-FM-BPNPSM0450 for reporting this information.

- 1** Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2** For septage, sludge and other wastewaters (specify type in the space provided), record the daily volume received in gallons, the daily BOD₅ concentration (average), and the disposal location. The mass of BOD₅ introduced (lbs) is calculated automatically. Cells for disposal location have drop-down lists; you may select one of the options or type in your own description. Monthly average values and daily total values are calculated automatically.
- 3** Determine daily BOD₅ concentrations in mg/l by sampling loads in accordance with the permit or otherwise as determined by the facility. Periodic sampling of loads is encouraged to improve confidence in reported results.
- 4** Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: September Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.25						8.5	21,000.0		
2	0.275						8.3	21,000.0		
3	0.163	306.0	416	168.0	228	4,645.0	8.1	22,750.0		
4	0.142						8.0	22,750.0		
5	0.225						8.0	22,750.0		
6	0.137						8.1	22,750.0		
7	0.175						8.2	22,750.0		
8	0.214						8.2	22,750.0		
9	0.193						8.78	22,750.0		
10	0.174	382.0	554	520.0	755	3,570.0	9.0	21,875.0		
11	0.16						8.1	21,875.0		
12	0.178						8.1	21,875.0		
13	0.152						8.6	21,875.0		
14	0.178						8.0	21,875.0		
15	0.137						8.5	21,875.0		
16	0.159						8.1	21,875.0		
17	0.174	220.0	319	212.0	308	2,855.0	8.4	21,875.0		
18	0.18						8.0	21,875.0		
19	0.235						8.6	21,875.0		
20	0.161						8.0	21,875.0		
21	0.16						8.2	21,875.0		
22	0.176						8.0	21,875.0		
23	0.196						8.0	21,875.0		
24	0.17	333.0	472	288.0	408	2,385.0	8.0	21,000.0		
25	0.217						8.0	21,000.0		
26	0.219						8.0	21,000.0		
27	0.151						8.2	21,000.0		
28	0.163						8.4	21,000.0		
29	0.245						8.0	21,000.0		
30	0.163						8.0	21,000.0		
31										
Avg	0.184	310	440	297	425	3,364	8	21,817		
Max	0.275	382	554	520	755	4,645	9	22,750		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 10/14/2025



INSTRUCTIONS FOR COMPLETING INFLUENT & PROCESS CONTROL SUPPLEMENTAL REPORT

- 1 Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2 For **Influent**, enter daily average Influent Flow (MGD) (if an influent flow meter is in use), daily influent BOD₅ concentrations (mg/l) and loads (lbs), and daily influent TSS concentrations (mg/l) and loads (lbs). BOD₅ and TSS loads are automatically calculated if Influent Flow and concentration values are entered. If an influent flow meter is not in use, you may use results from an effluent flow meter.
- 3 For **Process Control**, enter daily average Mixed Liquor Suspended Solids (MLSS) (mg/l) and daily average Aeration Dissolved Oxygen (DO) for aerobic biological treatment systems; total daily Sludge Wasted (removed from biological treatment), in gallons, for all treatment system types; Return Activated Sludge (RAS) Rate (in million gallons per day) for aerobic biological treatment systems; and Recirculation (Recirc) Rate (in million gallons per day) for fixed media biological treatment systems. If a parameter does not apply to your facility, leave the column blank. Information for other parameters such as Return Activated Sludge (RAS) Rate, Recirculation Rate (for fixed media treatment systems), Sludge Blanket Thickness, Sludge Volume Index, and others may be requested by the DEP office that issued the permit.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



CHESAPEAKE BAY SUPPLEMENTAL REPORT NUTRIENT MONITORING

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A

Month: 9 (Select number) Year: 2025
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 31-Aug-16

DAY	FLOW MGD	Total P				NH ₃ -N				TKN				NO ₂ +NO ₃ as N				Total N			
		Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day
1	0.25		2.03		4.2	<	0.1	<	0.2		1.704		3.6		9.433		19.7		11.14		23.2
2																					
3	0.163		4.85		6.6		4.27		5.8		9.239		12.6		8.051		10.9		17.29		23.5
4																					
5																					
6																					
7																					
8	0.214		4.42		7.9	<	0.1	<	0.2	<	0.5	<	0.9		19.68		35.1	<	20.18	<	36.0
9																					
10																					
11	0.174		3.86		5.6		8.037		11.7		7.6		11.0		10.36		15.0		17.96		26.1
12																					
13																					
14																					
15	0.137		0.77		0.9		0.341		0.4		1.976		2.3		5.576		6.4		7.55		8.6
16																					
17	0.175		5.09		7.4		1.796		2.6		4.886		7.1		17.14		25.0		22.03		32.1
18																					
19																					
20																					
21																					
22	0.176		1.12		1.6	<	0.1	<	0.1		1.883		2.8		4.649		6.8		6.53		9.6
23																					
24	0.17		3.82		5.4		0.564		0.8		2.042		2.9		13.06		18.5		15.10		21.4
25																					
26																					
27																					
28																					
29	0.245		2.41		4.9	<	0.1	<	0.2		3.773		7.7		8.027		16.4		11.80		24.1
30																					
Avg	0.189		3.15		5	<	1.712	<	2	<	3.734	<	6		10.664		17	<	14.398	<	23
Monthly Total Loads (lbs):					149				73				169				513				682

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 10/14/2025



pennsylvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total N Credits Purchased During Month: _____ lbs
 Total N (TN) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Nitrogen - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TN Delivery Ratio for Facility (lbs)*	Credits Sold / TN Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Nitrogen - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Nitrogen Load (lbs):

682

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

682

(Actual Load + (Credits Sold / TN Delivery Ratio) - (Credits Applied / TN Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **10/14/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A
 Total P Credits Purchased During Month: _____ lbs
 Total P (TP) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: August 31, 2016

Total Phosphorus - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TP Delivery Ratio for Facility (lbs)*	Credits Sold / TP Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Phosphorus - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Phosphorus Load (lbs):

149

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

149

(Actual Load + (Credits Sold / TP Delivery Ratio) - (Credits Applied / TP Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 10/14/2025

INSTRUCTIONS FOR COMPLETING MONTHLY CHESAPEAKE BAY SUPPLEMENTAL REPORTS

NUTRIENT MONITORING WORKSHEET

- 1 Enter Facility Name, Municipality, County, Watershed No., Month (numeric), Year, NPDES Permit No., Outfall No., and Permit Expiration Date.
- 2 Enter daily monitoring data for Flow (MGD) and Nutrient parameter concentrations (mg/l). **Enter results exactly as received from the laboratory.** The worksheet will automatically calculate the daily loading and Total Nitrogen concentrations (in blue). If no monitoring data are available for the day, leave the row blank. Use the "Q" column to select the less than symbol (" $<$ ") for any result reported as "non-detect."
- 3 Average monthly concentrations and mass loadings and Total Monthly Loads are automatically calculated. Daily concentrations for Total Nitrogen are computed by summing the concentrations for TKN and $\text{NO}_2 + \text{NO}_3$ as N.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

NITROGEN AND PHOSPHORUS BUDGET WORKSHEETS

- 1 Enter the total number of Nitrogen (N) and Phosphorus (P) credits purchased or sold during the month (lbs).
- 2 Use the tables **"Total Nitrogen - Pounds"** and **"Total Phosphorus - Pounds"** to report all credits that you wish to apply for permit compliance and all credits sold. You do not need to apply credits that you purchased during the month toward permit compliance, but if you choose to do so, report the number you wish to apply in this table. Any remaining credits that you purchase can be applied another month or during the Truing Period (Oct 1 - Nov 28). List the registry number, contract effective date and DEP approval date for all credits applied or sold during the month. Divide credits applied and sold by the TN and TP Delivery Ratios for your facility.
- 3 Use the tables **"Total Nitrogen - Offsets"** and **"Total Phosphorus - Offsets"** to report all offsets for the month. For septage (only septage, not holding tank or other hauled in wastes), divide the total gallons of septage received by 1,000 and multiply by 3 to determine the total amount (lbs) of offsets to report in the Total Nitrogen - Offsets table. For all other offsets, list the source, approved amount and DEP approval date.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **09/01/2025**

DMR Effective To: **09/30/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	09	01	TO	2025	09	30

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	8.0	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Daily Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	6.9	***	7.4	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	19.6	40.2	lbs/day	***	14.3	29.6	mg/L	1/week	24-Hr Composite
	Permit Requirement	125 Avg Mo	185 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		1/week	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	< 14.398	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	< 2	***	lbs/day	***	< 1.712	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	< 3.734	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	< 1.712	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	3.15	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	27.2	***	***	mW/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Daily Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.183	.275	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	< 682	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 73	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	< 169	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	< 73	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	149	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (May-Sep)	Sample Measurement	***	***	***	***	< 4.5	8.0	No./100 ml	1/week	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		1/week	Grab



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	11.3	17.9	lbs/day	***	7.98	12.4	mg/L	1/week	24-Hr Composite
	Permit Requirement	100 Avg Mo	165 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Raw Sewage Influent**

PA0032051
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **09/01/2025**

DMR Effective To: **09/30/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	09	01	TO	2025	09	30

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	440.5	554	lbs/day	***	310	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	424	754	lbs/day	***	297	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
JUNC Biosolids Production 9-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-10-14T09:09:13-04:00	
JUNC Influent Process Control 9-2025.xls	Influent and Process Control Form	2025-10-14T09:11:13-04:00	
JUNC Hauled In Munciple Waste 9-2025.xls	Hauled-In Municipal Waste Form	2025-10-14T09:10:18-04:00	
JUNC Daily Effluent Monitoring 9-2025.doc	Daily Effluent Monitoring Form	2025-10-14T09:09:38-04:00	
JUNC Old Bay Worksheet 9-2025.xlsx	Other	2025-10-14T09:12:04-04:00	Bay Sheet

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	10	14
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



INSTRUCTIONS FOR COMPLETING SEWAGE SLUDGE / BIOSOLIDS SUPPLEMENTAL REPORT

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.

Biosolids Production Information

2. For each off-site removal event for liquid sewage sludge or biosolids and for dewatered sewage sludge or biosolids, and for each event where dewatered sewage sludge or biosolids are incinerated on-site, list the date of the event, identify the gallons (liquid) or tons (dewatered) removed or incinerated and the percent solids (e.g., 10%, 20%, etc.) Report only sewage sludge or biosolids that have been removed from the plant digesters and other solids which have been **permanently** removed from the treatment process. Do **not** include sewage sludge or biosolids from other facilities that are processed at your facility. (If there were no off-site removal events during the month, check the box above the table).

Calculate dry tons for liquid sewage sludge or biosolids by multiplying the volume (gallons) by the percent solids and by a conversion factor of 0.0000417. For example, if 2,500 gallons of liquid biosolids is removed, and the percent solids is 3.0%, dry tons is calculated as:

$$2,500 \text{ gallons} \times 3.0\% \times 0.0000417 = 0.31 \text{ dry tons}$$

Calculate dry tons for dewatered sewage sludge or biosolids by multiplying the tons dewatered by the percent solids and by a conversion factor of 0.01. For example, if 5 tons of dewatered biosolids is removed, and the percent solids is 50%, dry tons is calculated as:

$$5 \text{ tons} \times 50\% \times 0.01 = 2.5 \text{ dry tons}$$

The **% Solids** of liquid or dewatered sewage sludge or biosolids must be determined periodically through laboratory testing. Do not estimate or guess this value. An acceptable test method is method 2540B in *Standard Methods for the Examination of Water and Wastewater*, 18th edition, where samples are dried at 103-105°C. Other references such as ASTM may have equivalent tests which are also acceptable.

Biosolids and Incinerator Ash Disposal and Beneficial Use Information

3. Report sewage sludge, biosolids, and ash disposal and beneficial use information by disposal/application site. There are columns for four possible sites per month - if more sites are needed, attach additional pages. For each Site Name, listed at the top of the column, enter the Municipality and County of the site, the DEP Permit No. (i.e., Biosolids permit number for land application, landfill waste management permit number, etc.), Type of Material (sewage sludge, biosolids, or incinerator ash), Dry Tons Applied/Disposed at the site for the month, Type of Disposal/Use (e.g., reed beds, agricultural utilization, composting, landfill, other treatment plant, etc.) and the name of the hauler (company or individual name).
4. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.



SUPPLEMENTAL REPORT SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: October Year: 2025
NPDES Permit No.: PA0032051
Renewal application due **180 days** prior to expiration
This permit will expire on July 31, 2028

SEWAGE SLUDGE/BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

☐ Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site			Dewatered Sewage Sludge/Biosolids Hauled Off-site			Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons
10/2825				484.72	20.8	100.8			
TOTAL:				TOTAL:			100.8	TOTAL:	

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION (Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

Site Name	Byler Farm	Junction Reclamation Site	Cumberland Co. Landfill	Wind River Enviro/Klines Services
Municipality	Granville Township	Granville Twp.	Hopewell TWP	East Hempfield
County	Mifflin	Mifflin	Cumberland	Lancaster
DEP Permit No.	PAG-08-3606	PAG-08-3606	115666	36-03186
Type of Material*	Biosolid			
Dry Tons Applied/Disposed	484.72			
Type of Disposal/Use*	Agriculture			
Hauler Name	Granville Twp. Sewer and Water	Granville Twp. Sewer and Water	Cocolamous Creek Disposal	Klines Services

*See Instructions for explanation

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared by: Travis Hartzler S18784

Signature: _____



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Title: Operator II
Date: 11/18/2025



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A
Laboratories: In House and Fairway Labs Altoona

Month: October Year: 2025
NPDES Permit No.: PA-0032051 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on September 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		CBOD5		TSS		Fecal Coliform		E Coli		UV Intensity		Ammonia		Total Phosphorus		Precipitation	
Day	Q	MGD	Q	S.U.	Q	MG/L	Q	MG/L	Q	MG/L	Q	MG/L	Q	CFU/ 100 ML	Q	MG/L	Q	MG/L	Q	mw/cm 2	Q	
1		.211		7.3		8.0		6.47		6.80						27.2		6.289		5.26		
2		.208		7.1		8.0										27.2						
3		.189		7.2		8.0										27.2						
4		.160		7.0		8.5										27.2						
5		.170		7.4		8.5										27.2						
6		.141		7.1		8.4										27.2		.1486		2.41		1.0"r
7		.213		7.0		8.0					<	4.0				27.2						
8		.280		7.1		8.5		5.75		1.60						27.2		.2925		.930		
9		.208		6.8		8.4										27.2						
10		.140		6.8		8.7										27.2						.3"r
11		.160		7.0		9.0										27.2						.2"r
12		.167		7.0		9.0										27.2						
13		.284		7.2		8.1										27.2		.1712		1.07		
14		.161		7.0		8.1					<	4.0				27.2						
15		.221		7.0		8.5		5.01		4.80						27.2	<	.1000		1.79		
16		.227		7.1		8.4										27.2						
17		.223		7.6		9.0										27.2						
18		.161		7.2		8.8										27.2						
19		.177		7.2		8.5										27.2						
20		.257		7.3		8.4										27.2						.2"r
21		.164		7.0		8.5					<	4.0				27.2						
22		.248		6.8		8.5	<	3.00		1.60						27.2	<	.1000		2.20		
23		.237		6.9		8.8										27.2						
24		.220		6.9		9.1										27.2						
25		.160		7.0		8.3										27.2						
26		.168		7.1		9.0										27.2						
27		.221		7.0		9.1										27.2	<	.1000		2.12		
28		.158		6.9		9.1					<	4.0				27.2						
29		.174		7.0		8.6	<	3.00		7.20						27.2	<	.1000		1.45		
30		.268		7.1		9.1										27.2						1.5"r
31		.225		7.2		8.6										27.2						
Avg		.200		7.0		8.5	<	4.6		4.4	<	4.0				27.2	<	.82		2.1		3.2"r

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler S18784

Signature: _____

Title:

Operator II

Date:

11/18/2025



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

**INSTRUCTIONS FOR COMPLETING
DAILY EFFLUENT MONITORING
SUPPLEMENTAL REPORT**

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BPNPSM0436.

1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BPNPSM0463) and DEP guidance (3800-BK-DEP3047). Note – for bacteria, calculate and report the geometric mean value.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

3800-FM-BPNPSM0437 3/2012

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: October Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	SEPTAGE				SLUDGE				OTHER (specify):				DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	18,549			Aerobic Digester									18,549	0
2	15,432			Aerobic Digester									15,432	0
3	14,134			Aerobic Digester									14,134	0
4	0													
5	587			Aerobic Digester									587	0
6	8,194			Aerobic Digester									8,194	0
7	12,291			Aerobic Digester									12,291	0
8	11,594			Aerobic Digester									11,594	0
9	18,977			Aerobic Digester									18,977	0
10	19,538			Aerobic Digester									19,538	0
11	4,721			Aerobic Digester	30,000			Aerobic Digester					34,721	0
12	1,708			Aerobic Digester									1,708	0
13	19,866			Aerobic Digester	12,000			Aerobic Digester					31,866	0
14	9,715			Aerobic Digester									9,715	0
15	14,212			Aerobic Digester									14,212	0
16	12,821			Aerobic Digester									12,821	0
17	12,212			Aerobic Digester									12,212	0
18	0													
19	0													
20	18,180			Aerobic Digester									18,180	0
21	16,677			Aerobic Digester									16,677	0
22	15,875			Aerobic Digester									15,875	0
23	177,716			Aerobic Digester									177,716	0
24	11,056			Aerobic Digester									11,056	0
25	0													
26	357			Aerobic Digester									357	0
27	17,334			Aerobic Digester									17,334	0
28	17,827			Aerobic Digester									17,827	0
29	18,636			Aerobic Digester									18,636	0
30	9,213			Aerobic Digester									9,213	0
31	11,598			Aerobic Digester									11,598	0
Avg	16,420				21,000							Monthly Totals:	551,020	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 11/18/2025

INSTRUCTIONS FOR COMPLETING HAULED IN MUNICIPAL WASTES SUPPLEMENTAL REPORT

This form is intended for documenting the receipt of municipal wastes including sewage sludge, septage and other wastewaters hauled in from other facilities for processing and/or disposal at your facility. This form should not be used for reporting receipt of residual wastes (e.g., food processing wastes, oil and gas wastewater, landfill leachate, etc.) - please use Form 3800-FM-BPNPSM0450 for reporting this information.

- 1** Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2** For septage, sludge and other wastewaters (specify type in the space provided), record the daily volume received in gallons, the daily BOD₅ concentration (average), and the disposal location. The mass of BOD₅ introduced (lbs) is calculated automatically. Cells for disposal location have drop-down lists; you may select one of the options or type in your own description. Monthly average values and daily total values are calculated automatically.
- 3** Determine daily BOD₅ concentrations in mg/l by sampling loads in accordance with the permit or otherwise as determined by the facility. Periodic sampling of loads is encouraged to improve confidence in reported results.
- 4** Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: October Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.211	329.0	579	370.0	651	2,540.0	8.0	23,625.0		
2	0.208						8.0	23,625.0		
3	0.189						8.0	23,625.0		
4	0.16						8.5	23,625.0		
5	0.17						8.5	23,625.0		
6	0.141						8.4	23,625.0		
7	0.213						8.0	23,625.0		
8	0.28	90.3	211	265.0	619	2,360.0	8.5	23,625.0		
9	0.208						8.4	23,625.0		
10	0.14						8.7	23,625.0		
11	0.16						9.0	23,625.0		
12	0.167						9.0	23,625.0		
13	0.284						8.1	23,625.0		
14	0.161						8.1	23,625.0		
15	0.221	216.0	398	304.0	560	1,775.0	8.5	18,375.0		
16	0.227						8.4	18,375.0		
17	0.223						9.0	18,375.0		
18	0.161						8.8	18,375.0		
19	0.177						8.5	18,375.0		
20	0.257						8.4	18,375.0		
21	0.164						8.5	18,375.0		
22	0.248	278.0	575	285.0	589	1,775.0	8.5	18,375.0		
23	0.237						8.8	18,375.0		
24	0.22						9.1	18,375.0		
25	0.16						8.36	18,375.0		
26	0.168						9.0	18,375.0		
27	0.221						9.1	18,375.0		
28	0.158						9.1	18,375.0		
29	0.174	252.0	366	252.0	366	1,750.0	8.6	16,625.0		
30	0.268						8.5	16,625.0		
31	0.225						8.6	16,625.0		
Avg	0.2	233	426	295	557	2,040	9	20,577		
Max	0.284	329	579	370	651	2,540	9	23,625		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 11/18/2025



INSTRUCTIONS FOR COMPLETING INFLUENT & PROCESS CONTROL SUPPLEMENTAL REPORT

- 1 Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2 For **Influent**, enter daily average Influent Flow (MGD) (if an influent flow meter is in use), daily influent BOD₅ concentrations (mg/l) and loads (lbs), and daily influent TSS concentrations (mg/l) and loads (lbs). BOD₅ and TSS loads are automatically calculated if Influent Flow and concentration values are entered. If an influent flow meter is not in use, you may use results from an effluent flow meter.
- 3 For **Process Control**, enter daily average Mixed Liquor Suspended Solids (MLSS) (mg/l) and daily average Aeration Dissolved Oxygen (DO) for aerobic biological treatment systems; total daily Sludge Wasted (removed from biological treatment), in gallons, for all treatment system types; Return Activated Sludge (RAS) Rate (in million gallons per day) for aerobic biological treatment systems; and Recirculation (Recirc) Rate (in million gallons per day) for fixed media biological treatment systems. If a parameter does not apply to your facility, leave the column blank. Information for other parameters such as Return Activated Sludge (RAS) Rate, Recirculation Rate (for fixed media treatment systems), Sludge Blanket Thickness, Sludge Volume Index, and others may be requested by the DEP office that issued the permit.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



CHESAPEAKE BAY SUPPLEMENTAL REPORT NUTRIENT MONITORING

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A

Month: 10 (Select number) Year: 2025
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: 31-Aug-16

DAY	FLOW MGD	Total P				NH ₃ -N				TKN				NO ₂ +NO ₃ as N				Total N			
		Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day
1	0.211		5.26		9.3		6.289		11.1		9.262		16.3		17.17		30.2		26.43		46.5
2																					
3																					
4																					
5																					
6	0.141		2.41		2.8		0.149		0.2		2.213		2.6		5.833		6.9		8.05		9.5
7																					
8	0.28		0.93		2.2		0.293		0.7		1.894		4.4		5.367		12.5		7.26		17.0
9																					
10																					
11																					
12																					
13	0.284		1.07		2.5		0.171		0.4		1.498		3.5		11.44		27.1		12.94		30.6
14																					
15	0.221		1.79		3.3	<	0.1	<	0.2		1.105		2.0		10.01		18.4		11.12		20.5
16																					
17																					
18																					
19																					
20	0.257		2.05		4.4		0.105		0.2		0.681		1.5		10.43		22.4		11.11		23.8
21																					
22	0.248		2.2		4.6	<	0.1	<	0.2		1.15		2.4		13.02		26.9		14.17		29.3
23																					
24																					
25																					
26																					
27	0.221		2.12		3.9	<	0.1	<	0.2		1.502		2.8		10.78		19.9		12.28		22.6
28																					
29	0.174		1.45		2.1	<	0.1	<	0.1		1.233		1.8		10.74		15.6		11.97		17.4
30																					
31																					
Avg	0.226		2.14		4	<	0.8229	<	1		2.282		4		10.532		20		12.8142		24
Monthly Total Loads (lbs):					121				<		46						620				748

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 11/18/2025



pennsylvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total N Credits Purchased During Month: _____ lbs
 Total N (TN) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Nitrogen - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TN Delivery Ratio for Facility (lbs)*	Credits Sold / TN Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Nitrogen - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Nitrogen Load (lbs):

748

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

748

(Actual Load + (Credits Sold / TN Delivery Ratio) - (Credits Applied / TN Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **11/18/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total P Credits Purchased During Month: _____ lbs
 Total P (TP) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Phosphorus - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TP Delivery Ratio for Facility (lbs)*	Credits Sold / TP Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Phosphorus - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Phosphorus Load (lbs):

121

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

121

(Actual Load + (Credits Sold / TP Delivery Ratio) - (Credits Applied / TP Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **11/18/2025**

INSTRUCTIONS FOR COMPLETING MONTHLY CHESAPEAKE BAY SUPPLEMENTAL REPORTS

NUTRIENT MONITORING WORKSHEET

- 1 Enter Facility Name, Municipality, County, Watershed No., Month (numeric), Year, NPDES Permit No., Outfall No., and Permit Expiration Date.
- 2 Enter daily monitoring data for Flow (MGD) and Nutrient parameter concentrations (mg/l). **Enter results exactly as received from the laboratory.** The worksheet will automatically calculate the daily loading and Total Nitrogen concentrations (in blue). If no monitoring data are available for the day, leave the row blank. Use the "Q" column to select the less than symbol (" $<$ ") for any result reported as "non-detect."
- 3 Average monthly concentrations and mass loadings and Total Monthly Loads are automatically calculated. Daily concentrations for Total Nitrogen are computed by summing the concentrations for TKN and $\text{NO}_2 + \text{NO}_3$ as N.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

NITROGEN AND PHOSPHORUS BUDGET WORKSHEETS

- 1 Enter the total number of Nitrogen (N) and Phosphorus (P) credits purchased or sold during the month (lbs).
- 2 Use the tables "**Total Nitrogen - Pounds**" and "**Total Phosphorus - Pounds**" to report all credits that you wish to apply for permit compliance and all credits sold. You do not need to apply credits that you purchased during the month toward permit compliance, but if you choose to do so, report the number you wish to apply in this table. Any remaining credits that you purchase can be applied another month or during the Truing Period (Oct 1 - Nov 28). List the registry number, contract effective date and DEP approval date for all credits applied or sold during the month. Divide credits applied and sold by the TN and TP Delivery Ratios for your facility.
- 3 Use the tables "**Total Nitrogen - Offsets**" and "**Total Phosphorus - Offsets**" to report all offsets for the month. For septage (only septage, not holding tank or other hauled in wastes), divide the total gallons of septage received by 1,000 and multiply by 3 to determine the total amount (lbs) of offsets to report in the Total Nitrogen - Offsets table. For all other offsets, list the source, approved amount and DEP approval date.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **10/01/2025**

DMR Effective To: **10/31/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	10	01	TO	2025	10	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	8.0	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Daily Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	6.8	***	7.6	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	7.6	11.9	lbs/day	***	4.4	7.20	mg/L	1/week	24-Hr Composite
	Permit Requirement	125 Avg Mo	185 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		1/week	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	12.8	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	< 1.0	***	lbs/day	***	< .8229	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	2.282	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	10.53	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	2.14	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	27.2	***	***	mW/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Daily Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.200	.284	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	748	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 46	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	128	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	620	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	121	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (Oct-Apr)	Sample Measurement	***	***	***	***	< 4.0	< 4.0	No./100 ml	1/week	Grab
	Permit Requirement	***	***		***	2000 Geo Mean	10000 IMAX		1/week	Grab



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	8.8	13.4	lbs/day	***	< 4.6	6.47	mg/L	1/week	24-Hr Composite
	Permit Requirement	100 Avg Mo	165 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Raw Sewage Influent**

PA0032051
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **10/01/2025**

DMR Effective To: **10/31/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	10	01	TO	2025	10	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	417	578	lbs/day	***	233	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	556	651	lbs/day	***	295	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
JUNC Influent Process Control 10-2025.xls	Influent and Process Control Form	2025-11-18T08:03:07-05:00	
JUNC Biosolids Production 10-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-11-18T08:00:55-05:00	
JUNC Old Bay Worksheet 10-2025.xlsx	Other	2025-11-18T08:03:44-05:00	Bay Sheet
JUNC Daily Effluent Monitoring 10-2025.doc	Daily Effluent Monitoring Form	2025-11-18T08:01:23-05:00	
JUNC Hauled In Munciple Waste 10-2025.xls	Hauled-In Municipal Waste Form	2025-11-18T08:02:02-05:00	

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	11	18
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



INSTRUCTIONS FOR COMPLETING SEWAGE SLUDGE / BIOSOLIDS SUPPLEMENTAL REPORT

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.

Biosolids Production Information

2. For each off-site removal event for liquid sewage sludge or biosolids and for dewatered sewage sludge or biosolids, and for each event where dewatered sewage sludge or biosolids are incinerated on-site, list the date of the event, identify the gallons (liquid) or tons (dewatered) removed or incinerated and the percent solids (e.g., 10%, 20%, etc.) Report only sewage sludge or biosolids that have been removed from the plant digesters and other solids which have been **permanently** removed from the treatment process. Do **not** include sewage sludge or biosolids from other facilities that are processed at your facility. (If there were no off-site removal events during the month, check the box above the table).

Calculate dry tons for liquid sewage sludge or biosolids by multiplying the volume (gallons) by the percent solids and by a conversion factor of 0.0000417. For example, if 2,500 gallons of liquid biosolids is removed, and the percent solids is 3.0%, dry tons is calculated as:

$$2,500 \text{ gallons} \times 3.0\% \times 0.0000417 = 0.31 \text{ dry tons}$$

Calculate dry tons for dewatered sewage sludge or biosolids by multiplying the tons dewatered by the percent solids and by a conversion factor of 0.01. For example, if 5 tons of dewatered biosolids is removed, and the percent solids is 50%, dry tons is calculated as:

$$5 \text{ tons} \times 50\% \times 0.01 = 2.5 \text{ dry tons}$$

The **% Solids** of liquid or dewatered sewage sludge or biosolids must be determined periodically through laboratory testing. Do not estimate or guess this value. An acceptable test method is method 2540B in *Standard Methods for the Examination of Water and Wastewater*, 18th edition, where samples are dried at 103-105°C. Other references such as ASTM may have equivalent tests which are also acceptable.

Biosolids and Incinerator Ash Disposal and Beneficial Use Information

3. Report sewage sludge, biosolids, and ash disposal and beneficial use information by disposal/application site. There are columns for four possible sites per month - if more sites are needed, attach additional pages. For each Site Name, listed at the top of the column, enter the Municipality and County of the site, the DEP Permit No. (i.e., Biosolids permit number for land application, landfill waste management permit number, etc.), Type of Material (sewage sludge, biosolids, or incinerator ash), Dry Tons Applied/Disposed at the site for the month, Type of Disposal/Use (e.g., reed beds, agricultural utilization, composting, landfill, other treatment plant, etc.) and the name of the hauler (company or individual name).
4. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.



SUPPLEMENTAL REPORT SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: November Year: 2025
NPDES Permit No.: PA0032051
Renewal application due **180 days** prior to expiration
This permit will expire on July 31, 2028

SEWAGE SLUDGE/BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

☒ Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site			Dewatered Sewage Sludge/Biosolids Hauled Off-site			Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons
TOTAL:				TOTAL:				TOTAL:	

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION (Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

Site Name	Byler Farm	Junction Reclamation Site	Cumberland Co. Landfill	Wind River Enviro/Klines Services
Municipality	Granville Township	Granville Twp.	Hopewell TWP	East Hempfield
County	Mifflin	Mifflin	Cumberland	Lancaster
DEP Permit No.	PAG-08-3606	PAG-08-3606	115666	36-03186
Type of Material*	Biosolid			
Dry Tons Applied/Disposed				
Type of Disposal/Use*	Agriculture			
Hauler Name	Granville Twp. Sewer and Water	Granville Twp. Sewer and Water	Cocolamous Creek Disposal	Klines Services

*See Instructions for explanation

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared by: Travis Hartzler S18784

Signature: _____



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Title: Operator II
Date: 12/16/2025



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A
Laboratories: In House and Fairway Labs Altoona

Month: November Year: 2025
NPDES Permit No.: PA-0032051 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on September 30, 2022

Day	Effluent Parameters																			
	Flow		pH		DO		CBOD5		TSS		Fecal Coliform		E Coli		UV Intensity		Ammonia		Total Phosphorus	
	Q	MGD	Q	S.U.	Q	MG/L	Q	MG/L	Q	MG/L	Q	MG/L	Q	CFU/100 ML	Q	MG/L	Q	MG/L	Q	mw/cm ²
1		.185		7.0		9.0										27.2				
2		.184		7.1		8.9										27.2				
3		.161		7.2		9.1										27.2	<	.1000		1.07
4		.163		7.3		9.4										27.2				
5		.175		7.2		8.8		5.03		3.20						27.2	<	.5000		1.06
6		.159		6.7		9.1					<	4.0	<	4.0		27.2				
7		.161		7.2		9.3										27.2				.4"r
8		.179		7.0		8.9										27.2				
9		.183		7.2		8.9										27.2				
10		.250		7.3		9.1										27.2		.1992		.960
11		.188		7.2		9.5										27.2				
12		.160		7.2		9.2	<	3.00	<	1.60						27.2		1.77	<	.1000
13		.160		6.8		9.2					<	4.0				27.2				
14		.163		6.7		9.3										27.2				
15		.152		6.7		9.3										27.2				
16		.162		7.0		9.0										27.2				
17		.251		7.1		9.3										27.2	<	.1000		1.32
18		.156		6.8		9.3					<	4.0				27.2				.3"r
19		.185		6.8		9.5		4.67		2.80						27.2		.2116		2.3
20		.196		6.8		9.5										27.2				
21		.162		6.8		9.1										27.2				.3"r
22		.177		7.2		9.2										27.2				
23		.182		7.0		8.9										27.2				
24		.248		7.2		9.5										27.2		.1525		1.48
25		.204		7.0		9.2					<	4.0				27.2				
26		.199		7.1		8.9		5.78		2.80						27.2		.4131		2.5
27		.155		7.2		8.7										27.2				.4"r
28		.138		6.9		9.4										27.2				
29		.141		7.1		9.8										27.2				
30		.158		7.1		9.8										27.2				
31																				
Avg		.177		6.8		9.2	<	4.6		2.6	<	4.0	<	4.0		27.2	<	.28	<	1.5

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler S18784

Signature: _____

Title:

Operator II

Date:

12/16/2025



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

**INSTRUCTIONS FOR COMPLETING
DAILY EFFLUENT MONITORING
SUPPLEMENTAL REPORT**

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BPNPSM0436.

1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BPNPSM0463) and DEP guidance (3800-BK-DEP3047). Note – for bacteria, calculate and report the geometric mean value.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: November Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	SEPTAGE				SLUDGE				OTHER (specify):				DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	484			Aerobic Digester									484	0
2	3,037			Aerobic Digester									3,037	0
3	13,620			Aerobic Digester									13,620	0
4	8,089			Aerobic Digester									8,089	0
5	12,176			Aerobic Digester									12,176	0
6	19,493			Aerobic Digester									19,493	0
7	8,688			Aerobic Digester									8,688	0
8	6,316			Aerobic Digester									6,316	0
9	2,075			Aerobic Digester									2,075	0
10	6,479			Aerobic Digester									6,479	0
11	10,374			Aerobic Digester									10,374	0
12	17,164			Aerobic Digester									17,164	0
13	10,067			Aerobic Digester									10,067	0
14	8,029			Aerobic Digester									8,029	0
15	4,530			Aerobic Digester									4,530	0
16	0													
17	19,094			Aerobic Digester									19,094	0
18	29,197			Aerobic Digester	12,000			Aerobic Digester					41,197	0
19	5,140			Aerobic Digester									5,140	0
20	29,649			Aerobic Digester									29,649	0
21	18,589			Aerobic Digester	13,500			Aerobic Digester					32,089	0
22	12,014			Aerobic Digester									12,014	0
23	0													
24	12,028			Aerobic Digester									12,028	0
25	9,369			Aerobic Digester									9,369	0
26	7,600			Aerobic Digester									7,600	0
27	0													
28	11,634			Aerobic Digester									11,634	0
29	3,647			Aerobic Digester									3,647	0
30	0													
31														
Avg	9,619				12,750							Monthly Totals:	314,082	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 12/16/2025

INSTRUCTIONS FOR COMPLETING HAULED IN MUNICIPAL WASTES SUPPLEMENTAL REPORT

This form is intended for documenting the receipt of municipal wastes including sewage sludge, septage and other wastewaters hauled in from other facilities for processing and/or disposal at your facility. This form should not be used for reporting receipt of residual wastes (e.g., food processing wastes, oil and gas wastewater, landfill leachate, etc.) - please use Form 3800-FM-BPNPSM0450 for reporting this information.

- 1** Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2** For septage, sludge and other wastewaters (specify type in the space provided), record the daily volume received in gallons, the daily BOD₅ concentration (average), and the disposal location. The mass of BOD₅ introduced (lbs) is calculated automatically. Cells for disposal location have drop-down lists; you may select one of the options or type in your own description. Monthly average values and daily total values are calculated automatically.
- 3** Determine daily BOD₅ concentrations in mg/l by sampling loads in accordance with the permit or otherwise as determined by the facility. Periodic sampling of loads is encouraged to improve confidence in reported results.
- 4** Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

3800-FM-WSFR0436 7/2009

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: November Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.185						9.0	16,625.0		
2	0.184						8.9	16,625.0		
3	0.161						9.1	16,625.0		
4	0.163						9.4	16,625.0		
5	0.175	241.0	352	294.0	429	1,615.0	8.8	16,625.0		
6	0.159						9.1	16,625.0		
7	0.161						9.3	16,625.0		
8	0.179						8.9	16,625.0		
9	0.183						8.9	16,625.0		
10	0.25						9.1	16,625.0		
11	0.188						9.5	16,625.0		
12	0.16	264.0	352	220.0	294	2,030.0	9.2	17,500.0		
13	0.16						9.2	17,500.0		
14	0.163						9.3	17,500.0		
15	0.152						9.3	17,500.0		
16	0.162						9.0	17,500.0		
17	0.251						9.3	17,500.0		
18	0.156						9.3	17,500.0		
19	0.185	183.0	282	312.0	481	2,000.0	9.5	17,500.0		
20	0.196						9.5	17,500.0		
21	0.162						9.1	17,500.0		
22	0.177						9.2	17,500.0		
23	0.182						8.9	17,500.0		
24	0.248						9.5	17,500.0		
25	0.204						9.2	17,500.0		
26	0.199	151.0	251	254.0	422	2,330.0	8.9	19,250.0		
27	0.155						8.7	19,250.0		
28	0.138						9.4	19,250.0		
29	0.141						9.8	19,250.0		
30	0.158						9.8	19,250.0		
31										
Avg	0.178	210	309	270	406	1,994	9	17,471		
Max	0.251	264	352	312	481	2,330	10	19,250		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 12/16/2025



INSTRUCTIONS FOR COMPLETING INFLUENT & PROCESS CONTROL SUPPLEMENTAL REPORT

- 1 Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2 For **Influent**, enter daily average Influent Flow (MGD) (if an influent flow meter is in use), daily influent BOD₅ concentrations (mg/l) and loads (lbs), and daily influent TSS concentrations (mg/l) and loads (lbs). BOD₅ and TSS loads are automatically calculated if Influent Flow and concentration values are entered. If an influent flow meter is not in use, you may use results from an effluent flow meter.
- 3 For **Process Control**, enter daily average Mixed Liquor Suspended Solids (MLSS) (mg/l) and daily average Aeration Dissolved Oxygen (DO) for aerobic biological treatment systems; total daily Sludge Wasted (removed from biological treatment), in gallons, for all treatment system types; Return Activated Sludge (RAS) Rate (in million gallons per day) for aerobic biological treatment systems; and Recirculation (Recirc) Rate (in million gallons per day) for fixed media biological treatment systems. If a parameter does not apply to your facility, leave the column blank. Information for other parameters such as Return Activated Sludge (RAS) Rate, Recirculation Rate (for fixed media treatment systems), Sludge Blanket Thickness, Sludge Volume Index, and others may be requested by the DEP office that issued the permit.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



CHESAPEAKE BAY SUPPLEMENTAL REPORT NUTRIENT MONITORING

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A

Month: 11 (Select number) Year: 2025
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 31-Aug-16

DAY	FLOW MGD	Total P				NH ₃ -N				TKN				NO ₂ +NO ₃ as N				Total N			
		Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day
1																					
2																					
3	0.161		1.07		1.4	<	0.1	<	0.1		1.015		1.4		9.251		12.4		10.27		13.8
4																					
5	0.175		1.06		1.5	<	0.1	<	0.1	<	0.5	<	0.7		11.29		16.5	<	11.79	<	17.2
6																					
7																					
8																					
9																					
10	0.25		0.96		2.0		0.199		0.4		1.19		2.5		10.24		21.4		11.43		23.8
11																					
12	0.16		1.77		2.4	<	0.1	<	0.1		0.953		1.3		10.56		14.1		11.51		15.4
13																					
14																					
15																					
16																					
17	0.251		1.32		2.8	<	0.1	<	0.2		1.148		2.4		10.1		21.1		11.25		23.5
18																					
19	0.185		2.3		3.5		0.212		0.3		2.78		4.3		11.27		17.4		14.05		21.7
20																					
21																					
22																					
23																					
24	0.248		1.48		3.1		0.153		0.3		1.805		3.7		7.817		16.2		9.62		19.9
25																					
26	0.199		2.54		4.2		0.413		0.7		2.556		4.2		8.586		14.2		11.14		18.5
27																					
28																					
29																					
30																					
Avg	0.204		1.56		3	<	0.1721	<	0.3	<	1.493	<	3		9.889		17	<	11.383	<	19
Monthly Total Loads (lbs):					79			<	9			<	77				500			<	577

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 12/16/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total N Credits Purchased During Month: _____ lbs
 Total N (TN) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Nitrogen - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TN Delivery Ratio for Facility (lbs)*	Credits Sold / TN Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Nitrogen - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Nitrogen Load (lbs):

577

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

577

(Actual Load + (Credits Sold / TN Delivery Ratio) - (Credits Applied / TN Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **12/16/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A
 Total P Credits Purchased During Month: _____ lbs
 Total P (TP) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: August 31, 2016

Total Phosphorus - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TP Delivery Ratio for Facility (lbs)*	Credits Sold / TP Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Phosphorus - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Phosphorus Load (lbs):

79

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

79

(Actual Load + (Credits Sold / TP Delivery Ratio) - (Credits Applied / TP Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 12/16/2025

INSTRUCTIONS FOR COMPLETING MONTHLY CHESAPEAKE BAY SUPPLEMENTAL REPORTS

NUTRIENT MONITORING WORKSHEET

- 1 Enter Facility Name, Municipality, County, Watershed No., Month (numeric), Year, NPDES Permit No., Outfall No., and Permit Expiration Date.
- 2 Enter daily monitoring data for Flow (MGD) and Nutrient parameter concentrations (mg/l). **Enter results exactly as received from the laboratory.** The worksheet will automatically calculate the daily loading and Total Nitrogen concentrations (in blue). If no monitoring data are available for the day, leave the row blank. Use the "Q" column to select the less than symbol (" $<$ ") for any result reported as "non-detect."
- 3 Average monthly concentrations and mass loadings and Total Monthly Loads are automatically calculated. Daily concentrations for Total Nitrogen are computed by summing the concentrations for TKN and $\text{NO}_2 + \text{NO}_3$ as N.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

NITROGEN AND PHOSPHORUS BUDGET WORKSHEETS

- 1 Enter the total number of Nitrogen (N) and Phosphorus (P) credits purchased or sold during the month (lbs).
- 2 Use the tables **"Total Nitrogen - Pounds"** and **"Total Phosphorus - Pounds"** to report all credits that you wish to apply for permit compliance and all credits sold. You do not need to apply credits that you purchased during the month toward permit compliance, but if you choose to do so, report the number you wish to apply in this table. Any remaining credits that you purchase can be applied another month or during the Truing Period (Oct 1 - Nov 28). List the registry number, contract effective date and DEP approval date for all credits applied or sold during the month. Divide credits applied and sold by the TN and TP Delivery Ratios for your facility.
- 3 Use the tables **"Total Nitrogen - Offsets"** and **"Total Phosphorus - Offsets"** to report all offsets for the month. For septage (only septage, not holding tank or other hauled in wastes), divide the total gallons of septage received by 1,000 and multiply by 3 to determine the total amount (lbs) of offsets to report in the Total Nitrogen - Offsets table. For all other offsets, list the source, approved amount and DEP approval date.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **11/01/2025**

DMR Effective To: **11/30/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	11	01	TO	2025	11	30

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	8.7	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Daily Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	6.7	***	7.2	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	2.6	3.20	lbs/day	***	6.4	9.5	mg/L	1/week	24-Hr Composite
	Permit Requirement	125 Avg Mo	185 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		1/week	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	< 11.383	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	< .3	***	lbs/day	***	< .1721	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	< 1.493	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	9.889	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	1.56	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	27.2	***	***	mW/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Daily Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.177	.250	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	< 577	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 9	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	< 77	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	500	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	79	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (Oct-Apr)	Sample Measurement	***	***	***	***	< 4.0	< 4.0	No./100 ml	1/week	Grab
	Permit Requirement	***	***		***	2000 Geo Mean	10000 IMAX		1/week	Grab



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	6.4	9.5	lbs/day	***	4.6	5.78	mg/L	1/week	24-Hr Composite
	Permit Requirement	100 Avg Mo	165 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Raw Sewage Influent**

PA0032051	001
PERMIT NUMBER	OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **11/01/2025**

DMR Effective To: **11/30/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	11	01	TO	2025	11	30

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	308.7	352	lbs/day	***	209.7	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	406	481	lbs/day	***	270	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
JUNC Influent Process Control 11-2025.xls	Influent and Process Control Form	2025-12-16T09:00:21-05:00	
JUNC Biosolids Production 11-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-12-16T08:59:37-05:00	
JUNC Old Bay Worksheet 11-2025.xlsx	Other	2025-12-16T09:01:45-05:00	Bay Sheet
JUNC Daily Effluent Monitoring 11-2025.doc	Daily Effluent Monitoring Form	2025-12-16T09:00:00-05:00	
JUNC Hauled In Munciple Waste 11-2025.xls	Hauled-In Municipal Waste Form	2025-12-16T09:01:09-05:00	

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	12	16
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Quarterly**

DMR Effective From: **10/01/2025**

DMR Effective To: **12/31/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	10	01	TO	2025	12	31

FROM

TO

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
E. Coli (51040)	Sample Measurement	***	***	***	***	***	< 4.0	No./100 ml	1/quarter	Grab
	Permit Requirement	***	***		***	***	Monitor & Report IMAX		1/quarter	Grab
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
-----------	-----------------	---------------	---------------------

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	11	22
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



INSTRUCTIONS FOR COMPLETING SEWAGE SLUDGE / BIOSOLIDS SUPPLEMENTAL REPORT

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.

Biosolids Production Information

2. For each off-site removal event for liquid sewage sludge or biosolids and for dewatered sewage sludge or biosolids, and for each event where dewatered sewage sludge or biosolids are incinerated on-site, list the date of the event, identify the gallons (liquid) or tons (dewatered) removed or incinerated and the percent solids (e.g., 10%, 20%, etc.) Report only sewage sludge or biosolids that have been removed from the plant digesters and other solids which have been **permanently** removed from the treatment process. Do **not** include sewage sludge or biosolids from other facilities that are processed at your facility. (If there were no off-site removal events during the month, check the box above the table).

Calculate dry tons for liquid sewage sludge or biosolids by multiplying the volume (gallons) by the percent solids and by a conversion factor of 0.0000417. For example, if 2,500 gallons of liquid biosolids is removed, and the percent solids is 3.0%, dry tons is calculated as:

$$2,500 \text{ gallons} \times 3.0\% \times 0.0000417 = 0.31 \text{ dry tons}$$

Calculate dry tons for dewatered sewage sludge or biosolids by multiplying the tons dewatered by the percent solids and by a conversion factor of 0.01. For example, if 5 tons of dewatered biosolids is removed, and the percent solids is 50%, dry tons is calculated as:

$$5 \text{ tons} \times 50\% \times 0.01 = 2.5 \text{ dry tons}$$

The **% Solids** of liquid or dewatered sewage sludge or biosolids must be determined periodically through laboratory testing. Do not estimate or guess this value. An acceptable test method is method 2540B in *Standard Methods for the Examination of Water and Wastewater*, 18th edition, where samples are dried at 103-105°C. Other references such as ASTM may have equivalent tests which are also acceptable.

Biosolids and Incinerator Ash Disposal and Beneficial Use Information

3. Report sewage sludge, biosolids, and ash disposal and beneficial use information by disposal/application site. There are columns for four possible sites per month - if more sites are needed, attach additional pages. For each Site Name, listed at the top of the column, enter the Municipality and County of the site, the DEP Permit No. (i.e., Biosolids permit number for land application, landfill waste management permit number, etc.), Type of Material (sewage sludge, biosolids, or incinerator ash), Dry Tons Applied/Disposed at the site for the month, Type of Disposal/Use (e.g., reed beds, agricultural utilization, composting, landfill, other treatment plant, etc.) and the name of the hauler (company or individual name).
4. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.



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

SUPPLEMENTAL REPORT
SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: December Year: 2025
NPDES Permit No.: PA0032051
Renewal application due **180 days** prior to expiration
This permit will expire on July 31, 2028

SEWAGE SLUDGE/BIOSOLIDS PRODUCTION INFORMATION (Identify each off-site removal event and incineration event)

☒ Check here if there were no off-site removal events during the month

Date	Liquid Sewage Sludge/Biosolids Hauled Off-site			Dewatered Sewage Sludge/Biosolids Hauled Off-site			Sewage Sludge/Biosolids Dewatered and Incinerated On-site		
	Gallons	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons
TOTAL:			0	TOTAL:			TOTAL:		

SEWAGE SLUDGE/BIOSOLIDS AND INCINERATOR ASH DISPOSAL AND BENEFICIAL USE INFORMATION
(Identify all sites where sewage sludge/biosolids or ash were disposed or land applied)

Site Name	Byler Farm	Junction Reclamation Site	Cumberland Co. Landfill	Wind River Enviro/Klines Services
Municipality	Granville Township	Granville Twp.	Hopewell TWP	East Hempfield
County	Mifflin	Mifflin	Cumberland	Lancaster
DEP Permit No.	PAG-08-3606	PAG-08-3606	115666	36-03186
Type of Material*	Biosolid			
Dry Tons Applied/Disposed	0			
Type of Disposal/Use*	Agriculture			
Hauler Name	Granville Twp. Sewer and Water	Granville Twp. Sewer and Water	Cocolamous Creek Disposal	Klines Services

*See Instructions for explanation

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared by: Travis Hartzler S18784

Signature: _____



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Title: Operator II
Date: 1/15/2026



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A
Laboratories: In House and Fairway Labs Altoona

Month: December Year: 2025
NPDES Permit No.: PA-0032051 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on September 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		CBOD5		TSS		Fecal Coliform		E Coli		UV Intensity		Ammonia		Total Phosphorus		Precipitation	
Day	Q	MGD	Q	S.U.	Q	MG/L	Q	MG/L	Q	MG/L	Q	MG/L	Q	CFU/ 100 ML	Q	MG/L	Q	MG/L	Q	mw/cm 2	Q	
1		.255		6.9		9.6										27.2						
2		.154		6.8		9.7						4.0				27.2						
3		.158		6.8		9.3	<	3.00		3.60						27.2	<	.1000		1.42		
4		.161		6.7		9.6										27.2						
5		.182		6.6		9.7										27.2		.1253		3.28		
6		.157		6.8		9.3										27.2						
7		.152		6.7		9.8										27.2						
8		.148		7.3		10.1										27.2		.1463		2.53		
9		.213		6.8		10.3					<	4.0				27.2						
10		.149		6.7		9.6		5.84		6.00						27.2		.1439		4.30		
11		.155		6.6		9.6										27.2						
12		.139		6.9		9.8										27.2						
13		.149		6.9		9.2										27.2						
14		.173		6.9		9.3										27.2						
15		.226		6.8		9.9										27.2		.4512		2.24		
16		.164		6.5		9.5					<	4.0				27.2						
17		.190		6.8		10.0		19.2		4.80						27.2		.4816		4.92		
18		.248		6.9		10.0										27.2						
19		.277		7.1		9.7										27.2						.75"r
20		.194		7.3		9.6										27.2						
21		.210		7.2		9.5										27.2						
22		.210		7.1		10.0										27.2	<	.1000		2.51		.3'r/s
23		.155		6.9		9.7										27.2						
24		.166		6.6		9.9		5.71		3.60						27.2		.5547		3.39		
25		.128		7.1		9.7										27.2						.25"s
26		.155		7.1		9.9										27.2						
27		.159		6.9		10.0										27.2						
28		.190		6.9		10.0										27.2						
29		.311		6.9		9.5										27.2		1.066		2.37		.25'r
30		.178		6.9		9.6					<	4.0				27.2						
31		.149		7.0		9.6		6.93		2.00						27.2		.2653		2.75		
Avg		.186		6.8		9.3	<	8.1		4.0	<	4.0				27.2						1.5"r/s

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler S18784

Signature: _____

Title:

Operator II

Date:

1/15/2026



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

**INSTRUCTIONS FOR COMPLETING
DAILY EFFLUENT MONITORING
SUPPLEMENTAL REPORT**

Use this form to report daily monitoring results for the parameters that must be monitored in effluent for compliance with the permit. Results for influent parameters are normally reported on Form 3800-FM-BPNPSM0436.

1. Enter Facility Name, Municipality, County, Watershed No., Laboratories, Month, Year, NPDES Permit No., Outfall No., and Permit Expiration Date (it is noted that this information may be pre-populated if you have received this form with your permit). For Laboratories, list the names of all laboratories where samples were analyzed during the month, including on-site analysis.
2. In the column headers, below "Effluent Parameters," enter the names of parameters in the permit. Since limited space is provided, abbreviation may be necessary. If there are more parameters for an outfall than columns provided on the form, attach an additional sheet.
3. Below parameter names, and to the right of "Q" (Qualifier) column headers, enter the units associated each parameter (it is noted that this information may be pre-populated if you have received this form with your permit).
4. Enter monitoring results for parameters in the rows corresponding to the day of the month in which samples were collected. Enter results exactly as reported by the laboratory, or if measured with on-site equipment, to the level of precision recommended by the equipment manufacturer. Enter data qualifiers such as "<," ">," "J," and others in the "Q" column.
5. Calculate and report average values at the bottom of the table in accordance with the DMR Instructions (3800-FM-BPNPSM0463) and DEP guidance (3800-BK-DEP3047). Note – for bacteria, calculate and report the geometric mean value.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.

SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

3800-FM-BPNPSM0437 3/2012

Facility Name: Junction STP, Granville Township
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: December Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	SEPTAGE				SLUDGE				OTHER (specify):				DAILY TOTALS	
	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (mg/l)	BOD ₅ (lbs)	Disposal Location	Gallons	BOD ₅ (lbs)
1	12,562			Aerobic Digester									12,562	0
2	928			Aerobic Digester									928	0
3	6,060			Aerobic Digester									6,060	0
4	4,653			Aerobic Digester									4,653	0
5	9,791			Aerobic Digester									9,791	0
6	0													
7	0													
8	4,273			Aerobic Digester									4,273	0
9	9,456			Aerobic Digester									9,456	0
10	4,527			Aerobic Digester									4,527	0
11	4,852			Aerobic Digester									4,852	0
12	12,247			Aerobic Digester									12,247	0
13	0													
14	0													
15	15,739			Aerobic Digester									15,739	0
16	19,118			Aerobic Digester	12,000			Aerobic Digester					31,118	0
17	3,820			Aerobic Digester									3,820	0
18	5,314			Aerobic Digester									5,314	0
19	7,195			Aerobic Digester									7,195	0
20	0													
21	0													
22	19,594			Aerobic Digester									19,594	0
23	10,689			Aerobic Digester									10,689	0
24	626			Aerobic Digester									626	0
25	9,262			Aerobic Digester									9,262	0
26	4,175			Aerobic Digester									4,175	0
27	0													
28	15,879			Aerobic Digester									15,879	0
29	12,044			Aerobic Digester	27,000			Aerobic Digester					39,044	0
30	6,379			Aerobic Digester									6,379	0
31	7,789			Aerobic Digester									7,789	0
Avg	6,677				19,500							Monthly Totals:	245,972	

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 1/15/2026

INSTRUCTIONS FOR COMPLETING HAULED IN MUNICIPAL WASTES SUPPLEMENTAL REPORT

This form is intended for documenting the receipt of municipal wastes including sewage sludge, septage and other wastewaters hauled in from other facilities for processing and/or disposal at your facility. This form should not be used for reporting receipt of residual wastes (e.g., food processing wastes, oil and gas wastewater, landfill leachate, etc.) - please use Form 3800-FM-BPNPSM0450 for reporting this information.

- 1** Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2** For septage, sludge and other wastewaters (specify type in the space provided), record the daily volume received in gallons, the daily BOD₅ concentration (average), and the disposal location. The mass of BOD₅ introduced (lbs) is calculated automatically. Cells for disposal location have drop-down lists; you may select one of the options or type in your own description. Monthly average values and daily total values are calculated automatically.
- 3** Determine daily BOD₅ concentrations in mg/l by sampling loads in accordance with the permit or otherwise as determined by the facility. Periodic sampling of loads is encouraged to improve confidence in reported results.
- 4** Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

SUPPLEMENTAL REPORT - INFLUENT & PROCESS CONTROL

Facility Name: Granville Township Main STP
Municipality: Granville Township County: Mifflin
Watershed: 12-A

Month: December Year: 2025
NPDES Permit No.: PA0032051
Renewal application due 180 days prior to expiration.
This permit will expire on: July 31, 2028

Day	Influent					Process Control				
	Flow (MGD)	BOD ₅ (mg/l)	BOD ₅ (lbs)	TSS (mg/l)	TSS (lbs)	Aeration MLSS (mg/l)	Aeration DO (mg/l)	Sludge Wasted (gallons)		
1	0.255						9.6	19,250.0		
2	0.154					2,090.0	9.7	19,250.0		
3	0.158	283.0	373	300.0	395		9.3	20,125.0		
4	0.161						9.6	20,125.0		
5	0.182						9.7	20,125.0		
6	0.157						9.3	20,125.0		
7	0.152						9.8	20,125.0		
8	0.148						10.1	20,125.0		
9	0.213					1,960.0	10.3	20,125.0		
10	0.149	230.0	286	340.0	423		9.6	19,250.0		
11	0.155						9.6	19,250.0		
12	0.139						9.8	19,250.0		
13	0.149						9.2	19,250.0		
14	0.173						9.3	19,250.0		
15	0.226						9.9	19,250.0		
16	0.164					3,050.0	9.5	19,250.0		
17	0.19	178.0	282	212.0	336		10.0	21,000.0		
18	0.248						10.0	21,000.0		
19	0.277						9.7	21,000.0		
20	0.194						9.6	21,000.0		
21	0.21						9.5	21,000.0		
22	0.21						10.0	21,000.0		
23	0.155					2,540.0	9.7	21,000.0		
24	0.166	308.0	426	172.0	238		9.9	20,125.0		
25	0.128						9.7	20,125.0		
26	0.155						9.9	20,125.0		
27	0.159						10.0	20,125.0		
28	0.19						10.0	20,125.0		
29	0.311						9.5	20,125.0		
30	0.178					2,475.0	9.6	20,125.0		
31	0.149	236.0	293	176.0	219		9.6	21,000.0		
Avg	0.182	247	332	240	322	2,423	10	20,097		
Max	0.311	308	426	340	423	3,050	10	21,000		

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Travis Hartzler
Title: Operator II

License No.: S18784
Date: 1/15/2026



INSTRUCTIONS FOR COMPLETING INFLUENT & PROCESS CONTROL SUPPLEMENTAL REPORT

- 1 Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., and Permit Expiration Date.
- 2 For **Influent**, enter daily average Influent Flow (MGD) (if an influent flow meter is in use), daily influent BOD₅ concentrations (mg/l) and loads (lbs), and daily influent TSS concentrations (mg/l) and loads (lbs). BOD₅ and TSS loads are automatically calculated if Influent Flow and concentration values are entered. If an influent flow meter is not in use, you may use results from an effluent flow meter.
- 3 For **Process Control**, enter daily average Mixed Liquor Suspended Solids (MLSS) (mg/l) and daily average Aeration Dissolved Oxygen (DO) for aerobic biological treatment systems; total daily Sludge Wasted (removed from biological treatment), in gallons, for all treatment system types; Return Activated Sludge (RAS) Rate (in million gallons per day) for aerobic biological treatment systems; and Recirculation (Recirc) Rate (in million gallons per day) for fixed media biological treatment systems. If a parameter does not apply to your facility, leave the column blank. Information for other parameters such as Return Activated Sludge (RAS) Rate, Recirculation Rate (for fixed media treatment systems), Sludge Blanket Thickness, Sludge Volume Index, and others may be requested by the DEP office that issued the permit.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



CHESAPEAKE BAY SUPPLEMENTAL REPORT NUTRIENT MONITORING

Facility Name: Granville Township Junction WWTP
 Municipality: Granville Township County: Mifflin
 Watershed: 12-A

Month: 12 (Select number) Year: 2025
 NPDES Permit No.: PA-0032051 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 31-Aug-16

DAY	FLOW MGD	Total P				NH ₃ -N				TKN				NO ₂ +NO ₃ as N				Total N			
		Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day	Q	mg/l	Q	lbs/day
1	0.255		1.42		3.0	<	0.1	<	0.2		1.622		3.4		9.768		20.8		11.39		24.2
2																					
3	0.158		3.28		4.3		0.125		0.2		1.424		1.9		12.38		16.3		13.80		18.2
4																					
5																					
6																					
7																					
8	0.148		2.53		3.1		0.146		0.2		1.513		1.9		11.43		14.1		12.94		16.0
9																					
10	0.149		4.3		5.3		0.144		0.2	<	0.5	<	0.6		17.1		21.2	<	17.60	<	21.9
11																					
12																					
13																					
14																					
15	0.226		2.24		4.2		0.451		0.9		2.042		3.8		12.68		23.9		14.72		27.7
16																					
17	0.19		4.92		7.8		0.482		0.8		1.49		2.4		19.1		30.3		20.59		32.6
18																					
19																					
20																					
21																					
22	0.21		2.51		4.4	<	0.1	<	0.2		4.621		8.1		9.145		16.0		13.77		24.1
23																					
24	0.166		3.39		4.7		0.555		0.8		2.63		3.6		13.37		18.5		16.00		22.2
25																					
26																					
27																					
28																					
29	0.311		2.37		6.1		1.066		2.8		2.486		6.4		11.29		29.3		13.78		35.7
30																					
31	0.149						0.265		0.3		2.1		2.6		12.7		15.8		14.80		18.4
Avg	0.196		3		5	<	0.3434	<	0.6	<	2.043	<	3		12.896		21	<	14.939	<	24
Monthly Total Loads (lbs):					148			<	20			<	108				639			<	747

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
 Title: Sewer and Water Foreman

License No.: S18784
 Date: 1/15/2026



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total N Credits Purchased During Month: _____ lbs
 Total N (TN) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Nitrogen - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TN Delivery Ratio for Facility (lbs)*	Credits Sold / TN Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Nitrogen - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Nitrogen Load (lbs):

747

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

747

(Actual Load + (Credits Sold / TN Delivery Ratio) - (Credits Applied / TN Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **1/15/2026**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

Facility Name: **Granville Township Junction WWTP**
 Municipality: **Granville Township** County: **Mifflin**
 Watershed: **12-A**
 Total P Credits Purchased During Month: _____ lbs
 Total P (TP) Delivery Ratio: _____

Month: _____ Year: _____
 NPDES Permit No.: **PA-0032051** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **August 31, 2016**

Total Phosphorus - Pounds				
Registry Number	Contract Effective Date	Credits Applied / TP Delivery Ratio for Facility (lbs)*	Credits Sold / TP Delivery Ratio for Facility (lbs)	DEP Approval Date
Monthly Total (lbs):				

Total Phosphorus - Offsets		
Source	Amount (lbs)	DEP Approval Date
Monthly Total (lbs):		

* Indicate the credits that you wish to apply this month toward compliance with annual load limitations

Monthly Total Phosphorus Load (lbs):

148

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

148

(Actual Load + (Credits Sold / TP Delivery Ratio) - (Credits Applied / TP Delivery Ratio) - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
 Title: **Sewer and Water Foreman**

License No.: **S18784**
 Date: **1/15/2026**

INSTRUCTIONS FOR COMPLETING MONTHLY CHESAPEAKE BAY SUPPLEMENTAL REPORTS

NUTRIENT MONITORING WORKSHEET

- 1 Enter Facility Name, Municipality, County, Watershed No., Month (numeric), Year, NPDES Permit No., Outfall No., and Permit Expiration Date.
- 2 Enter daily monitoring data for Flow (MGD) and Nutrient parameter concentrations (mg/l). **Enter results exactly as received from the laboratory.** The worksheet will automatically calculate the daily loading and Total Nitrogen concentrations (in blue). If no monitoring data are available for the day, leave the row blank. Use the "Q" column to select the less than symbol (" $<$ ") for any result reported as "non-detect."
- 3 Average monthly concentrations and mass loadings and Total Monthly Loads are automatically calculated. Daily concentrations for Total Nitrogen are computed by summing the concentrations for TKN and $\text{NO}_2 + \text{NO}_3$ as N.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

NITROGEN AND PHOSPHORUS BUDGET WORKSHEETS

- 1 Enter the total number of Nitrogen (N) and Phosphorus (P) credits purchased or sold during the month (lbs).
- 2 Use the tables "**Total Nitrogen - Pounds**" and "**Total Phosphorus - Pounds**" to report all credits that you wish to apply for permit compliance and all credits sold. You do not need to apply credits that you purchased during the month toward permit compliance, but if you choose to do so, report the number you wish to apply in this table. Any remaining credits that you purchase can be applied another month or during the Truing Period (Oct 1 - Nov 28). List the registry number, contract effective date and DEP approval date for all credits applied or sold during the month. Divide credits applied and sold by the TN and TP Delivery Ratios for your facility.
- 3 Use the tables "**Total Nitrogen - Offsets**" and "**Total Phosphorus - Offsets**" to report all offsets for the month. For septage (only septage, not holding tank or other hauled in wastes), divide the total gallons of septage received by 1,000 and multiply by 3 to determine the total amount (lbs) of offsets to report in the Total Nitrogen - Offsets table. For all other offsets, list the source, approved amount and DEP approval date.
- 4 Type the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **12/01/2025**

DMR Effective To: **12/31/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	12	01	TO	2025	12	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	9.2	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Daily Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	6.6	***	7.3	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	5.4	7.6	lbs/day	***	4.0	6.0	mg/L	1/week	24-Hr Composite
	Permit Requirement	125 Avg Mo	185 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		1/week	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	< 14.93	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610)	Sample Measurement	< .6	***	lbs/day	***	< .3434	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	< 2.043	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	12.89	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	3.0	***	mg/L	2/week	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/week	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	27.2	***	***	mW/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Daily Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.186	.311	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	< 747	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 20	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	< 108	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	639	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	148	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (Oct-Apr)	Sample Measurement	***	***	***	***	< 4.0	4.0	No./100 ml	1/week	Grab
	Permit Requirement	***	***		***	2000 Geo Mean	10000 IMAX		1/week	Grab



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	11.6	30.4	lbs/day	***	< 8.1	19.2	mg/L	1/week	24-Hr Composite
	Permit Requirement	100 Avg Mo	165 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Raw Sewage Influent**

PA0032051
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **12/01/2025**

DMR Effective To: **12/31/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	12	01	TO	2025	12	31

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	351	426	lbs/day	***	247	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	158	422	lbs/day	***	240	***	mg/L	1/week	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		1/week	24-Hr Composite
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
JUNC Biosolids Production 12-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2026-01-15T08:20:01-05:00	
JUNC Old Bay Worksheet 12-2025.xlsx	Other	2026-01-15T08:22:15-05:00	Bay Sheet
JUNC Hauled In Munciple Waste 12-2025.xls	Hauled-In Municipal Waste Form	2026-01-15T08:21:20-05:00	
JUNC Influent Process Control 12-2025.xls	Influent and Process Control Form	2026-01-15T08:21:43-05:00	
JUNC Daily Effluent Monitoring 12-2025.doc	Daily Effluent Monitoring Form	2026-01-15T08:20:31-05:00	

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2026	01	15
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Annually**

DMR Effective From: **10/01/2024**

DMR Effective To: **09/30/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD

YEARMO DAY

202410 01

TO

YEARMO DAY

202509 30

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	***	< 8025	lbs	***	***	***	***	1/year	Calculation
	Permit Requirement	***	Monitor & Report Total Annual		***	***	***		1/year	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	***	< 698	lbs	***	***	***	***	1/year	Calculation
	Permit Requirement	***	Monitor & Report Total Annual		***	***	***		1/year	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	***	1678	lbs	***	***	***	***	1/year	Calculation
	Permit Requirement	***	Monitor & Report Total Annual		***	***	***		1/year	Calculation
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Effluent Net**

PA0032051

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Annually**

DMR Effective From: **10/01/2024**

DMR Effective To: **09/30/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2024	10	01	TO	2025	09	30

FROM

TO

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	***	< 8025	lbs	***	***	***	***	1/year	Calculation
	Permit Requirement	***	15196 Total Annual		***	***	***		***	1/year
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	***	1678	lbs	***	***	***	***	1/year	Calculation
	Permit Requirement	***	1899 Total Annual		***	***	***		***	1/year
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
JUNC Annual_Chesapeake_Bay_ Oct 24 -Sept 25.xlsm	Annual Chesapeake Bay Spreadsheet	2025-10-14T08:19:36-04:00	

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	10	14
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Final Effluent**

PA0032051

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Annually**

DMR Effective From: **10/01/2024**

DMR Effective To: **09/30/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD

YEAR

MO

DAY

YEAR

MO

DAY

FROM **2024** **10** **01** TO **2025** **09** **30**

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	***	< 8025	lbs	***	***	***	***	1/year	Calculation
	Permit Requirement	***	Monitor & Report Total Annual		***	***	***		1/year	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	***	< 698	lbs	***	***	***	***	1/year	Calculation
	Permit Requirement	***	Monitor & Report Total Annual		***	***	***		1/year	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	***	1678	lbs	***	***	***	***	1/year	Calculation
	Permit Requirement	***	Monitor & Report Total Annual		***	***	***		1/year	Calculation
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

NAME: **GRANVILLE TWP MIFFLIN CNTY**

ADDRESS: **100 HELEN ST, LEWISTOWN PA, 17044-2437**

FACILITY: **JUNCTION WWTP**

LOCATION: **6310 SSR 103 N.HAWSTONE RD, LEWISTOWN PA, 17044**

STAGE: **Effluent Net**

PA0032051

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Annually**

DMR Effective From: **10/01/2024**

DMR Effective To: **09/30/2025**

Permit Expires: **07/31/2028**

Permit Application Due: **02/02/2028**

No Discharge: ☐

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2024	10	01	TO	2025	09	30

FROM

TO

PARAMETERS REPORTED VALUES

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				SAMPLING FREQUENCY	SAMPLING TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	***	< 8025	lbs	***	***	***	***	1/year	Calculation
	Permit Requirement	***	15196 Total Annual		***	***	***		***	1/year
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	***	1678	lbs	***	***	***	***	1/year	Calculation
	Permit Requirement	***	1899 Total Annual		***	***	***		***	1/year
Facility Sampling Point Comments										



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER
DISCHARGE MONITORING REPORT (DMR)

ATTACHMENT DETAILS

File Name	Attachment Type	Uploaded Time	Attachment Comments
JUNC Annual_Chesapeake_Bay_ Oct 24 -Sept 25.xlsm	Annual Chesapeake Bay Spreadsheet	2025-10-14T08:19:36-04:00	

PERMIT VIOLATIONS

Non-Compliance ID	Event Start Date	Event End Date	Parameter	Limit Type	Reported Value	Permit Limit	Unit	Sampling Point	Cause Of Non-Compliance	Corrective Action	Comments
-------------------	------------------	----------------	-----------	------------	----------------	--------------	------	----------------	-------------------------	-------------------	----------

UNAUTHORIZED DISCHARGES

Non-Compliance ID	Event Start Date	Event End Date	Date and Time Discovered	Substance Discharged	Event Location	Volume (gal)	Duration (hrs)	Receiving Waters	Impact On Waters	Cause Of Discharge	Date and Time DEP Notified Orally	Comments
-------------------	------------------	----------------	--------------------------	----------------------	----------------	--------------	----------------	------------------	------------------	--------------------	-----------------------------------	----------

OTHER PERMIT VIOLATIONS

Non-Compliance ID	Non-Compliance Type	Sampling Point	Parameter	Reported Value	Permit Limit	Comments
-------------------	---------------------	----------------	-----------	----------------	--------------	----------

COMMENT DETAILS

Comments	Operator Name	Operator Certification Number	Operator Contact Number
	Travis Hartzler	S18784	(717)-348-5631

SUBMISSION INFORMATION

*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	Travis Hartzler	TELEPHONE		DATE		
		(717)	348-5631	2025	10	14
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



Pace Altoona
2019 Ninth Avenue
Altoona, PA 16602
(814) 946-4306

EPA Lab ID: PA01737

NELAP
PA 07-00062
VA 460212

State Certifications:
MD 275
WV WW/SCM 364
WV DW 9963 CM

Pace DuBois
40 Hoover Avenue
DuBois, PA 15801
(814) 371-6030

EPA Lab ID: PA01735

PA DEP Chapter 252
PA 33-00258

Pace Erie
1920 East 38th Street
Erie, PA 16510
(814) 315-4343

EPA Lab ID: PA01736

NELAP
PA 25-05907
NY 12175

Pace Wysox
1851 Golden Mile Road
Wysox, PA 18854
(570) 265-5040

EPA Lab ID: PA01733

NELAP
PA 08-05622
NY 12127



Granville Township Sewer and Water

100 Helen Street

Lewistown, PA 17044

Project Manager: Travis Hartzler

Project: Junction Plant

Project Number: [none]

Reported:

02/14/25 17:01

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Sample Type	Date Sampled	Date Received
E. Coli	AZB0391-01	Water	Grab	02/04/25 10:30	02/04/25 16:00

Client Sample ID: E. Coli

Date/Time Sampled: 02/04/25 10:30

Laboratory Sample ID: AZB0391-01 (Water/Grab)

Analyte	Result	RL	Units	Date / Time Incubation Start	Date / Time Incubation End	Analytical Method	Preparation Method	* Analyst	Note
---------	--------	----	-------	---------------------------------	-------------------------------	----------------------	-----------------------	--------------	------

Microbiological Parameters

E. Coli	<4.0	4.0	MPN/100mL	2/4/25 17:53	2/5/25 13:34	SM(23) 9223 B-2016	Colilert-18/ QT	smh2	
---------	------	-----	-----------	--------------	--------------	-----------------------	--------------------	------	--

Pace Analytical Services, LLC

Reviewed and Submitted by:

Walter Burham

Project Manager

Pace Labs in Altoona, PA is a NELAP (National Environmental Laboratory Accreditation Program) accredited lab, and as such, certifies that all applicable test results meet the requirements of NELAP, unless otherwise stated on the analytical report.

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Pace Altoona
2019 Ninth Avenue
Altoona, PA 16602
(814) 946-4306

EPA Lab ID: PA01737

NELAP
PA 07-00062
VA 460212

State Certifications:
MD 275
WV WW/SCM 364
WV DW 9963 CM

Pace DuBois
40 Hoover Avenue
DuBois, PA 15801
(814) 371-6030

EPA Lab ID: PA01735

PA DEP Chapter 252
PA 33-00258

Pace Erie
1920 East 38th Street
Erie, PA 16510
(814) 315-4343

EPA Lab ID: PA01736

NELAP
PA 25-05907
NY 12175

Pace Wysox
1851 Golden Mile Road
Wysox, PA 18854
(570) 265-5040

EPA Lab ID: PA01733

NELAP
PA 08-05622
NY 12127



Granville Township Sewer and Water

100 Helen Street

Lewistown, PA 17044

Project Manager: Travis Hartzler

Project: Junction Plant

Project Number: [none]

Reported:

02/14/25 17:01

Definitions:

If surrogate values are not within the indicated range, then the results are considered to be estimated.

Reporting limits are adjusted accordingly when samples are analyzed at a dilution due to the matrix.

+ MBAS, calculated as LAS, mol wt 348

If the solid sample weight for VOC analysis does not fall within the 3.5-6.5 gram range, the results are considered estimated values.

Unless otherwise noted, all results for solids are reported on a dry weight basis.

Samples collected by Pace Labs' personnel are done so in accordance with Standard Operating Procedures established by Pace Labs.

The following analyses are to be performed immediately upon sampling: pH, sulfite, chlorine residual, dissolved oxygen, filtration for ortho phosphorus, and ferrous iron. The date and time reported reflect the time the samples were analyzed at the laboratory; and should be considered as analyzed outside the EPA holding time.

^ The following analytes are to be filtered immediately upon sampling: Hexavalent Chromium. Filtration through a 0.45 micron filter within 15 minutes of sampling is required for compliance with the Clean Water Act (CWA) for reporting of hexavalent chromium to prevent interconversion of chromium species.

* Analysis location indicator:

D: Indicates analysis performed by Pace Analytical Laboratories, LLC, 40 Hoover Ave., DuBois, PA 15801. PA DEP Chapter 252 certification: PA 33-00258.

E: Indicates analysis performed by Pace Analytical Laboratories, LLC, 1920 East 38th Street, Erie, PA 16510. NELAP certification: PA 25-05907.

W: Indicates analysis performed by Pace Analytical Laboratories, LLC, 1851 Golden Mile Rd., Wysox, PA 18854. NELAP certification: PA 08-05622 and NY 12127.

< Represents "less than" - indicates that the result was less than the RL, or the MDL if indicated for the parameter.

MDL Method Detection Limit - is the lowest or minimum level that provides 99% confidence level that the analyte is detected. Any reported result values that are less than the RL are considered estimated values. If Radiological results are reported, the MDC - Minimum Detectable Concentration is shown in the MDL column.

Definitions Continued:

Pace Analytical Services, LLC

Pace Labs in Altoona, PA is a NELAP (National Environmental Laboratory Accreditation Program) accredited lab, and as such, certifies that all applicable test results meet the requirements of NELAP, unless otherwise stated on the analytical report.

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Pace Altoona
2019 Ninth Avenue
Altoona, PA 16602
(814) 946-4306

EPA Lab ID: PA01737

NELAP
PA 07-00062
VA 460212

State Certifications:
MD 275
WV WW/SCM 364
WV DW 9963 CM

Pace DuBois
40 Hoover Avenue
DuBois, PA 15801
(814) 371-6030

EPA Lab ID: PA01735

PA DEP Chapter 252
PA 33-00258

Pace Erie
1920 East 38th Street
Erie, PA 16510
(814) 315-4343

EPA Lab ID: PA01736

NELAP
PA 25-05907
NY 12175

Pace Wysox
1851 Golden Mile Road
Wysox, PA 18854
(570) 265-5040

EPA Lab ID: PA01733

NELAP
PA 08-05622
NY 12127



Granville Township Sewer and Water
100 Helen Street
Lewistown, PA 17044

Project: Junction Plant

Project Number: [none]

Project Manager: Travis Hartzler

Reported:

02/14/25 17:01

RL	Reporting Limit - is the lowest or minimum level at which the analyte can be quantified.
[CALC]	Indicates a calculated result. Calculations use results from other analyses performed under accredited methods.
ND	Non Detect. The noted analyte was not detected in the sample.

(-) Method Revision Indicator - West Virginia Samples

CALC- : Indicates analysis by SM2340 B-2011. This method appears on the WV DEP List of Certified Parameters but the PA DEP does not offer accreditation for this method.

EPA 8270D - : Indicates that samples collected in West Virginia are analyzed by Method SW 8270E.

EPA 8260B - : Indicates that samples collected in West Virginia are analyzed by Method SW 8260D.

EPA 8015D - : Indicates that samples collected in West Virginia are analyzed by Method SW 8015C.

EPA 1010 - : Indicates that samples collected in West Virginia are analyzed by Method SW 1010B.

EPA 6010B - : Indicates that samples collected in West Virginia are analyzed by Method SW 6010D.



Pace Altoona
2019 Ninth Avenue
Altoona, PA 16602
(814) 946-4306

EPA Lab ID: PA01737

NELAP
PA 07-00062
VA 460212

State Certifications:
MD 275
WV WW/SCM 364
WV DW 9963 CM

Pace DuBois
40 Hoover Avenue
DuBois, PA 15801
(814) 371-6030

EPA Lab ID: PA01735

PA DEP Chapter 252
PA 33-00258

Pace Erie
1920 East 38th Street
Erie, PA 16510
(814) 315-4343

EPA Lab ID: PA01736

NELAP
PA 25-05907
NY 12175

Pace Wysox
1851 Golden Mile Road
Wysox, PA 18854
(570) 265-5040

EPA Lab ID: PA01733

NELAP
PA 08-05622
NY 12127



Granville Township Sewer and Water

100 Helen Street

Lewistown, PA 17044

Project Manager: Travis Hartzler

Project: Junction Plant

Project Number: [none]

Reported:

02/14/25 17:01

Terms & Conditions

Services provided by Pace Analytical Services, LLC are limited to the terms and conditions stated herein, unless otherwise agreed to in a formal contract.

CHAIN OF CUSTODY Pace Analytical Services, LLC ("Pace", "us", or "we") will provide, upon client request, chain of custody forms for use.

CONFIDENTIALITY Pace maintains confidentiality in all of our client interactions. The client's consent will be required before releasing information about the services provided.

CONTRACTS All contracts are subject to review and approval by Pace's legal council. Each contract must be signed by a corporate officer.

PAYMENT/BILLING Unless otherwise set forth in a signed contract or purchase order, terms of payment are "NET 30 Days." The time allowed for payment shall begin based on the invoice date. A 1.5% per month service charge may be added to all unpaid balances beyond the initial 30 days. In its sole discretion, Pace reserves the right to request payment before services and hold sample results for payment of due balances. We will not bill a third party without prior agreement among all parties acknowledging and accepting responsibility for payment.

SAMPLE COLLECTION AND SUBMISSION Clients not requesting collection services from Pace are responsible for proper collection, preservation, packaging, and delivery of samples to the laboratory in accordance with current law and commercial practice. Pace shall have no responsibility for sample integrity prior to the receipt of the sample(s) and/or for any inaccuracy in test or analyses results as a result of the failure of the client or any third party to maintain the integrity of samples prior to delivery to Pace. All samples submitted must be accompanied by a completed chain of custody or similar document clearly noting the requested analyses, dates/time sampled, client contact information, and trail of custody. Samples received at the laboratory after business hours are verified on the next business day. Discrepancies are documented on the Receiving Document.

SUBCONTRACTING Some analyses may require subcontracting to another laboratory. Unless the client indicates otherwise, this decision will be made by Pace. Subcontracted work will be identified on the final report in accordance with NELAC requirements.

RETURN OF RESULTS Pace routinely provides verbal or email results within 10 working days of receipt of sample(s). If requested, a hard copy of the data results are routinely sent via US Postal Service within 10 working days. At the request of the client, Pace may offer expedited return of sample results. Surcharges may apply to rush requests. All rush requests must be pre-approved by Pace. Pace reserves the right to charge an archive retrieval fee for results older than one (1) year from the date of the request. All records will be maintained by Pace in accordance with their retention policy.

SAMPLE DISPOSAL Pace will maintain samples for four (4) weeks after the sample receipt date. Pace will dispose of samples which are not and/or do not contain hazardous wastes (as such term is defined by applicable federal or state law), unless prior arrangements have been made for long-term storage. Pace reserves the right to charge a disposal fee for the proper disposal of samples found or suspected to contain hazardous waste. A return shipping charge will be invoiced for samples returned to the client at their request.

HAZARD COMMUNICATION The client has the responsibility to inform the laboratory of any hazardous characteristics known or suspected about the sample, and to provide information on hazard prevention and personal protection as necessary or otherwise required by applicable law.

WARRANTY AND LIMITATION OF LIABILITY For services rendered, Pace warrants that it will apply its best scientific knowledge and judgment and to employ its best level of effort consistent with professional standards within the environmental testing industry in performing the analytical services requested by its clients. We disclaim any other warranties, expressed or implied by law. Pace does not accept any legal responsibility for the purposes for which client uses the test results.

LITIGATION All costs associated with compliance to any subpoena for documents, for testimony in a court of law, or for any other purpose relating to work performed by Pace Analytical Services, LLC shall be invoiced by Pace and paid by client. These costs shall include, but are not limited to, hourly charges for the persons involved, travel, mileage, and accommodations and for any and all other expenses associated with said litigation.

Pace Analytical Services, LLC

Pace Labs in Altoona, PA is a NELAP (National Environmental Laboratory Accreditation Program) accredited lab, and as such, certifies that all applicable test results meet the requirements of NELAP, unless otherwise stated on the analytical report.

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



FAIRWAY LABORATORIES

PO BOX 1925 2019 9th Avenue Altoona, PA 16602

p: (814) 946-4306

f: (814) 946-8791

WWW.FAIRWAYLABORATORIES.COM



AZB0391

CLIENT		Granville Township Sewer and Water				PWS ID		ANALYSES REQUESTED				COOLER ID		COMPLETE UPON LAB RECEIPT					
ADDRESS		100 Helen St. Lewistown, PA 17044				CHECK IF PADEP REPORTABLE		☐				INCLUDE ONE CONTAINER TYPE PER ROW		COC ID#		PAGE 1 OF 1			
PROJECT		Junction Plant				CHECK TO INCLUDE FIELD RESULTS ON FINAL REPORT		☐											
CONTACT		Travis Hartzler																	
PHONE		717-348-5631																	
EMAIL		thartzler@granvilletwp.org																	
TURN AROUND TIME		SAMPLER INITIALS				ALL SHADED AREAS MUST BE COMPLETED BY THE CLIENT/SAMPLER													
☐ NORMAL ☐ RUSH DATE REQUIRED		/ /																	
SAMPLE DESCRIPTION/LOCATION		MATRIX	GRAB	COMP	COMPOSITE START DATE	COMPOSITE END OR GRAB DATE	TIME	TIME					NUMBER OF BOTTLES		CONTAINER TYPE / PRESERVATIVE				
E. Coli		W	X		NA	NA	2/4/25	10:30 *	X					1		120ml Bacti Na2S2O3			
																<2 NP			
																<2 NP			
																<2 NP			
																<2 NP			
																<2 NP			
																<2 NP			
																<2 NP			
																<2 NP			
																<2 NP			
																<2 NP			
RELINQUISHED BY		DATE	TIME		RECEIVED BY		DATE	TIME		ADDITIONAL NOTES									
RELINQUISHED BY		2/4/25	10:30 am		RECEIVED BY		2/4/25	11:50		* SAMPLE TIME NOT PROVIDED CONTRACTED CLIENT, SAMPLE TIME IS 10:30.									
RELINQUISHED BY		DATE	TIME		RECEIVED BY		DATE	TIME											
RELINQUISHED BY		DATE	TIME		RECEIVED BY		DATE	TIME											



Pace Altoona
2019 Ninth Avenue
Altoona, PA 16602
(814) 946-4306

EPA Lab ID: PA01737

NELAP
PA 07-00062
VA 460212

State Certifications:
MD 275
WV WW/SCM 364
WV DW 9963 CM

Pace DuBois
40 Hoover Avenue
DuBois, PA 15801
(814) 371-6030

EPA Lab ID: PA01735

PA DEP Chapter 252
PA 33-00258

Pace Erie
1920 East 38th Street
Erie, PA 16510
(814) 315-4343

EPA Lab ID: PA01736

NELAP
PA 25-05907
NY 12175

Pace Wysox
1851 Golden Mile Road
Wysox, PA 18854
(570) 265-5040

EPA Lab ID: PA01733

NELAP
PA 08-05622
NY 12127



Granville Township Sewer and Water
100 Helen Street
Lewistown, PA 17044

Project: Junction Plant

Project Number: [none]

Project Manager: Travis Hartzler

Reported:

05/08/25 16:52

ANALYTICAL REPORT FOR SAMPLES

Sample ID	Laboratory ID	Matrix	Sample Type	Date Sampled	Date Received
E. Coli	AZE1218-01	Water	Grab	05/06/25 10:20	05/06/25 17:00

Client Sample ID: E. Coli

Date/Time Sampled: 05/06/25 10:20

Laboratory Sample ID: AZE1218-01 (Water/Grab)

Analyte	Result	RL	Units	Date / Time Incubation Start	Date / Time Incubation End	Analytical Method	Preparation Method	* Analyst	Note
---------	--------	----	-------	---------------------------------	-------------------------------	----------------------	-----------------------	--------------	------

Microbiological Parameters

E. Coli	4.0	4.0	MPN/100mL	5/6/25 17:56	5/7/25 14:28	SM(23) 9223 B-2016	Colilert-18/ QT	jat	
---------	-----	-----	-----------	--------------	--------------	-----------------------	--------------------	-----	--

Pace Analytical Services, LLC

Reviewed and Submitted by:

Walter Burham

Project Manager

Pace Labs in Altoona, PA is a NELAP (National Environmental Laboratory Accreditation Program) accredited lab, and as such, certifies that all applicable test results meet the requirements of NELAP, unless otherwise stated on the analytical report.

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Pace Altoona
2019 Ninth Avenue
Altoona, PA 16602
(814) 946-4306

EPA Lab ID: PA01737

NELAP
PA 07-00062
VA 460212

State Certifications:
MD 275
WV WW/SCM 364
WV DW 9963 CM

Pace DuBois
40 Hoover Avenue
DuBois, PA 15801
(814) 371-6030

EPA Lab ID: PA01735

PA DEP Chapter 252
PA 33-00258

Pace Erie
1920 East 38th Street
Erie, PA 16510
(814) 315-4343

EPA Lab ID: PA01736

NELAP
PA 25-05907
NY 12175

Pace Wysox
1851 Golden Mile Road
Wysox, PA 18854
(570) 265-5040

EPA Lab ID: PA01733

NELAP
PA 08-05622
NY 12127



Granville Township Sewer and Water
100 Helen Street
Lewistown, PA 17044

Project: Junction Plant

Project Number: [none]

Project Manager: Travis Hartzler

Reported:

05/08/25 16:52

Definitions:

If surrogate values are not within the indicated range, then the results are considered to be estimated.

Reporting limits are adjusted accordingly when samples are analyzed at a dilution due to the matrix.

+ MBAS, calculated as LAS, mol wt 348

If the solid sample weight for VOC analysis does not fall within the 3.5-6.5 gram range, the results are considered estimated values.

Unless otherwise noted, all results for solids are reported on a dry weight basis.

Samples collected by Pace Labs' personnel are done so in accordance with Standard Operating Procedures established by Pace Labs.

The following analyses are to be performed immediately upon sampling: pH, sulfite, chlorine residual, dissolved oxygen, filtration for ortho phosphorus, and ferrous iron. The date and time reported reflect the time the samples were analyzed at the laboratory; and should be considered as analyzed outside the EPA holding time.

^ The following analytes are to be filtered immediately upon sampling: Hexavalent Chromium. Filtration through a 0.45 micron filter within 15 minutes of sampling is required for compliance with the Clean Water Act (CWA) for reporting of hexavalent chromium to prevent interconversion of chromium species.

* **Analysis location indicator:**

D: Indicates analysis performed by Pace Analytical Laboratories, LLC, 40 Hoover Ave., DuBois, PA 15801. PA DEP Chapter 252 certification: PA 33-00258.

E: Indicates analysis performed by Pace Analytical Laboratories, LLC, 1920 East 38th Street, Erie, PA 16510. NELAP certification: PA 25-05907.

W: Indicates analysis performed by Pace Analytical Laboratories, LLC, 1851 Golden Mile Rd., Wysox, PA 18854. NELAP certification: PA 08-05622 and NY 12127.

< Represents "less than" - indicates that the result was less than the RL, or the MDL if indicated for the parameter.

MDL Method Detection Limit - is the lowest or minimum level that provides 99% confidence level that the analyte is detected. Any reported result values that are less than the RL are considered estimated values. If Radiological results are reported, the MDC - Minimum Detectable Concentration is shown in the MDL column.

Definitions Continued:

Pace Analytical Services, LLC

Pace Labs in Altoona, PA is a NELAP (National Environmental Laboratory Accreditation Program) accredited lab, and as such, certifies that all applicable test results meet the requirements of NELAP, unless otherwise stated on the analytical report.

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



Pace Altoona
2019 Ninth Avenue
Altoona, PA 16602
(814) 946-4306

EPA Lab ID: PA01737

NELAP
PA 07-00062
VA 460212

State Certifications:
MD 275
WV WW/SCM 364
WV DW 9963 CM

Pace DuBois
40 Hoover Avenue
DuBois, PA 15801
(814) 371-6030

EPA Lab ID: PA01735

PA DEP Chapter 252
PA 33-00258

Pace Erie
1920 East 38th Street
Erie, PA 16510
(814) 315-4343

EPA Lab ID: PA01736

NELAP
PA 25-05907
NY 12175

Pace Wysox
1851 Golden Mile Road
Wysox, PA 18854
(570) 265-5040

EPA Lab ID: PA01733

NELAP
PA 08-05622
NY 12127



Granville Township Sewer and Water
100 Helen Street
Lewistown, PA 17044

Project: Junction Plant

Project Number: [none]

Project Manager: Travis Hartzler

Reported:

05/08/25 16:52

RL Reporting Limit - is the lowest or minimum level at which the analyte can be quantified.

[CALC] Indicates a calculated result. Calculations use results from other analyses performed under accredited methods.

ND Non Detect. The noted analyte was not detected in the sample.

(-) Method Revision Indicator - West Virginia Samples

CALC- : Indicates analysis by SM2340 B-2011. This method appears on the WV DEP List of Certified Parameters but the PA DEP does not offer accreditation for this method.

EPA 8270D - : Indicates that samples collected in West Virginia are analyzed by Method SW 8270E.

EPA 8260B - : Indicates that samples collected in West Virginia are analyzed by Method SW 8260D.

EPA 8015D - : Indicates that samples collected in West Virginia are analyzed by Method SW 8015C.

EPA 1010 - : Indicates that samples collected in West Virginia are analyzed by Method SW 1010B.

EPA 6010B - : Indicates that samples collected in West Virginia are analyzed by Method SW 6010D.



Pace Altoona
2019 Ninth Avenue
Altoona, PA 16602
(814) 946-4306

EPA Lab ID: PA01737

NELAP
PA 07-00062
VA 460212

State Certifications:
MD 275
WV WW/SCM 364
WV DW 9963 CM

Pace DuBois
40 Hoover Avenue
DuBois, PA 15801
(814) 371-6030

EPA Lab ID: PA01735

PA DEP Chapter 252
PA 33-00258

Pace Erie
1920 East 38th Street
Erie, PA 16510
(814) 315-4343

EPA Lab ID: PA01736

NELAP
PA 25-05907
NY 12175

Pace Wysox
1851 Golden Mile Road
Wysox, PA 18854
(570) 265-5040

EPA Lab ID: PA01733

NELAP
PA 08-05622
NY 12127



Granville Township Sewer and Water

100 Helen Street

Lewistown, PA 17044

Project: Junction Plant

Project Number: [none]

Project Manager: Travis Hartzler

Reported:

05/08/25 16:52

Terms & Conditions

Services provided by Pace Analytical Services, LLC are limited to the terms and conditions stated herein, unless otherwise agreed to in a formal contract.

CHAIN OF CUSTODY Pace Analytical Services, LLC ("Pace", "us", or "we") will provide, upon client request, chain of custody forms for use.

CONFIDENTIALITY Pace maintains confidentiality in all of our client interactions. The client's consent will be required before releasing information about the services provided.

CONTRACTS All contracts are subject to review and approval by Pace's legal council. Each contract must be signed by a corporate officer.

PAYMENT/BILLING Unless otherwise set forth in a signed contract or purchase order, terms of payment are "NET 30 Days." The time allowed for payment shall begin based on the invoice date. A 1.5% per month service charge may be added to all unpaid balances beyond the initial 30 days. In its sole discretion, Pace reserves the right to request payment before services and hold sample results for payment of due balances. We will not bill a third party without prior agreement among all parties acknowledging and accepting responsibility for payment.

SAMPLE COLLECTION AND SUBMISSION Clients not requesting collection services from Pace are responsible for proper collection, preservation, packaging, and delivery of samples to the laboratory in accordance with current law and commercial practice. Pace shall have no responsibility for sample integrity prior to the receipt of the sample(s) and/or for any inaccuracy in test or analyses results as a result of the failure of the client or any third party to maintain the integrity of samples prior to delivery to Pace. All samples submitted must be accompanied by a completed chain of custody or similar document clearly noting the requested analyses, dates/time sampled, client contact information, and trail of custody. Samples received at the laboratory after business hours are verified on the next business day. Discrepancies are documented on the Receiving Document.

SUBCONTRACTING Some analyses may require subcontracting to another laboratory. Unless the client indicates otherwise, this decision will be made by Pace. Subcontracted work will be identified on the final report in accordance with NELAC requirements.

RETURN OF RESULTS Pace routinely provides verbal or email results within 10 working days of receipt of sample(s). If requested, a hard copy of the data results are routinely sent via US Postal Service within 10 working days. At the request of the client, Pace may offer expedited return of sample results. Surcharges may apply to rush requests. All rush requests must be pre-approved by Pace. Pace reserves the right to charge an archive retrieval fee for results older than one (1) year from the date of the request. All records will be maintained by Pace in accordance with their retention policy.

SAMPLE DISPOSAL Pace will maintain samples for four (4) weeks after the sample receipt date. Pace will dispose of samples which are not and/or do not contain hazardous wastes (as such term is defined by applicable federal or state law), unless prior arrangements have been made for long-term storage. Pace reserves the right to charge a disposal fee for the proper disposal of samples found or suspected to contain hazardous waste. A return shipping charge will be invoiced for samples returned to the client at their request.

HAZARD COMMUNICATION The client has the responsibility to inform the laboratory of any hazardous characteristics known or suspected about the sample, and to provide information on hazard prevention and personal protection as necessary or otherwise required by applicable law.

WARRANTY AND LIMITATION OF LIABILITY For services rendered, Pace warrants that it will apply its best scientific knowledge and judgment and to employ its best level of effort consistent with professional standards within the environmental testing industry in performing the analytical services requested by its clients. We disclaim any other warranties, expressed or implied by law. Pace does not accept any legal responsibility for the purposes for which client uses the test results.

LITIGATION All costs associated with compliance to any subpoena for documents, for testimony in a court of law, or for any other purpose relating to work performed by Pace Analytical Services, LLC shall be invoiced by Pace and paid by client. These costs shall include, but are not limited to, hourly charges for the persons involved, travel, mileage, and accommodations and for any and all other expenses associated with said litigation.

Pace Analytical Services, LLC

Pace Labs in Altoona, PA is a NELAP (National Environmental Laboratory Accreditation Program) accredited lab, and as such, certifies that all applicable test results meet the requirements of NELAP, unless otherwise stated on the analytical report.

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.



FAIRWAY LABORATORIES

PO BOX 1925 2019 9th Avenue Altoona, PA 16602
p: (814) 946-4306 f: (814) 946-8791

f: (814) 946-8791



AZE1218

[illegible]

CHESAPEAKE BAY SUPPLEMENTAL REPORT ANNUAL NUTRIENT MONITORING

☒ Continuous Discharge

Facility Name: **Junction STP, Granville Twp.**
Municipality: **Granville Township** County: **Mifflin**
Watershed: **12-A**
TN Cap Load (lbs): **15,196**
TN Delivery Ratio: **0.819**

☒ Sewage ☐ Industrial Waste

Compliance Year: **2025** Outfall: **001**
NPDES Permit No.: **PA-0032051**
This permit will expire on:
TP Cap Load (lbs): **1,899**
TP Delivery Ratio: **0.432**

Sample Date	FLOW MGD	Total Phosphorus (TP)				NH ₃ -N				TKN				NO ₂ +NO ₃ as N				Total Nitrogen (TN)			
		Q	mg/L	Q	lbs/day	Q	mg/L	Q	lbs/day	Q	mg/L	Q	lbs/day	Q	mg/L	Q	lbs/day	Q	mg/L	Q	lbs/day
10/1/24																					
10/2/24	0.353		7.13		21.0		0.17		0.5		1.245		3.7		13.27		39.1		14.52		42.7
10/3/24																					
10/4/24																					
10/5/24																					
10/6/24																					
10/7/24	0.28		5.67		13.2		0.104		0.2		1.128		2.6		1.067		2.5		2.20		5.1
10/8/24																					
10/9/24	0.204		6.5		11.1	<	0.1	<	0.2		1.05		1.8		15.66		26.6		16.71		28.4
10/10/24																					
10/11/24																					
10/12/24																					
10/13/24																					
10/14/24																					
10/15/24	0.16		3.58		4.8		0.111		0.1		1.14		1.5		11.66		15.6		12.80		17.1
10/16/24																					
10/17/24	0.144		2.5		3.0	<	0.1	<	0.1		0.941		1.1		12.22		14.7		13.16		15.8
10/18/24																					
10/19/24																					
10/20/24																					
10/21/24	0.16		2.29		3.1	<	0.1	<	0.1		1.443		1.9		17.6		23.5		19.04		25.4
10/22/24																					
10/23/24	0.143		1.95		2.3		0.105		0.1		1.377		1.6		12.86		15.3		14.24		17.0
10/24/24																					
10/25/24																					
10/26/24																					
10/27/24																					
10/28/24	0.296		2.33		5.8	<	0.1	<	0.2		0.98		2.4		12.8		31.6		13.78		34.0
10/29/24																					
10/30/24	0.148		5.28		6.5		0.208		0.3		1.039		1.3		13.84		17.1		14.88		18.4
10/31/24																					
11/1/24																					
11/2/24																					
11/3/24																					
11/4/24	0.268		1.46		3.3		0.177		0.4		2.046		4.6		10.98		24.5		13.03		29.1
11/5/24																					
11/6/24	0.153		2.81		3.6	<	0.1	<	0.1		2.14		2.7		10.39		13.3		12.53		16.0
11/7/24																					
11/8/24																					
11/9/24																					
11/10/24																					
11/11/24	0.176		1.56		2.3	<	0.1	<	0.1		1.984		2.9		11.12		16.3		13.10		19.2
11/12/24																					
11/13/24	0.154		2.43		3.1		0.165		0.2		1.926		2.5		11.69		15.0		13.62		17.5

11/14/24																				
11/15/24																				
11/16/24																				
11/17/24																				
11/18/24	0.257	1.65	3.5		0.142		0.3	1.369	2.9	12.76	27.3	14.13	30.3							
11/19/24																				
11/20/24	0.187	2.74	4.3		0.154		0.2	1.961	3.1	9.96	15.5	11.92	18.6							
11/21/24																				
11/22/24																				
11/23/24																				
11/24/24																				
11/25/24	0.26	1.05	2.3	<	0.1	<	0.2	1.645	3.6	9.83	21.3	11.48	24.9							
11/26/24																				
11/27/24	0.184	2.58	4.0		0.166		0.3	1.323	2.0	11.98	18.4	13.30	20.4							
11/28/24																				
11/29/24																				
11/30/24																				
12/1/24																				
12/2/24	0.24	0.81	1.6	<	0.1	<	0.2	0.879	1.8	10.95	21.9	11.83	23.7							
12/3/24																				
12/4/24	0.173	2.75	4.0		0.117		0.2	1.05	1.5	14.46	20.9	15.51	22.4							
12/5/24																				
12/6/24																				
12/7/24																				
12/8/24																				
12/9/24	0.3	1.47	3.7		0.12		0.3	0.926	2.3	12.57	31.5	13.50	33.8							
12/10/24																				
12/11/24	0.341	2.39	6.8		0.158		0.4	< 0.5	< 1.4	13.0	37.0	< 13.50	< 38.4							
12/12/24																				
12/13/24																				
12/14/24																				
12/15/24																				
12/16/24	0.32	0.84	2.2	<	0.1	<	0.3	1.35	3.6	9.835	26.2	11.19	29.9							
12/17/24																				
12/18/24	0.259	1.6	3.5	<	0.1	<	0.2	< 0.5	< 1.1	10.44	22.6	< 10.94	< 23.6							
12/19/24																				
12/20/24																				
12/21/24																				
12/22/24																				
12/23/24	0.257	1.59	3.4	<	0.1	<	0.2	1.186	2.5	10.76	23.1	11.95	25.6							
12/24/24																				
12/25/24	0.155	2.5	3.2	<	0.1	<	0.1	1.35	1.7	11.18	14.5	12.53	16.2							
12/26/24																				
12/27/24																				
12/28/24																				
12/29/24																				
12/30/24	0.297	2.75	6.8	<	0.1	<	0.2	2.093	5.2	11.45	28.4	13.54	33.5							
12/31/24																				
1/1/25	0.183	2.95	4.5		0.261		0.4	2.416	3.7	9.287	14.2	11.70	17.9							
1/2/25																				
1/3/25																				
1/4/25																				
1/5/25																				
1/6/25	0.186	2.38	3.7		0.201		0.3	1.98	3.1	12.5	19.4	14.48	22.5							
1/7/25																				
1/8/25	0.263	3.34	7.3		0.383		0.8	2.229	4.9	< 0.2	< 0.4	< 2.43	< 5.3							
1/9/25																				

[illegible]

[illegible]

[illegible]

6/30/25	0.268	2.58	5.8	<	0.1	<	0.2	1.622	3.6	4.509	10.1	6.13	13.7
7/1/25													
7/2/25	0.257	2.8	6.0		0.785		1.7	2.252	4.8	8.001	17.1	10.25	22.0
7/3/25													
7/4/25													
7/5/25													
7/6/25													
7/7/25	0.193	1.22	2.0	<	0.1	<	0.2	1.066	1.7	8.131	13.1	9.20	14.8
7/8/25													
7/9/25	0.223	1.22	2.3	<	0.1	<	0.2	1.066	2.0	8.131	15.1	9.20	17.1
7/10/25													
7/11/25													
7/12/25													
7/13/25													
7/14/25	0.678	1.01	5.7	<	0.1	<	0.6	0.665	3.8	8.573	48.5	9.24	52.2
7/15/25													
7/16/25	0.303	2.18	5.5		0.276		0.7	1.645	4.2	6.986	17.7	8.63	21.8
7/17/25													
7/18/25													
7/19/25													
7/20/25													
7/21/25	0.32	1.23	3.3	<	0.1	<	0.3	1.015	2.7	9.175	24.5	10.19	27.2
7/22/25													
7/23/25	0.171	5.28	7.5		5.398		7.7	10.86	15.5	19.59	27.9	30.45	43.4
7/24/25													
7/25/25													
7/26/25													
7/27/25													
7/28/25	0.23	2.62	5.0	<	0.1	<	0.2	1.509	2.9	8.059	15.5	9.57	18.4
7/29/25													
7/30/25	0.186	1.57	2.4	<	0.1	<	0.2	1.929	3.0	7.903	12.3	9.83	15.3
7/31/25													
8/1/25													
8/2/25													
8/3/25													
8/4/25	0.378	1.62	5.1	<	0.1	<	0.3	0.883	2.8	8.633	27.2	9.52	30.0
8/5/25													
8/6/25													
8/7/25	0.158	4.17	5.5		13.33		17.6	14.53	19.1	9.72	12.8	24.25	32.0
8/8/25													
8/9/25													
8/10/25													
8/11/25	0.239	1.53	3.0		0.107		0.2	1.439	2.9	9.318	18.6	10.76	21.4
8/12/25													
8/13/25	0.165	4.59	6.3		1.29		1.8	3.544	4.9	17.87	24.6	21.41	29.5
8/14/25													
8/15/25													
8/16/25													
8/17/25													
8/18/25	0.245	4.84	9.9		0.747		1.5	3.898	8.0	13.49	27.6	17.39	35.5
8/19/25													
8/20/25	0.228	3.86	7.3		0.192		0.4	1.0	1.9	12.76	24.3	13.76	26.2
8/21/25													
8/22/25													
8/23/25													
8/24/25													
8/25/25	0.285	0.64	1.5		0.105		0.2	1.307	3.1	6.483	15.4	7.79	18.5

8/26/25																					
8/27/25	0.14		2.78		3.2		1.379		1.6		5.038		5.9		11.58		13.5		16.62		19.4
8/28/25																					
8/29/25																					
8/30/25																					
8/31/25																					
9/1/25	0.25		2.03		4.2	<	0.1	<	0.2		1.704		3.6		9.433		19.7		11.14		23.2
9/2/25																					
9/3/25	0.163		4.85		6.6		5.8		7.9		9.239		12.6		8.051		10.9		17.29		23.5
9/4/25																					
9/5/25																					
9/6/25																					
9/7/25																					
9/8/25	0.214		4.42		7.9	<	0.1	<	0.2	<	0.5	<	0.9		19.68		35.1	<	20.18	<	36.0
9/9/25																					
9/10/25																					
9/11/25	0.174		3.86		5.6		8.037		11.7		7.6		11.0		10.36		15.0		18.40		26.7
9/12/25																					
9/13/25																					
9/14/25																					
9/15/25	0.137		0.77		0.9		0.341		0.4		1.976		2.3		5.576		6.4		7.55		8.6
9/16/25																					
9/17/25	0.175		5.09		7.4		1.796		2.6		4.886		7.1		17.14		25.0		22.03		32.1
9/18/25																					
9/19/25																					
9/20/25																					
9/21/25																					
9/22/25	0.176		1.12		1.6	<	0.1	<	0.1		1.883		2.8		4.649		6.8		6.53		9.6
9/23/25																					
9/24/25	0.17		3.82		5.4		0.564		0.8		2.042		2.9		13.06		18.5		15.10		21.4
9/25/25																					
9/26/25																					
9/27/25																					
9/28/25																					
9/29/25	0.245		2.41		4.9	<	0.1	<	0.2		3.773		7.7		8.027		16.4		11.80		24.1
9/30/25																					
Avg	0.25		2.283		4.6	<	1.0226	<	1.9	<	2.6631	<	5.2	<	8.366	<	16.7	<	11.0796	<	22
Annual Total Mass Loads (lbs):					1678			<	698			<	1904			<	6082			<	8025

No P Credits Generated

No N Credits Generated

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: Travis Hartzler
Title: Foreman

License No.: S18784
Date: 10/14/2025

Monthly Statistics

**CHESAPEAKE BAY SUPPLEMENTAL REPORT
ANNUAL NUTRIENT BUDGET**

Facility Name: **Junction STP, Granville Twp.**
Municipality: **Granville Township** County: **Mifflin**
Watershed: **12-A**
Were **Credits Purchased** During Compliance Year? **No**
Were **Credits Sold** During Compliance Year? **No**
Were **Offsets Generated** During Compliance Year? **No**

Compliance Year: **2025** Outfall: **001**
NPDES Permit No.: **PA-0032051**
This permit will expire on: _____
TN Delivery Ratio: **0.819**
TP Delivery Ratio: **0.432**

SUMMARY

Annual Total Mass Load (lbs)
Lbs from Credits Purchased
Lbs from Credits Sold
Lbs from Offsets Generated
Annual Net Mass Load (lbs)
Cap Load (lbs)

TN	TP
< 8025	1,678
0	0
0	0
0	0
< 8025	1,678
15,196	1,899

Compliance Compliance

(Annual Total Mass Load + Lbs from Credits Sold - Lbs from Credits Purchased - Offsets)

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate 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).

Prepared By: **Travis Hartzler**
Title: **Foreman**

License No.: **S18784**
Date: **10/14/2025**

INSTRUCTIONS FOR COMPLETING ANNUAL CHESAPEAKE BAY SPREADSHEET

The Annual Chesapeake Bay Spreadsheet is intended to replace all prior forms of supplemental reporting for facilities with "cap loads" in NPDES permits, and is required by DEP's Nutrient Trading Program if a facility intends to generate nutrient credits. Attach this completed spreadsheet to the Annual DMR due by November 28th each year. **Cells that are available for data entry are highlighted in yellow throughout the spreadsheet; all other cells are locked. The spreadsheet is formatted to allow users to hit the Tab key to move between editable cells.** For questions concerning this spreadsheet, contact DEP at (717) 787-2137.

ANNUAL NUTRIENT MONITORING WORKSHEET

- 1 **Continuous Discharge Checkbox** - By default this box is checked. **DO NOT UNCHECK this box unless there is no (0) discharge from the outfall for an entire day during the Compliance Year.** Flow values must be entered every day if the Continuous Discharge Checkbox is not checked (if the Continuous Discharge Checkbox is checked, flow may only be reported on days in which samples were collected). If there is any day in which there is no discharge, un-check this box and enter a flow of "0" into the appropriate cell in the table. When this box is not checked, the spreadsheet calculates Monthly and Annual Total Discharge based on the actual number of days in which there is a discharge > 0, rather than assuming there is a discharge every day.
☐ Continuous Discharge
- 2 **Header Information** - Enter Facility Name, Municipality, County, Watershed No., NPDES Permit No., Outfall No., and Permit Expiration Date. Select Compliance Year from the drop-down list. Enter the TN and TP Delivery Ratios for the facility - Delivery Ratios are found in the Phase 2 WIP Wastewater Supplement, available on DEP's website at www.dep.pa.gov/npdes-bay. Enter cap loads (Annual Net Mass Load limits) for TN and TP from the NPDES permit. If the selected outfall discharges industrial waste instead of sewage, select the radio button for "Industrial Waste". Note that when Industrial Waste is selected, nutrient credit calculations are disabled and the Credits Sold table on the Nutrient Budget worksheet becomes disabled.
- 3 Enter the average daily effluent Flow, in million gallons per day (MGD) and nutrient parameter concentrations (mg/L) for the entire Compliance Year. **Enter results exactly as received from the laboratory.** The worksheet will automatically calculate the daily loading (lbs/day) for all parameters and Total Nitrogen concentrations (in blue). If no monitoring data are available for the day, leave the row blank. Use the drop-down list in the "Q" (Qualifier) column to select the less than symbol ("<") for any result reported as "non-detect."
- 4 Average annual concentrations and mass loadings are automatically calculated. Daily concentrations for Total Nitrogen are computed by summing the concentrations for TKN and $\text{NO}_2 + \text{NO}_3$ as N.

Annual Total Mass Loads (lbs/yr) for TN and TP are calculated and shown at the bottom of the table. **Prior to the end of the Compliance Year, the value displayed is an estimate based on the data entered thus far.** In addition, if TP and/or TN credits were generated, the amount of credits that may be verified and registered by DEP are shown. The formula for calculating credit values is contained within DEP's Phase II WIP Wastewater Supplement (see www.dep.pa.gov/npdes-bay).

NOTE - The sum of Monthly Total Mass Loads will generally not match the Annual Total Mass Load because of how the calculations are performed. Monthly Total statistics consider the number of days in the month, and loads associated with longer months are weighted more heavily than loads associated with shorter months. Annual Total statistics consider the number of days in the year and smooth the variability in the number of days in each month. However, both statistics are appropriate for the type of DMR associated with the statistics - Monthly Totals for monthly DMRs and Annual Totals for annual DMRs.

- 5 Enter the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.

Below the form is a table of Monthly Total Mass Loads and Average Monthly Concentrations that is calculated upon entry of flow and nutrient concentrations. These calculated loads and concentrations may be used to report required data on Monthly DMRs.

ANNUAL NUTRIENT BUDGET WORKSHEET

- 1 Most header information is automatically populated when entered on the Annual Nutrient Monitoring sheet. Answer each question concerning whether credits were purchased or sold or offsets were generated during the compliance year by selecting "Yes" or "No" from the drop-down menus. If "Yes" is selected, a corresponding table is made available for data entry.
- 2 Use the tables "**Credits Purchased**" and "**Credits Sold**" to report all credits that were purchased and sold, respectively during the Compliance Year AND Truing Period (Oct 1 - Nov 28). Select the Credit Type ("Nitrogen" or "Phosphorus"), and enter the Registry Number, Contract Effective Date, DEP Approval Date (date of DEP's letter or email registering credits), and the number of credits purchased or sold during the Compliance Year. Each purchase or sale transaction should be reported on a separate line. Credits purchased and sold are adjusted by dividing the credits by the TN/TP Delivery Ratio (entered on the Annual Nutrient Monitoring sheet). Click the box for "Add Rows" if additional lines are needed to report credits purchased or sold.
- 3 Use the table "**Offsets**" to report all offsets for the Compliance Year. Select the Offset Type ("Nitrogen" or "Phosphorus"), the Source of Offsets and enter the number of offsets claimed (lbs). For septage (only septage, not holding tank or other hauled in wastes), divide the total gallons of septage received by 1,000 and multiply by 3 to determine the total amount (lbs) of offsets to report in the Offsets table. Enter the DEP Approval Date for the Offsets and the method of the approval. For Offsets identified and approved in permits, list the date of permit issuance, otherwise list the date of written DEP approval.

A summary table is provided to allow tracking of a facility's compliance with cap loads.

- 4 Enter the name of the person who prepared the form, the person's job title, DEP License No. (if applicable), and date the form was completed after reading the certification statement.



N/F
JOHANN M
BASLICK
0330-0361
17, 14-0106A-,000

N/F
STEVEN E & JANE E
DUMOND
0372-1435
17, 14-0119--000

N/F
MICHAEL T
AULTZ
2011-3158
17, 14-0120--,000

N/F
STELLA L
HAUBRICK
0391-1259
17,14-0121--,000

N/F
GARY D & KAYE C
ANASTASI
0178-0401
17, 14-0122--000

N/F
JOHANN M
BASLICK
0330-0361
17, 14-0106A-, 000



PROPOSED 2" LOW
PRESSURE SEWER LINE
SEE PROFILE 1.4

N/F
GERALD L & SUSAN
MCELHENNY
0404-1647
17, 14-0118-100

RECEIVING
PIT (TYP)



phone: 814.535.5388 fax: 814.535.7654
www.eadsgroup.com
WITH OFFICES IN:
PENNSYLVANIA / MARYLAND / WEST VIRGINIA

Scale
AS NOTED

Date
MARCH 2023

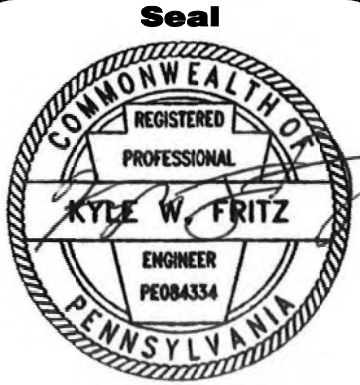
Drawn By
DJH

Checked By
KWF

Project No.
0620-22-466

File No.
22466-C-PL-001

No.	Sheet Revisions	Date

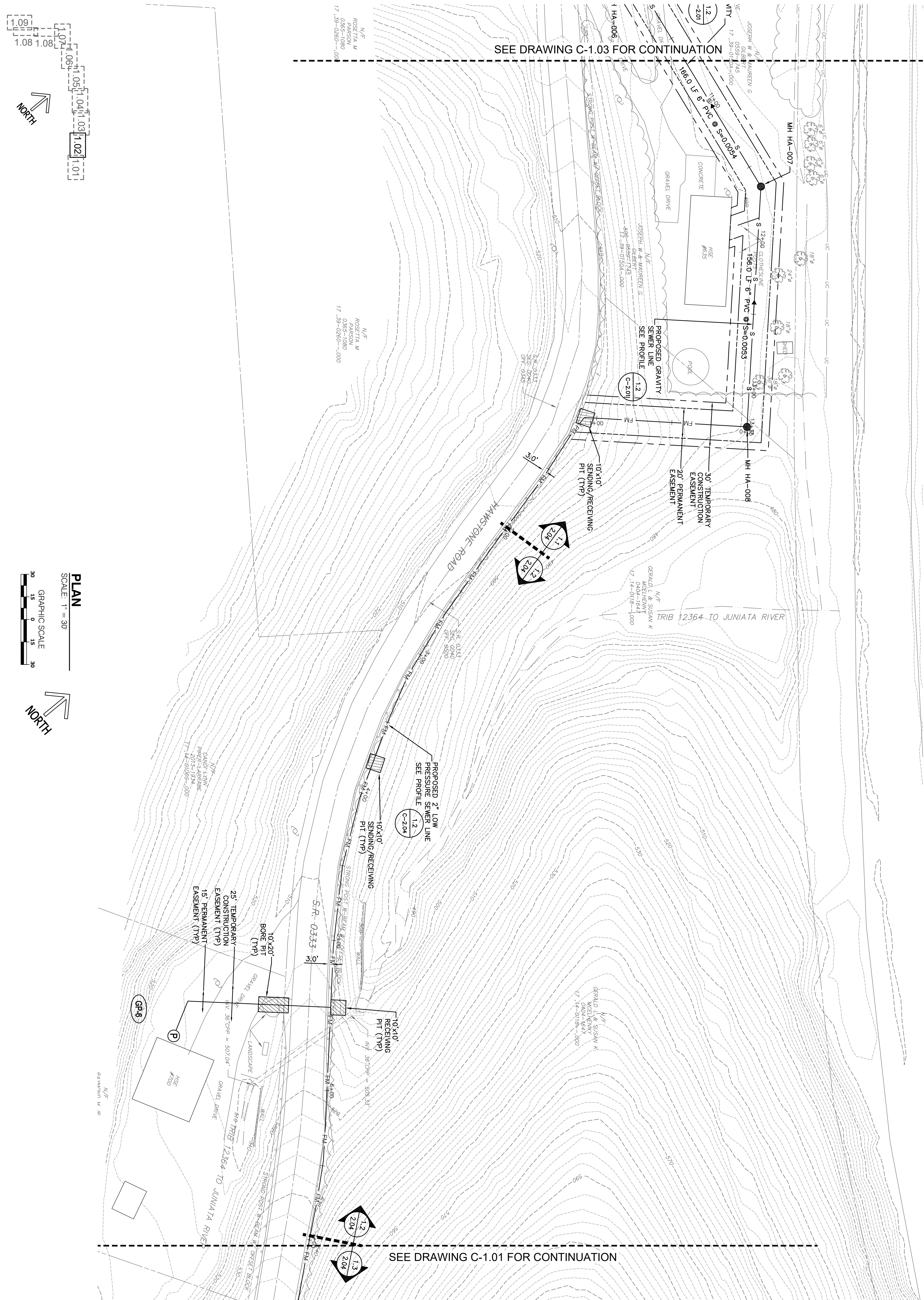


Date _____

**MIFFLIN COUNTY
COMMISSIONERS
CONTRACT 2023-01\$
GRANVILLE-HAWSTONE SANITARY
SEWER EXTENSION PROJECT**

PLAN

Drawing No.
G-1.01



C-1.02

Drawing No.

**MIFFLIN COUNTY
COMMISSIONERS
CONTRACT 2023-01S
GRANVILLE-HAWSTONE SANITARY
SEWER EXTENSION PROJECT**

PLAN



Scale
AS NOTED

Date
MARCH 2023

Drawn By
D.H.

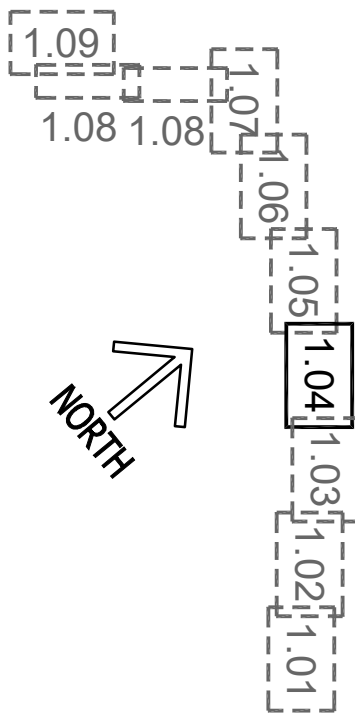
Checked
KWF

Project No.
0620-22-466

File No.
22466-C-PL-001-2

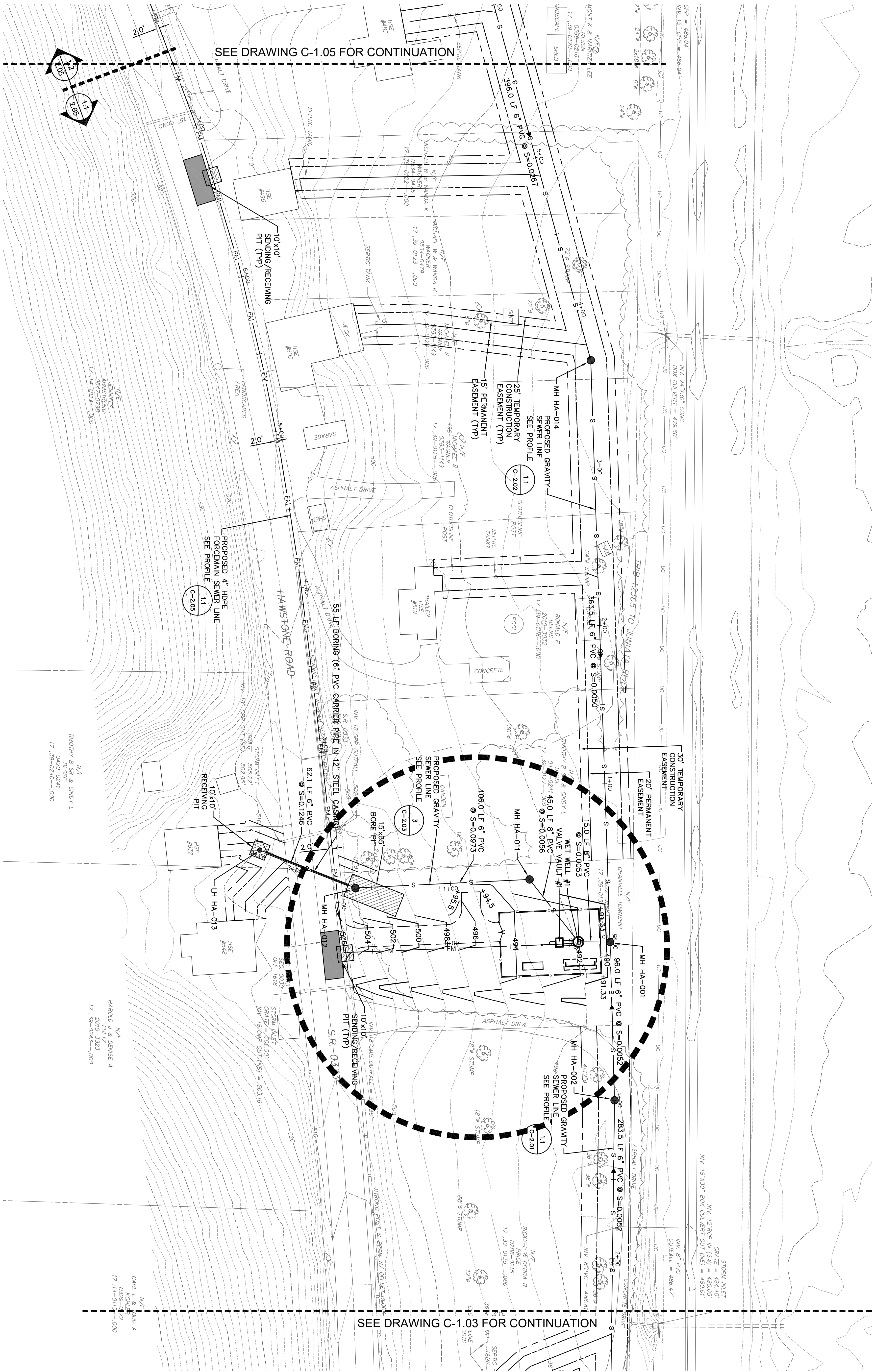
[illegible]

Date _____



PLAN
SCALE: 1" = 30'

GRAPHIC SCALE
30 15 0 15 30



Drawing No.
C-1.04

MIFFLIN COUNTY COMMISSIONERS
CONTRACT 2023-01S
GRANVILLE-HAWSTONE SANITARY SEWER EXTENSION PROJECT

PLAN

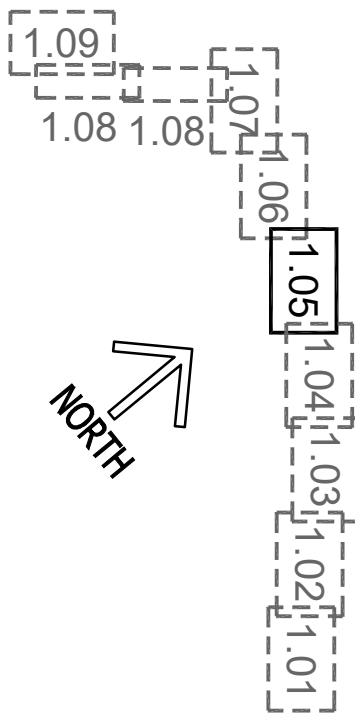
THE EADS GROUP
ENGINEERING ARCHITECTURE AND DESIGN SERVICES
phone: 814.535.5388 fax: 814.535.7654
www.eadsgroup.com
WITH OFFICES IN:
PENNSYLVANIA / MARYLAND / WEST VIRGINIA

Scale
AS NOTED
Date
MARCH 2023
Drawn By
DJH
Checked By
KWF
Project No.
0620-22-466
File No.
22466-C-PL-001-2

No.	Sheet Revisions	Date

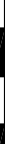


Date



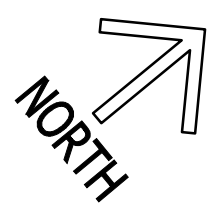
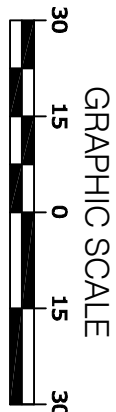
SEE DRAWING C-1.04 FOR CONTINUATION

GRAPHIC SCALE

A horizontal graphic scale bar with a central zero point. To the left of zero, there are markings at 15 and 30. To the right of zero, there are markings at 15 and 30. The bar is divided into segments of varying lengths, with the outermost segments being the longest and the innermost segments being the shortest.

PLAN

[illegible]



SCALE: 1" = 30'

PLAN



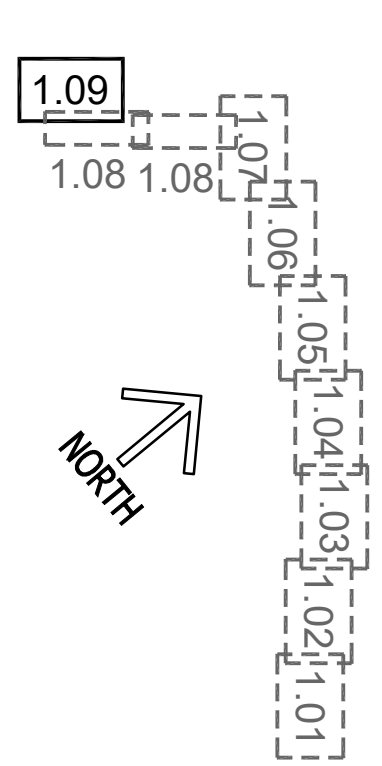
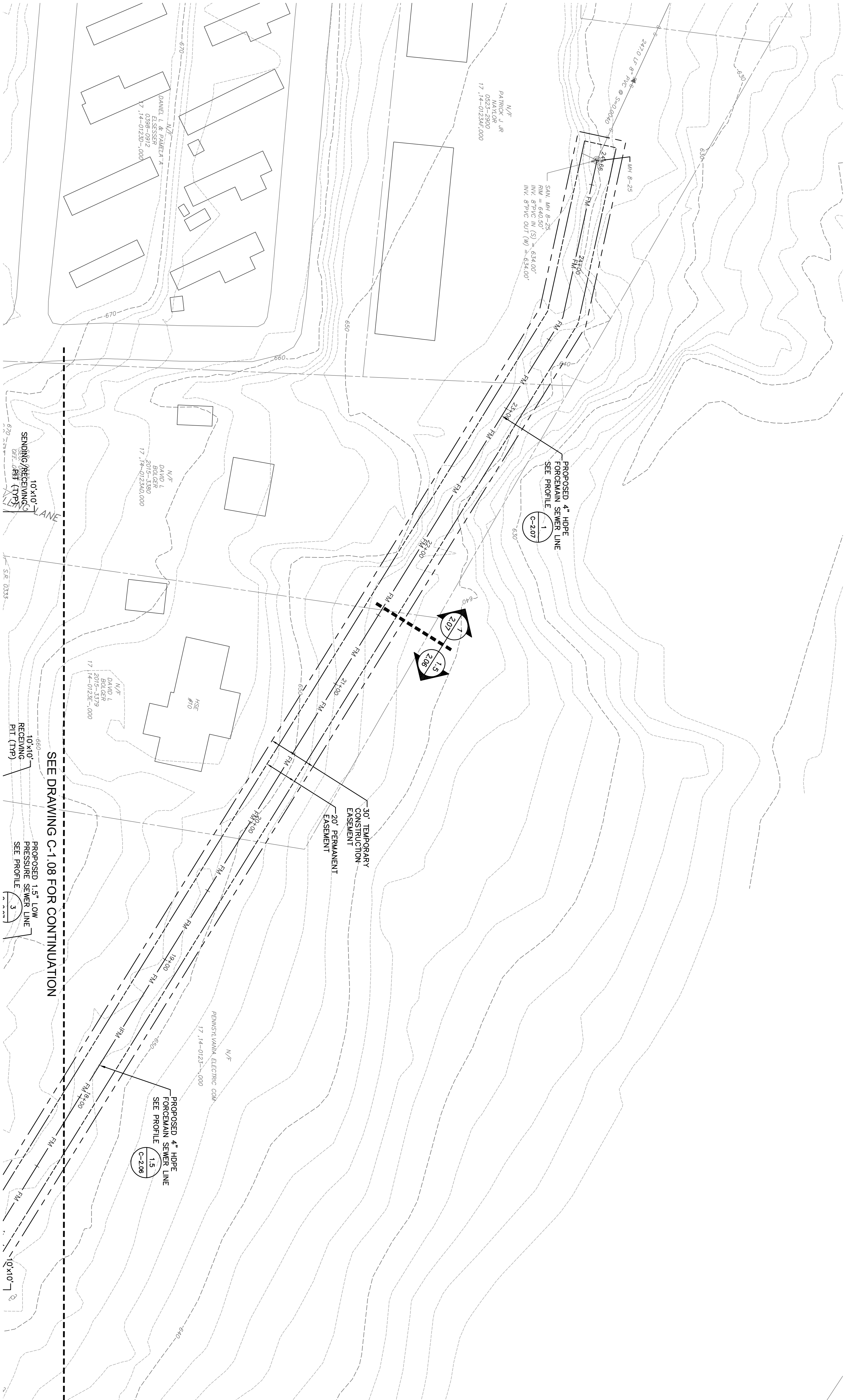
Scale
AS NOTED

No.

Date _____



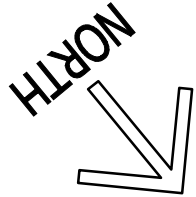
Drawing No.



PLAN

SCALE: 1" = 30'

GRAPHIC SCALE



C-1.09

Drawing No.

MIFFLIN COUNTY COMMISSIONERS
CONTRACT 2023-01S
GRANVILLE-HAWSTONE SANITARY
SEWER EXTENSION PROJECT

PLAN



Scale AS NOTED

Date MARCH 2023

Drawn By DJH

Checked By KWF

Project No. 0620-22-466

File No. 22466-C-PL-001-2

No.	Sheet Revisions	Date



Date



December 19, 2023

Granville Township Supervisors
c/o Mary Herto, Manager
100 Helen Street
Lewistown PA 17044

Re: Approval Letter – Special Study
Act 537 Planning
Hawstone Sewer Extension
DEP CODE NO. D1-44908-ACT
APS ID # 353536, AUTH ID # 1462172
Granville Township, Mifflin County

Dear Township Supervisors:

The Department of Environmental Protection (DEP) has reviewed the proposed Special Study submitted on November 13, 2023, prepared by The EADS Group Inc., and entitled Granville – Hawstone Sanitary Sewer Project. The proposal is located along Hawstone Road (State Route 333) and consists of 3,600 linear feet of 8-inch gravity line, 1,200 feet of 1.5-inch low-pressure sewer main, 1,300 feet of 2-inch low-pressure sewer main and 4,700 feet of 4-inch low-pressure sewer main. The project also includes the construction of 2 small pump stations for the conveyance of the sewage. The submission is consistent with the planning requirements in Chapter 71 of DEP's regulations. The plan provides for an expansion of the sewer service area.

The plan is approved with the following comments:

1. The approved project will require a Water Quality Management (Part II) permit for the construction and operation of the proposed sewage facilities. The permit application must be submitted in the name of the municipality. Issuance of a Part II permit will be based upon a technical evaluation of the permit application and supporting documentation. Starting construction prior to obtaining a Part II permit is a violation of the Pennsylvania Clean Streams Law (CSL).
2. This plan approval does not include approval of the system design. The system design will be evaluated and approved as part of the Water Quality Management (Part II) permit application review.
3. Other DEP permits may be required for construction if encroachment to streams or wetlands will result. Information regarding the requirements for such permits or approvals can be obtained from DEP's Watershed Management Program at the letterhead address or by telephone at 717-705-4802.

Any person aggrieved by this action may appeal the action to the Environmental Hearing Board (Board), pursuant to Section 4 of the Environmental Hearing Board Act, 35 P.S. § 7514, and the

Administrative Agency Law, 2 Pa.C.S. Chapter 5A. The Board's address is:

Environmental Hearing Board
Rachel Carson State Office Building, Second Floor
400 Market Street
P.O. Box 8457
Harrisburg, PA 17105-8457

TDD users may contact the Environmental Hearing Board through the Pennsylvania Relay Service, 800-654-5984.

Appeals must be filed with the Board within 30 days of receipt of notice of this action unless the appropriate statute provides a different time. This paragraph does not, in and of itself, create any right of appeal beyond that permitted by applicable statutes and decisional law.

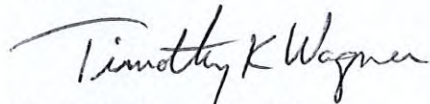
A Notice of Appeal form and the Board's rules of practice and procedure may be obtained online at <http://ehb.courtapps.com> or by contacting the Secretary to the Board at 717-787-3483. The Notice of Appeal form and the Board's rules are also available in braille and on audiotape from the Secretary to the Board.

IMPORTANT LEGAL RIGHTS ARE AT STAKE. YOU SHOULD SHOW THIS DOCUMENT TO A LAWYER AT ONCE. IF YOU CANNOT AFFORD A LAWYER, YOU MAY QUALIFY FOR FREE PRO BONO REPRESENTATION. CALL THE SECRETARY TO THE BOARD AT 717-787-3483 FOR MORE INFORMATION. YOU DO NOT NEED A LAWYER TO FILE A NOTICE OF APPEAL WITH THE BOARD.

IF YOU WANT TO CHALLENGE THIS ACTION, YOUR APPEAL MUST BE FILED WITH AND RECEIVED BY THE BOARD WITHIN 30 DAYS OF RECEIPT OF NOTICE OF THIS ACTION.

If you have any questions or concerns, please call Timothy Wagner at 717-705-4794 and refer to DEP Code No. D1-44908-ACT, Application No. 353536, and Authorization No. 1462172.

Sincerely,



for Maria D. Bebenek, P.E.
Program Manager

cc: The EADS Group Inc. (PDF)
Mifflin County Planning Commission

October 31, 2025

Pennsylvania Department of Environmental Protection
South Central Office
909 Elmerton Avenue
Harrisburg, PA 17110

Attn: Casey Iverson

RE: **GRANVILLE TOWNSHIP
2024 MUNICIPAL WASTELOAD MANAGEMENT REPORT
GRANVILLE TOWNSHIP JUNCTION WWTP
CORRECTIVE ACTION PLAN**

Mr. Iverson,

On behalf of Granville Township Supervisors, Mifflin County, The EADS Group Inc. has received your letter for Junction Wastewater Treatment Plant.

Junction Corrective Action Plan

By 6/30/2026

Visually inspect manholes in the drainage basins to pump stations 5, 7 & 10 to look for illicit flows. As pump station 7 and 10 flow into pump station 9 those drainage basins will be investigated first then flows will be analyzed if the drainage basin to 9 needs inspected as well.

By 9/30/2025

Clean and Televisive drainage basins to pump stations 5, 7 & 10 to look for illicit flows.

Should you have any question, please contact this office at (814) 535-5388 or email bbloom@eadsgroup.com

The EADS Group, Inc. (Johnstown)

Brian Bloom

By: Brian Bloom,
Project Manager

CC: Granville Township