

**GRANVILLE TOWNSHIP
MIFFLIN COUNTY, PENNSYLVANIA**

2025 CHAPTER 94 REPORT
MUNICIPAL WASTELOAD
MANAGEMENT PLAN

*FOR THE
GRANVILLE TOWNSHIP
STRODES MILLS WWTP*

MARCH 2026

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

GRANVILLE TOWNSHIP – STRODES MILLS 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:** 2025 Discharge Monitoring Reports and 2025 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 Strodes Mills WWTP	Permit No.:	PA0084778
Mailing Address:	100 Helen Street	Effective Date:	7/1/2022
City, State, Zip:	Lewistown, PA 17044	Expiration Date:	06/30/2027
Contact Person:	Travis Hartzler	Renewal Due Date:	01/01/2027
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 PaDEP Chapter 94 Spreadsheet was used to determine the projected hydraulic and organic loading of the Strodes Mills WWTP. The projections show that the plant will have sufficient capacity for the service area over the next five years. No expansion will be necessary.

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 is fairly new and there are no known problems at this time. The Strodes Mills WWTP system is divided into two (2) treatment basins which are cleaned on a rotating basis.

Routine monitoring, repairs, and preventative maintenance were completed on a day to day basis by personnel.

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:

The system is generally considered in good condition. Suspected I&I issues are investigated and corrected as needed.

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 –)
☒ 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

Reporting Year: 2025

Facility Name: Granville Township Sewer & Water (Strodes Mills STP)

Permit No.: PA0032051

Persons/EDU: 2.5

Existing Hydraulic Design Capacity: 0.066 MGD
Upgrade Planned in Next 5 Years? No Year:
Future Hydraulic Design Capacity: MGD

Existing Organic Design Capacity: 147 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	0.032	0.03	0.035	0.033	0.03
February	0.033	0.033	0.034	0.032	0.028
March	0.034	0.028	0.033	0.031	0.028
April	0.032	0.029	0.032	0.037	0.029
May	0.031	0.033	0.038	0.031	0.031
June	0.034	0.028	0.026	0.028	0.03
July	0.03	0.027	0.029	0.028	0.028
August	0.03	0.028	0.029	0.032	0.027
September	0.039	0.029	0.028	0.03	0.028
October	0.03	0.029	0.028	0.09	0.029
November	0.028	0.029	0.027	0.031	0.029
December	0.029	0.039	0.029	0.031	0.029

Annual Avg	0.032	0.03	0.031	0.036	0.029
Max 3-Mo Avg	0.033	0.032	0.036	0.051	0.031
Max : Avg Ratio	1.03	1.07	1.16	1.42	1.07
Existing EDUs	339.0	342.0	343.0	365.0	365.0
Flow/EDU (GPD)	94.4	87.7	90.4	98.6	79.5
Flow/Capita (GPD)	37.8	35.1	36.2	39.5	31.8
Exist. Overload?	NO	NO	NO	NO	NO

Projected Flows for Next Five Years (MGD)

	2026	2027	2028	2029	2030
New EDUs	1.0	1.0	1.0	1.0	1.0
New EDU Flow	0.0001	0.0001	0.0001	0.0001	0.0001
Proj. Annual Avg	0.032	0.0321	0.0322	0.0323	0.0324
Proj. Max 3-Mo Avg	0.037	0.037	0.037	0.037	0.037
Proj. Overload?	NO	NO	NO	NO	NO

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

Month	2021	2022	2023	2024	2025
January	75	68	61	61	59
February	50	91	77	54	82
March	92	67	82	82	77
April	75	81	61	229	77
May	74	49	57	80	98
June	79	110	65	67	44
July	92	69	70	61	41
August	57	91	58	68	59
September	166	54	73	49	61
October	96	64	58	57	63
November	81	52	69	77	51
December	120	68	75	76	64

Annual Avg	88	72	67	80	65
Max Mo Avg	166	110	82	229	98
Max : Avg Ratio	1.88	1.53	1.22	2.86	1.52
Existing EDUs	339	342	343	365	365
Load/EDU	0.260	0.211	0.196	0.219	0.177
Load/Capita	0.104	0.084	0.078	0.088	0.071
Exist. Overload?	YES	NO	NO	YES	NO

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

	2026	2027	2028	2029	2030
New EDUs	1	1	1	1	1
New EDU Load	0.213	0.213	0.213	0.213	0.213
Proj. Annual Avg	75	75	75	75	75
Proj. Max Avg	134	135	135	136	136
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	1.3	2.3	3.65	3.54	3.5
February	2.75	4.0	1.82	0.93	5.0
March	3.06	3.0	2.69	2.32	1.75
April	2.1	3.7	3.21	3.68	4.8
May	4.53	7.3	1.46	3.02	6.5
June	3.57	5.3	4.04	4.77	5.3
July	4.79	2.8	6.91	3.12	6.7
August	6.07	4.6	6.21	3.84	3.2
September	12.79	7.0	3.49	3.17	1.1
October	3.04	2.1	2.82	1.13	3.2
November	1.89	4.0	1.97	2.13	1.6
December	2.06	1.2	4.08	1.86	1.5

EXHIBIT II

HYDRAULIC LOADING GRAPH

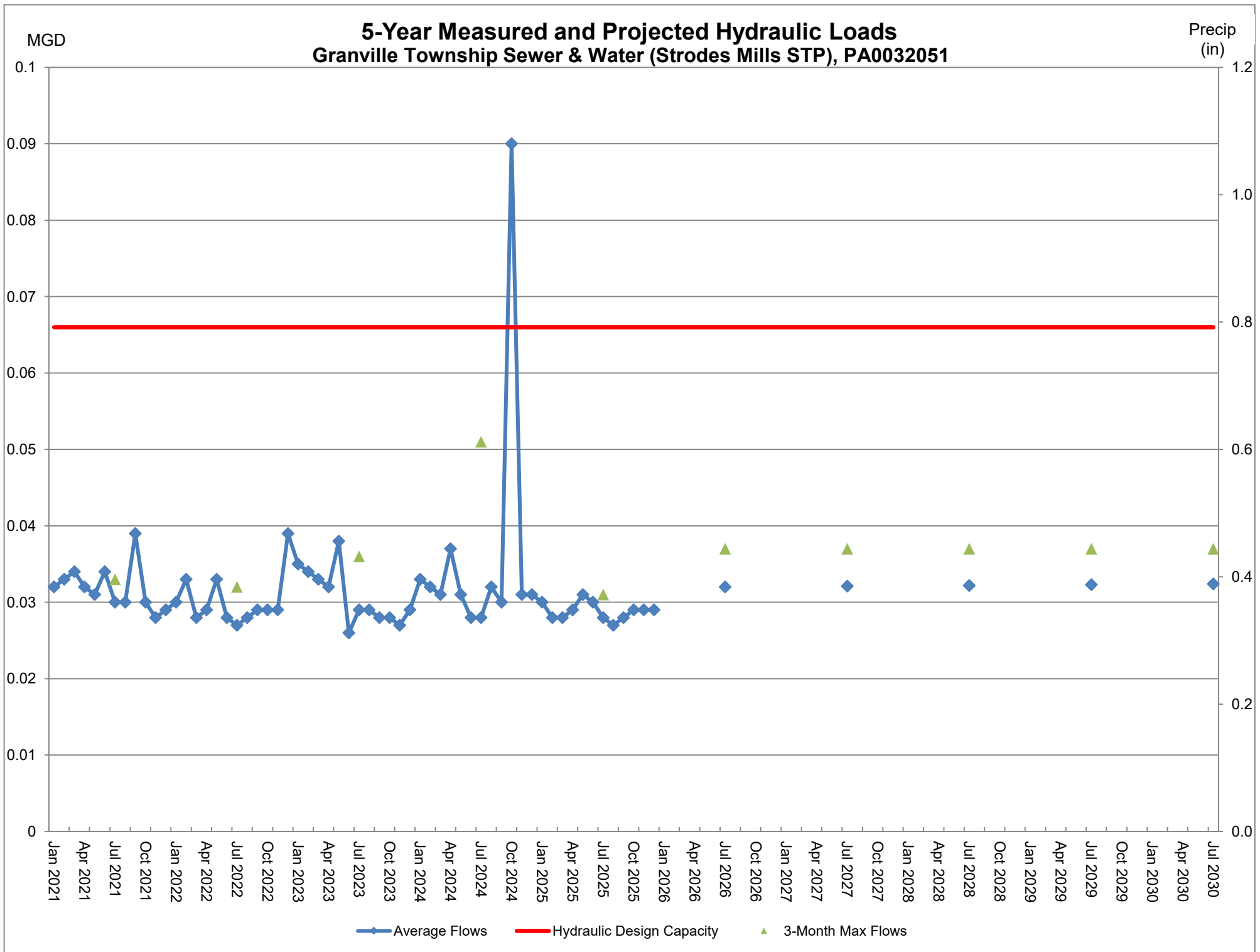


EXHIBIT III

ORGANIC LOADING GRAPH

5-Year Measured and Projected Organic Loads Granville Township Sewer & Water (Strodes Mills STP), PA0032051

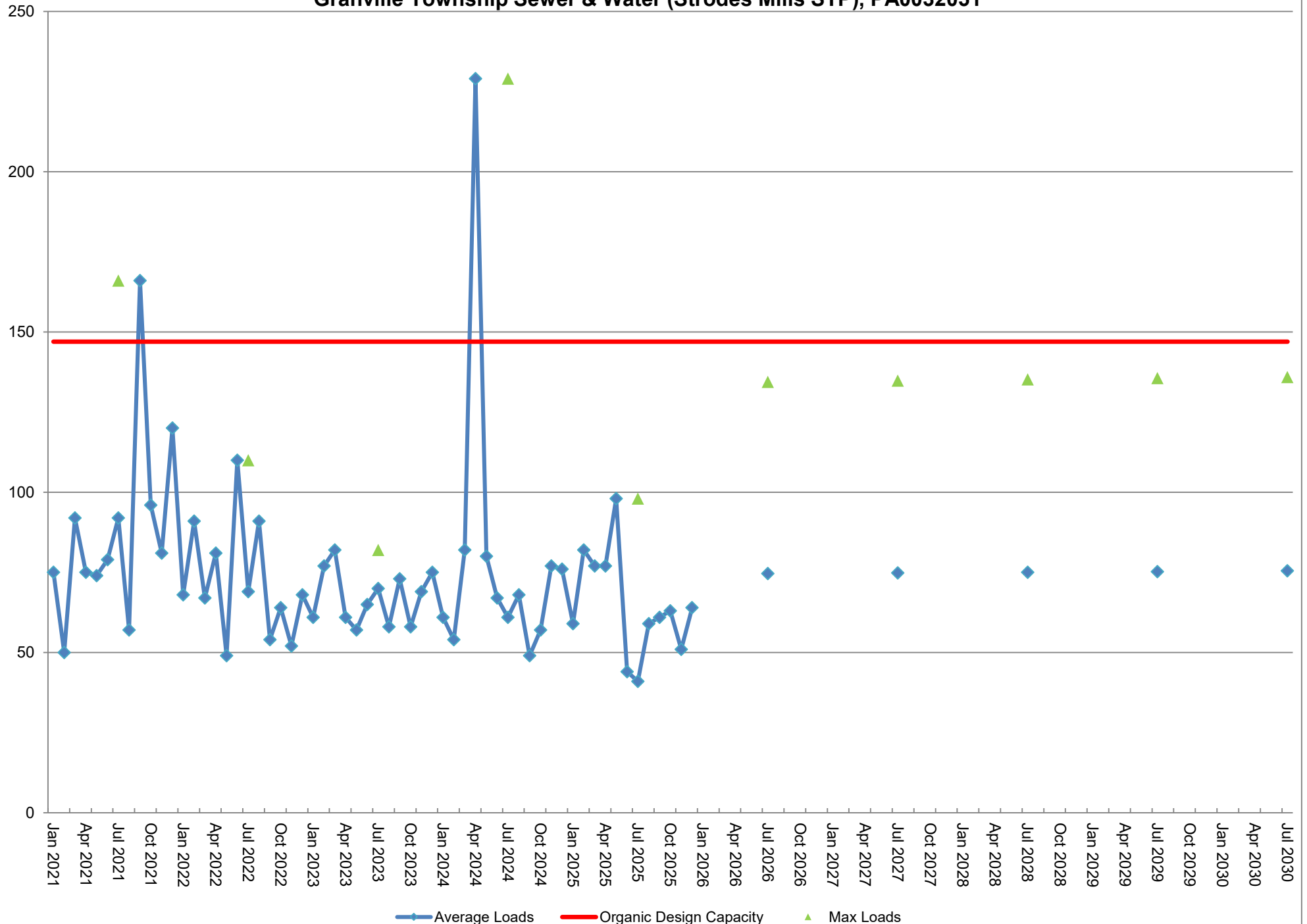


EXHIBIT IV

PUMP STATION INFORMATION

Exhibit IV: Pump Station Information

The sewage system includes one (1) pumping station. This pumping station is functioning properly.

Pump Station	Permitted Flow (MGD)	Average Flow (MGD)	Maximum Flow Rate (GPM)	2-Year Maximum Flow Project
2 Lockport	0.165	0.0035	120/171	.0035

The flows depicted in the table above were calculated based on the hour meters placed on each pump station and the actual flow rate calculated the omnisite system. Omnisite is currently hooked up at this location. The omnisite measures runtime and level change during a drawdown cycle and a time refill cycle to come up with flow rates. The two pumps in the station are serviced annually and have been in service since 2019.

A total of 28 grinder pumps are located throughout the collection system and are maintained on a routine basis. Two (2) 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, two (2) 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 significant 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 Twp. Strodes Mills WWTP	Permit No.:	PA0084778
	<i>Enter Date</i>		<i>Enter Date</i>
Evaluation Period:	1/1/2024	to	12/31/2025
Design Flow:	0.066 MGD	Actual Annual Average Flow:	0.028 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:	855		
Average Annual Influent BOD5 Load (per Ch. 94 Report):	64.6 lbs/day		
Average Annual Influent BOD5 Load (Expected based on Population):	145.4 lbs/day	(Population x 0.17)	
% of Influent BOD5 Load per Ch. 94 Report / Influent Load Expected:	44.4%	(Influent Load per Ch. 94 Report / Influent Load based on Population)	
Average Annual Effluent Concentration of CBOD5 :	4.442 mg/L	Assume 5.3304 mg/L BOD5	
Average Annual Pounds (lbs) of BOD5 Discharged:	1.24 lbs/day	(Actual Flow x Effluent BOD5 Concentration x 8.34)	
Influent BOD5 Load per Person per Day (based on Ch. 94):	0.076	(Influent BOD5 Load per Ch. 94 Report / Population - 0.17 to 0.22 is typical)	
Pounds of BOD5 Removed (based on Ch. 94):	63.4 lbs/day	(Influent BOD5 Load per Ch. 94 Report - BOD5 Discharged)	
Pounds of BOD5 Removed (based on Population):	144.1 lbs/day	(Influent BOD5 Load Expected based on Population - BOD5)	
Sludge Removed from Treatment Plant (Previous Year):	10.0 Dry Tons	=	19,920 Dry lbs

Sludge Production and Wasting Calculations

Based on Chapter 94 Report

X	63.4	BOD5 Removed / Day (lbs)
X	0.65	Treatment Factor
	41.18	Daily Solids Production (lbs)
X	0.65	Digestion Factor
	26.77	Daily Digested Solids (lbs)
X	365	Days per Year
	9,770	Solids Generated / Year (lbs)
-	19,920	Solids Actually Wasted / Year (lbs)
	-10,150	Difference (lbs)
	204%	% of Expected Volume Wasted (85 - 115% is generally acceptable)
	1.0%	Percent Solids of Wasted Solids
	115,988	Volume of Solids to Remove Annually (gallons)
-	236,484	Volume of Solids Actually Removed Annually (gallons)
	-120,496	Difference (gallons)

Based on Population

X	144.1	BOD5 Removed / Day (lbs)
X	0.65	Treatment Factor
	93.67	Daily Solids Production (lbs)
X	0.65	Digestion Factor
	60.88	Daily Digested Solids (lbs)
X	365	Days per Year
	22,223	Solids Generated / Year (lbs)
	19,920	Solids Actually Wasted / Year (lbs)
	2,303	Difference (lbs)
	90%	% of Expected Volume Wasted (85 - 115% is generally acceptable)
	1.0%	Percent Solids of Removed Solids
	263,823	Volume of Solids to Remove Annually (gallons)
-	236,484	Volume of Solids Actually Removed Annually (gallons)
	27,338	Difference (gallons)

Exhibit VI

CALIBRATION CERTIFICATE

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.: 3306
Description: Thermometer
Asset No.: Strodes Mill - Effluent Sampler 2
Method: Direct Comparison

Invoice #.: 31899
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 19°C
Humidity: 26 %RH
Unit Received: In Specification
Unit Returned: In Specification
Report No.: 019577

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/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: Ertco
Model: -5 to 15 Deg. C
Serial No.: 3372
Description: Thermometer
Asset No.: Strodes Mill - Effluent Sampler 1
Method: Direct Comparison

Invoice #: 31899
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 19°C
Humidity: 26 %RH
Unit Received: In Specification
Unit Returned: In Specification
Report No.: 019578

CALIBRATION DATA

Units	Standard	As Found	As Left	Correction
°C	4.00	4.00	4.00	0.0

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.: 6916
Description: Thermometer
Asset No.: Strodes Mill
Method: Direct Comparison

Invoice #: 31899
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 19°C
Humidity: 26 %RH
Unit Received: In Specification
Unit Returned: In Specification
Report No.: 019579

CALIBRATION DATA

Units	Standard	As Found	As Left	Correction
°C	4.00	4.05	4.05	-0.05

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.: 22255
Description: Thermometer
Asset No.: Strodes Mill
Method: Direct Comparison

Invoice #.: 31899
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 19°C
Humidity: 26 %RH
Unit Received: In Specification
Unit Returned: In Specification
Report No.: 019576

CALIBRATION DATA

Units	Standard	As Found	As Left	Correction
°C	4.00	4.20	4.20	-0.20

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: Fischer & Porter
Model: 392
Serial No.: UR3423-001
Description: Influent Flow
Asset No.: Strodes Mill
Method: Direct Comparison

Invoice #: 31899
Flow Element: 4" MagMeter
Calibration Date: 11/18/2025
Due Date: 11/18/2026
Temp.: 19°C
Humidity: 26 %RH
Unit Received: In Specification
Unit Returned.: In Specification
Report No.: 019580

CALIBRATION DATA

Units	Standard	As Found	As Left
GPM	0.0	-0.1	-0.1
GPM	112.5	112.4	112.6
GPM	225.0	224.8	225.1
GPM	337.5	337.3	337.5
GPM	450.0	449.7	450.0
Gallons	113	113	113

TEST STANDARDS

NIST Test Standard	Model No.	Calibration Due	Serial No.
Fluke	725	7/31/2027	1295056-BS
NIST TIME	WWV	12/31/2050	WWV

Comments: Unit scaled 0 to 450 gpm. pd display and chessel recorder. Simulated 4-20 to conform proper scaling and operation. Totalizer timed 4 minutes L317.

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: Benjamin Sherry

Benjamin Sherry

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

Month: January Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

☐ 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	Junction WWTP			
Municipality	Granville Twp.			
County	Mifflin			
DEP Permit No.	PA-0032051			
Type of Material*	Liquid Bio-solids			
Dry Tons Applied/Disposed				
Type of Disposal/Use*	Later Process VIA BFP			
Hauler Name	Sherwood Septic Hauling			

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: _____

Date: 2/10/2025



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

**SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING**

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A
Laboratories: In House / Fairway Labs Altoona

Month: January Year: 2025
NPDES Permit No.: PA-0084778 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		TRC		CBOD5		TSS		Fecal coliform		Ammonia		Total Phosphorus		UV Intensity		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		.034		7.4		9.5														4.0		
2		.028		7.5		9.0														3.8		
3		.033		7.4		9.3														3.5		
4		.033		7.5		10.2														3.4		
5		.030		7.4		10.2														3.1		2"s
6		.031		7.2		9.0														4.1		
7		.031		7.4		9.7														3.5		
8		.031		7.3		10.2				6.41		5.60				.1081		2.23		3.5		
9		.029		7.5		9.7							<	4.0						3.8		
10		.029		7.5		10.2														3.8		2"s
11		.031		7.5		9.4														3.8		
12		.033		7.6		10.1														4.2		
13		.030		7.4		9.5														3.9		
14		.027		7.1		9.0														3.6		
15		.029		7.4		9.7														3.2		
16		.028		7.4		9.7														3.2		
17		.028		7.2		9.2														3.1		
18		.030		7.6		9.5														4.0		
19		.031		7.5		9.0														4.0		.5"s
20		.033		7.4		9.4														3.8		
21		.031		7.3		9.7														3.8		
22		.032		7.3		9.1			<	3.00		7.20			<	.1000		2.39		3.5		
23		.031		7.3		9.5							<	4.0						2.9		
24		.033		7.6		9.6														3.0		
25		.030		7.4		10.7														3.0		
26		.030		7.4		9.8														3.1		
27		.030		7.4		9.2														3.4		
28		.027		7.5		9.6														3.3		
29		.029		7.4		9.1														3.2		
30		.026		7.5		8.9														3.2		
31		.027		7.4		9.2														3.3		
Avg		.030		7.4		9.8			<	4.7		6.4	<	4.0	<	.1040		2.3		3.5		4.5"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:

2/10/2025



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 - INFLUENT & PROCESS CONTROL

3800-FM-BCW0436 3/2012

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: January Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2022

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	0.034						9.5	4,531.0		
2	0.028						9.0	2,407.0		
3	0.033						9.3	0.0		
4	0.033						10.2	4,531.0		
5	0.03						10.2	4,531.0		
6	0.031						9.0	0.0		
7	0.031						9.7	4,531.0		
8	0.031	239.0	62	264.0	68	2,640.0	10.2	0.0		
9	0.029						9.7	0.0		
10	0.029						10.2	2,407.0		
11	0.031						9.4	2,707.0		
12	0.033						10.1	4,531.0		
13	0.03						9.5	0.0		
14	0.027						9.0	4,531.0		
15	0.029					3,320.0	9.7	2,407.0		
16	0.028						9.7	2,407.0		
17	0.028						9.2	2,266.0		
18	0.03						8.5	2,266.0		
19	0.031						9.0	4,248.0		
20	0.033						9.4	0.0		
21	0.031						9.7	4,248.0		
22	0.032	209.0	56	264.0	70	3,310.0	9.1	0.0		
23	0.031						9.5	4,248.0		
24	0.033						9.6	4,248.0		
25	0.03						10.7	2,266.0		
26	0.03						9.8	2,266.0		
27	0.03						9.2	0.0		
28	0.027						9.6	4,248.0		
29	0.029					3,460.0	9.1	2,266.0		
30	0.026						8.9	1,982.0		
31	0.027						9.2	850.0		
Avg	0.03	224	59	264	69	3,183	10	2,417		
Max	0.034	239	62	264	70	3,460	11	4,531		

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: 2/10/2025



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 (or CBOD₅) 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 Strodes Mills STP
 Municipality: Oliver Township County: Mifflin
 Watershed: 12-A

Month: 1 (Select number) Year: 2025
 NPDES Permit No.: PA-0084778 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 30-Apr-22

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	0.031																						
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19																							
20																							
21																							
22																							
23																							
24																							
25																							
26																							
27																							
28																							
29																							
30																							
31																							
Avg	0.032		2.31		0.6	<	0.1041	<	0.03		1.638		0.4	<	2.842	<	0.8	<	4.48	<	1		
Monthly Total Loads (lbs):					19					<	0.8					<	23					<	37

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: 2/10/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

37

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

37

(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: **2/10/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

19

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

19

(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: **2/10/2025**

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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Final Effluent**

PA0084778				001		
PERMIT NUMBER				OUTFALL NUMBER		
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	01	01	TO	2025	01	31

Reporting Frequency: **Monthly**

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

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

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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	***	***	***	8.9	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.1	***	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	1.5	1.6	lbs/day	***	6.4	7.20	mg/L	2/month	24-Hr Composite
	Permit Requirement	16 Avg Mo	24 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		2/month	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	< 4.48	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610) (Nov-Apr)	Sample Measurement	< .03	***	lbs/day	***	< .1041	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	5.0 Avg Mo	***		***	9.0 Avg Mo	***		2/month	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	1.638	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	< 2.842	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	2.31	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	2.9	***	***	µw/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Inst Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.030	.034	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	< 23	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< .8	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	13	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	< .8	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	19	***	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	2/month	Grab
	Permit Requirement	***	***		***	2000 Geo Mean	10000 IMAX		2/month	Grab



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

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	< 2.4	1.6	lbs/day	***	< 4.7	< 3.00	mg/L	2/month	24-Hr Composite
	Permit Requirement	13 Avg Mo	22 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		2/month	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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Raw Sewage Influent**

PA0084778

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Monthly**

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

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

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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	58	61.7	lbs/day	***	224	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	69.1	70	lbs/day	***	264	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	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
SM Old Bay Worksheet 1-2025.xlsx	Other	2025-02-13T11:04:12-05:00	Bay Sheet
SM Influent and Process Control Form Monthly 1-2025.xls	Influent and Process Control Form	2025-02-13T11:03:35-05:00	
SM Biosolids Production Report Monthly 1-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-02-13T11:02:28-05:00	
SM Daily Effluent Monitoring Monthly 1-2025.doc	Daily Effluent Monitoring Form	2025-02-13T11:03:02-05:00	

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	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: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: February Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

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
2/14/25	40500	1.0	1.7						
TOTAL:			1.7	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	Junction WWTP		
Municipality	Granville Twp.		
County	Mifflin		
DEP Permit No.	PA-0032051		
Type of Material*	Liquid Bio-solids		
Dry Tons Applied/Disposed	1.7		
Type of Disposal/Use*	Later Process VIA BFP		
Hauler Name	Sherwood Septic Hauling		

*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

Title: Operator II

Signature: _____

Date: 3/10/2025



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A
Laboratories: In House / Fairway Labs Altoona

Month: February Year: 2025
NPDES Permit No.: PA-0084778 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		TRC		CBOD5		TSS		Fecal coliform		Ammonia		Total Phosphorus		UV Intensity		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		.029		7.5		9.3														3.6		
2		.032		7.4		9.8														3.8		
3		.027		7.6		9.8														3.4		
4		.026		7.3		9.2														3.4		
5		.030		7.5		9.4				3.94		7.60			<	.1000		3.13		3.6		
6		.031		7.5		9.8							<	4.0						3.6		
7		.026		7.4		9.1														3.8		
8		.028		7.4		9.0														3.6		
9		.035		7.5		10.4														4.1		
10		.028		7.3		9.2														3.5		
11		.026		7.6		9.9														3.2		
12		.030		7.3		9.6														3.2		
13		.027		7.3		9.3														3.6		
14		.028		7.5		9.6														3.1		
15		.030		7.8		9.9														3.0		2"s
16		.030		7.4		9.4														3.5		
17		.028		7.3		9.1														3.0		
18		.025		7.5		10.2														3.2		
19		.028		7.6		10.5				7.27		6.00			<	.2000		2.17		3.1		
20		.026		7.5		10.2								16.4						3.8		
21		.024		7.3		9.2														3.0		
22		.024		7.5		9.7														3.4		
23		.032		7.5		9.7														3.6		
24		.029		7.5		9.4														3.0		
25		.035		7.4		9.3														3.1		
26		.032		7.6		8.4														4.1		
27		.030		7.4		9.0														3.9		.4"r
28		.027		7.5		8.7														3.5		.1"r
29																						
30																						
31																						
Avg		.026		7.4		9.9				5.6		6.8	<	8.0	<	.15		2.6		3.4		2.5"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:



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 - INFLUENT & PROCESS CONTROL

3800-FM-BCW0436 3/2012

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: February Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2022

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	0.029						9.3	2,832.0		
2	0.032						9.8	0.0		
3	0.027						9.8	1,982.0		
4	0.026						9.2	0.0		
5	0.03	358.0	90	264.0	66	3,350.0	9.4	2,407.0		
6	0.031						9.8	2,407.0		
7	0.026						9.1	4,389.0		
8	0.028						9.0	2,407.0		
9	0.035						10.4	0.0		
10	0.028						9.2	4,389.0		
11	0.026						9.9	2,467.0		
12	0.03					3,580.0	9.6	0.0		
13	0.027						9.3	4,390.0		
14	0.028						9.6	2,266.0		
15	0.03						9.9	4,390.0		
16	0.03						9.4	0.0		
17	0.028						9.1	4,390.0		
18	0.025						10.2	0.0		
19	0.028	315.0	74	302.0	71	3,520.0	10.5	4,390.0		
20	0.026						10.2	4,390.0		
21	0.024						9.2	4,390.0		
22	0.024						9.7	0.0		
23	0.032						9.7	4,390.0		
24	0.029						9.4	0.0		
25	0.025						9.3	4,390.0		
26	0.032					2,890.0	8.4	0.0		
27	0.03						9.0	2,124.0		
28	0.027						8.7	4,340.0		
29										
30										
31										
Avg	0.028	337	82	283	68	3,335	10	2,398		
Max	0.035	358	90	302	71	3,580	11	4,390		

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: 3/10/2025



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 (or CBOD₅) 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 Strodes Mills STP
 Municipality: Oliver Township County: Mifflin
 Watershed: 12-A

Month: 2 (Select number) Year: 2025
 NPDES Permit No.: PA-0084778 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 30-Apr-22

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	0.03		3.13		0.8	<	0.1	<	0.0		4.719		1.2		14.04		3.5		18.76		4.7
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19	0.028		2.17		0.5	<	0.2	<	0.0		3.338		0.8		8.134		1.9		11.47		2.7
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
Avg	0.029		2.65		0.6	<	0.2	<	0.04		4.029		1		11.087		3		15.116		4
Monthly Total Loads (lbs):					18				<		1										103
													27								76

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: 3/10/2025



pennsylvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

103

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

103

(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: **3/10/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

18

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

18

(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: **3/10/2025**

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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Final Effluent**

PA0084778
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

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

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

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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		
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	8.4	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.3	***	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	1.6	1.9	lbs/day	***	6.8	7.60	mg/L	2/month	24-Hr Composite
	Permit Requirement	16 Avg Mo	24 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		2/month	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	15.116	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610) (Nov-Apr)	Sample Measurement	< .04	***	lbs/day	***	< .2	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	5.0 Avg Mo	***		***	9.0 Avg Mo	***		2/month	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	4.029	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	11.087	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	2.65	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	3.0	***	***	µw/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Inst Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.026	.035	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	103	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 1	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	27	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	76	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	18	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (Oct-Apr)	Sample Measurement	***	***	***	***	< 8.0	16.4	No./100 ml	2/month	Grab
	Permit Requirement	***	***		***	2000 Geo Mean	10000 IMAX		2/month	Grab



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

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	1.2	1.6	lbs/day	***	5.6	7.27	mg/L	2/month	24-Hr Composite
	Permit Requirement	13 Avg Mo	22 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		2/month	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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Raw Sewage Influent**

PA0084778

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Monthly**

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

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

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

No Discharge: ☐

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

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	81	89	lbs/day	***	336	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	68	70	lbs/day	***	283	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	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
SM Biosolid Production Report Monthly 2-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-03-10T08:12:22-04:00	
SM Daily Effluent Monitoring Monthly 2-2025.doc	Daily Effluent Monitoring Form	2025-03-10T08:13:00-04:00	
SM Influent and Process Control Form Monthly 2-2025.xls	Influent and Process Control Form	2025-03-10T08:13:33-04:00	
SM Old Bay Worksheet 2-2025.xlsx	Other	2025-03-10T08:14:02-04:00	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	03	10
	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: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: March Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

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
3/15/25	22500	.91	.85						
TOTAL:			.85	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	Junction WWTP		
Municipality	Granville Twp.		
County	Mifflin		
DEP Permit No.	PA-0032051		
Type of Material*	Liquid Bio-solids		
Dry Tons Applied/Disposed	.85		
Type of Disposal/Use*	Later Process VIA BFP		
Hauler Name	Sherwood Septic Hauling		

*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

Title: Operator II

Signature: _____

Date: 4/7/2025



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

**SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING**

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A
Laboratories: In House / Fairway Labs Altoona

Month: March Year: 2025
NPDES Permit No.: PA-0084778 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		TRC		CBOD5		TSS		Fecal coliform		Ammonia		Total Phosphorus		UV Intensity		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		.029		7.7		9.3														3.8		
2		.035		7.7		9.7														3.5		
3		.028		7.6		9.9														3.5		
4		.026		7.7		9.2														3.4		
5		.039		7.6		9.9				7.57		10.0				.4116		3.26		3.7		
6		.029		7.5		9.0								4.0						3.4		
7		.029		7.5		10.0														3.3		
8		.028		7.3		9.6														3.1		
9		.028		7.4		9.8														3.4		
10		.029		7.3		9.2														3.5		
11		.026		7.3		9.0														3.0		
12		.029		7.3		9.8														3.1		
13		.025		7.5		9.8														3.6		
14		.025		7.4		9.4														3.2		
15		.028		7.6		9.1														3.7		
16		.038		7.4		9.2														4.1		
17		.029		7.3		8.8														3.5		.8"r
18		.025		7.3		8.9														3.5		
19		.027		7.2		9.0				5.31		8.0			<	.1000		2.15		3.3		
20		.027		7.3		8.9							<	4.0						3.6		
21		.024		7.4		9.7														3.3		
22		.028		7.7		10.2														3.8		
23		.032		7.7		9.4														3.5		
24		.026		7.3		9.0														3.3		
25		.026		7.4		9.5														3.0		
26		.029		7.7		9.2														4.2		
27		.027		7.5		9.3														3.5		
28		.028		7.4		9.2														3.4		
29		.026		7.4		9.3														3.5		
30		.027		7.4		9.0														4.4		
31		.028		7.5		9.0														3.2		
Avg		.028		7.5		9.4				6.44		9.0	<	4.0	<	.2558		2.70		4.1		.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:

4/7/2025



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 - INFLUENT & PROCESS CONTROL

3800-FM-BCW0436 3/2012

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: March Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2022

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	0.029						9.3	439.0		
2	0.035						9.7			
3	0.028						9.9	4,390.0		
4	0.026						9.2			
5	0.039	266.0	87	340.0	111	3,310.0	9.9	2,406.0		
6	0.029						9.0	4,531.0		
7	0.029						10.0			
8	0.028						9.6	4,531.0		
9	0.028						9.8			
10	0.029						9.2	4,531.0		
11	0.026						9.0	2,124.0		
12	0.029					3,280.0	9.8	2,407.0		
13	0.025						9.8	2,266.0		
14	0.025						9.4	4,673.0		
15	0.028						9.1	2,407.0		
16	0.038						9.2			
17	0.029						8.8	4,673.0		
18	0.025						8.9			
19	0.027	302.0	68	360.0	81	3,520.0	9.0	4,673.0		
20	0.027						8.9	2,266.0		
21	0.024						9.7	2,407.0		
22	0.028						10.2	4,673.0		
23	0.032						9.4			
24	0.026						9.0	4,673.0		
25	0.026						9.5	4,673.0		
26	0.029					3,390.0	9.2	4,673.0		
27	0.027						9.3	2,407.0		
28	0.028						9.2	4,673.0		
29	0.026						9.3	4,673.0		
30	0.028						9.0			
31	0.027						9.0	4,673.0		
Avg	0.028	284	77	350	96	3,375	9	3,645		
Max	0.039	302	87	360	111	3,520	10	4,673		

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: 4/7/2025



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 (or CBOD₅) 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 Strodes Mills STP
 Municipality: Oliver Township County: Mifflin
 Watershed: 12-A

Month: 3 (Select number) Year: 2025
 NPDES Permit No.: PA-0084778 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 30-Apr-22

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	0.039		3.26		1.1		0.412		0.1		1.27		0.4		2.16		0.7		3.43		1.1
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19	0.027		2.15		0.5	<	0.1	<	0.0		2.408		0.5		5.307		1.2		7.72		1.7
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
31																					
Avg	0.033		2.71		0.8	<	0.2558	<	0.08		1.839		0.5		3.734		0.9		5.573		1
Monthly Total Loads (lbs):					24				<		2										44

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: 4/7/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

44

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

44

(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: **4/7/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

24

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

24

(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: **4/7/2025**

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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Final Effluent**

PA0084778				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: **06/30/2027**

Permit Application Due: **01/01/2027**

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	***	***	***	8.8	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.3	***	7.7	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	2.5	3.2	lbs/day	***	9.0	10.0	mg/L	2/month	24-Hr Composite
	Permit Requirement	16 Avg Mo	24 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		2/month	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	5.573	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610) (Nov-Apr)	Sample Measurement	< .08	***	lbs/day	***	< .2558	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	5.0 Avg Mo	***		***	9.0 Avg Mo	***		2/month	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	1.839	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	3.734	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	2.71	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	3.1	***	***	µw/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Inst Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.028	.039	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	44	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 2	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	15	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	29	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	24	***	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	2/month	Grab
	Permit Requirement	***	***		***	2000 Geo Mean	10000 IMAX		2/month	Grab



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

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	1.75	2.4	lbs/day	***	6.44	7.57	mg/L	2/month	24-Hr Composite
	Permit Requirement	13 Avg Mo	22 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		2/month	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 SPVRS

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

FACILITY: GRANVILLE TWP - STRODES MILLS STP

LOCATION: CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437

STAGE: Raw Sewage Influent

PA0084778

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: Monthly

DMR Effective From: 03/01/2025

DMR Effective To: 03/31/2025

Permit Expires: 06/30/2027

Permit Application Due: 01/01/2027

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	77.2	86.5	lbs/day	***	284	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	95.5	110	lbs/day	***	350	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	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
SM Daily Effluent Monitoring 3-2025.doc	Daily Effluent Monitoring Form	2025-04-07T08:31:08-04:00	
SM Influent Process Control Form 3-2025.xls	Influent and Process Control Form	2025-04-07T08:31:48-04:00	
SM Biosolids Production Report 3-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-04-07T08:32:20-04:00	
Old Bay Sheet 3-2025.xlsx	Other	2025-04-07T08:32:56-04:00	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	04	07
	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: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: April Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

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
4/5/25	22500	.86	.81						
TOTAL:			.81	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	Junction WWTP		
Municipality	Granville Twp.		
County	Mifflin		
DEP Permit No.	PA-0032051		
Type of Material*	Liquid Bio-solids		
Dry Tons Applied/Disposed	.81		
Type of Disposal/Use*	Later Process VIA BFP		
Hauler Name	Sherwood Septic Hauling		

*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

Title: Operator II

Signature: _____

Date: 5/6/2025



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

**SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING**

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A
Laboratories: In House / Fairway Labs Altoona

Month: April Year: 2025
NPDES Permit No.: PA-0084778 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		TRC		CBOD5		TSS		Fecal coliform		Ammonia		Total Phosphorus		UV Intensity		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		.028		7.6		10.2														3.7		
2		.029		7.4		9.7			<	3.00		7.20			<	.1000		3.57		3.6		.1"r
3		.031		7.7		9.3								4.0						3.5		.5"r
4		.028		7.4		9.0														3.7		.5"r
5		.033		7.6		9.3														4.3		.1"r
6		.039		7.3		8.9														4.1		.3"r
7		.029		7.4		8.8														3.7		
8		.027		7.3		9.3														3.2		
9		.028		7.2		9.7														3.2		
10		.030		7.4		9.2														3.1		.4"r
11		.026		7.5		9.6														3.2		
12		.030		7.5		9.3														3.8		
13		.033		7.3		9.0														4.1		.1"r
14		.027		7.4		8.9														3.6		
15		.028		7.2		9.1														3.0		.2"r
16		.030		7.2		9.0				3.15		5.60				.7850		3.48		3.3		
17		.030		7.5		9.2							<	4.0						3.7		
18		.025		7.3		9.0														3.5		
19		.029		7.4		9.5														3.1		
20		.026		7.3		9.2														3.5		
21		.028		7.5		9.1														3.2		
22		.027		7.4		9.0														3.9		
23		.028		7.3		9.0														4.3		
24		.027		7.4		9.4														3.4		
25		.028		7.3		8.4														3.7		.6"r
26		.029		7.3		8.5														4.2		.2"r
27		.034		7.5		8.9														3.7		
28		.029		7.6		10.1														3.0		
29		.028		7.5		9.4														3.7		.5"r
30		.030		7.4		9.2														5.1		
31																						
Avg		.029		7.4		9.2			<	3.0		6.4	<	4.0	<	.4425		3.52		4.5		3.5"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:

4/6/2025



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 - INFLUENT & PROCESS CONTROL

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: April Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2022

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	0.028							0.0		
2	0.029	415.0	100	315.0	76	3,670.0		4,673.0		
3	0.031							266.0		
4	0.028							2,467.0		
5	0.033							4,673.0		
6	0.039							0.0		
7	0.029							4,673.0		
8	0.027							4,673.0		
9	0.028					3,270.0		0.0		
10	0.03							4,714.0		
11	0.026							2,407.0		
12	0.03							4,814.0		
13	0.033							0.0		
14	0.027							4,814.0		
15	0.028							0.0		
16	0.03	214.0	54	278.0	70	3,630.0		4,814.0		
17	0.03							2,407.0		
18	0.025							4,814.0		
19	0.029							4,814.0		
20	0.026							0.0		
21	0.028							4,814.0		
22	0.027							2,407.0		
23	0.028					3,670.0		0.0		
24	0.027							4,814.0		
25	0.028							2,407.0		
26	0.029							4,814.0		
27	0.034							0.0		
28	0.029							4,814.0		
29	0.028							4,814.0		
30	0.03					3,160.0		0.0		
31										
Avg	0.029	315	77	297	73	3,480		2,797		
Max	0.039	415	100	315	76	3,670		4,814		

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: _____



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 (or CBOD₅) 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 Strodes Mills STP
 Municipality: Oliver Township County: Mifflin
 Watershed: 12-A

Month: 4 (Select number) Year: 2025
 NPDES Permit No.: PA-0084778 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 30-Apr-22

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	0.029		3.57		0.9	<	0.1	<	0.0		2.525		0.6		4.578		1.1		7.10		1.7
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16	0.03		3.48		0.9		0.785		0.2		3.26		0.8		5.559		1.4		8.82		2.2
17																					
18																					
19																					
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
Avg	0.03		3.53		0.9	<	0.443	<	0.1		2.893		0.7		5.069		1		7.961		2
Monthly Total Loads (lbs):					26				<		3										59

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: 5/6/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

59

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

59

(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: **5/6/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

26

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

26

(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: **5/6/2025**

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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Final Effluent**

PA0084778				001		
PERMIT NUMBER				OUTFALL NUMBER		
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	04	01	TO	2025	04	30

Reporting Frequency: **Monthly**

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

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

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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	***	***	***	8.4	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.2	***	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	1.5	1.7	lbs/day	***	6.4	7.2	mg/L	2/month	24-Hr Composite
	Permit Requirement	16 Avg Mo	24 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		2/month	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	7.961	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610) (Nov-Apr)	Sample Measurement	< .1	***	lbs/day	***	< .443	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	5.0 Avg Mo	***		***	9.0 Avg Mo	***		2/month	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	2.893	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	5.069	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	3.53	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	3.0	***	***	µw/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Inst Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.029	.033	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	59	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 3.0	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	21	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	37.0	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	26	***	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	2/month	Grab
	Permit Requirement	***	***		***	2000 Geo Mean	10000 IMAX		2/month	Grab



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

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	.75	.78	lbs/day	***	< 3.0	3.15	mg/L	2/month	24-Hr Composite
	Permit Requirement	13 Avg Mo	22 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		2/month	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 SPVRS
ADDRESS: 100 HELEN ST, LEWISTOWN PA, 17044-2437
FACILITY: GRANVILLE TWP - STRODES MILLS STP
LOCATION: CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437
STAGE: Raw Sewage Influent

PA0084778
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: Monthly
DMR Effective From: 04/01/2025
DMR Effective To: 04/30/2025
Permit Expires: 06/30/2027
Permit Application Due: 01/01/2027
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		
Biochemical Oxygen Demand (BOD5) (00310)	Sample Measurement	76	100	lbs/day	***	314	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	73	76	lbs/day	***	296	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	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
SM Biosolids Production Report 4-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-05-06T08:23:20-04:00	
SM Daily Effluent Monitoring Report 4-2025.doc	Daily Effluent Monitoring Form	2025-05-06T08:23:48-04:00	
SM Influent Process Control Form 4-2025.xls	Influent and Process Control Form	2025-05-06T08:24:13-04:00	
SM Old Bay Worksheet 4-2025.xlsx	Other	2025-05-06T08:24:40-04:00	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	05	06
	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: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: May Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

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
5/10/25	31500	1.0	.96						
5/31/25	22500	1.0	.96						
TOTAL:			1.92	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	Junction WWTP		
Municipality	Granville Twp.		
County	Mifflin		
DEP Permit No.	PA-0032051		
Type of Material*	Liquid Bio-solids		
Dry Tons Applied/Disposed	1.92		
Type of Disposal/Use*	Later Process VIA BFP		
Hauler Name	Sherwood Septic Hauling		

*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
Title: Operator II

Signature: _____
Date: 6/10/25



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

**SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING**

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A
Laboratories: In House / Fairway Labs Altoona

Month: May Year: 2025
NPDES Permit No.: PA-0084778 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		TRC		CBOD5		TSS		Fecal coliform		Ammonia		Total Phosphorus		UV Intensity		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		.027		7.3		9.4														4.1		.5"r
2		.026		7.3		8.8														3.4		
3		.029		7.6		9.7														4.3		.5"r
4		.034		7.5		8.9														4.3		.4"r
5		.032		7.6		8.8														3.8		
6		.027		7.5		8.6														3.5		
7		.028		7.6		9.0			<	3.00		5.60				.1696		3.82		3.5		
8		.029		7.5		8.3							<	4.0						4.0		.6"r
9		.028		7.6		9.2														3.4		.3"
10		.027		7.5		9.5														3.9		
11		.032		7.5		9.1														3.6		.2"r
12		.029		7.4		8.8														3.2		
13		.047		7.4		8.9														3.4		1.8"r
14		.039		7.3		8.7														3.4		.1"r
15		.028		7.3		8.2														3.8		
16		.031		7.3		8.5														3.9		
17		.028		7.6		8.7														4.5		
18		.033		7.4		8.4														4.4		
19		.028		7.6		9.2														3.5		
20		.027		7.3		9.0														3.3		
21		.034		7.4		8.8				5.35		6.0			<	.1000		3.79		3.5		.7"r
22		.037		7.4		9.0								4.0						3.5		
23		.032		7.4		8.5														3.2		
24		.027		7.4		9.3														3.2		
25		.028		7.4		9.4														3.6		
26		.029		7.5		9.6														3.2		
27		.028		7.3		9.3														2.9		.4"r
28		.033		7.5		9.0														3.3		.4"r
29		.027		7.3		8.9														3.0		
30		.035		7.3		8.7														3.2		.8"r
31		.029		7.5		8.5														3.2		
Avg		.031		7.9		8.9				4.1		5.8	<	4.0	<	.2696		3.80		3.6		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:

6/10/25



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 - INFLUENT & PROCESS CONTROL

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: May Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2022

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	0.027						9.4	4,814.0		
2	0.026						8.8	2,407.0		
3	0.029						9.7	4,814.0		
4	0.034						8.9	0.0		
5	0.032						8.8	4,814.0		
6	0.027						8.6	2,407.0		
7	0.028	178.0	42	228.0	53	3,110.0	9.0	2,407.0		
8	0.029						8.3	4,814.0		
9	0.028						9.2	2,407.0		
10	0.027						9.5	4,814.0		
11	0.032						9.1	0.0		
12	0.029						8.8	4,814.0		
13	0.047						8.9	4,814.0		
14	0.039					3,110.0	8.7	0.0		
15	0.028						8.2	4,814.0		
16	0.031						8.5	2,407.0		
17	0.028						8.7	4,814.0		
18	0.033						8.4	0.0		
19	0.028						9.2	4,814.0		
20	0.027						9.0	2,407.0		
21	0.034	542.0	154	316.0	90	3,150.0	8.8	0.0		
22	0.037						9.0	4,673.0		
23	0.032						8.5	2,407.0		
24	0.027						9.3	2,266.0		
25	0.028						9.4	4,673.0		
26	0.029						9.6	0.0		
27	0.028						9.3	4,673.0		
28	0.033					3,150.0	9.0	4,673.0		
29	0.027						8.9	2,407.0		
30	0.035						8.7	4,673.0		
31	0.029						9.5	2,407.0		
Avg	0.031	360	98	272	71	3,130	9	3,079		
Max	0.047	542	154	316	90	3,150	10	4,814		

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: 6/10/2025



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 (or CBOD₅) 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 Strodes Mills STP
 Municipality: Oliver Township County: Mifflin
 Watershed: 12-A

Month: 5 (Select number) Year: 2025
 NPDES Permit No.: PA-0084778 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 30-Apr-22

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																					
6																					
7	0.028		3.82		0.9		0.17		0.0		2.653		0.6		5.534		1.3		8.19		1.9
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19																					
20																					
21	0.034		3.79		1.1	<	0.1	<	0.0		2.198		0.6		7.203		2.0		9.40		2.7
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
31																					
Avg	0.031		3.81		1	<	0.1348	<	0.03		2.426		0.6		6.369		2		8.794		2
Monthly Total Loads (lbs):					30				<		1										71

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: 6/10/2025



CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):	71	(Actual Load Discharged)
Monthly Net Nitrogen Load (lbs):	71	(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: **6/10/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

30

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

30

(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: **6/10/2025**

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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Final Effluent**

PA0084778
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

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

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

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.3	***	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	1.5	1.7	lbs/day	***	5.8	6.0	mg/L	2/month	24-Hr Composite
	Permit Requirement	16 Avg Mo	24 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		2/month	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	8.794	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610) (May-Oct)	Sample Measurement	< .03	***	lbs/day	***	< .1348	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	1.5 Avg Mo	***		***	3.0 Avg Mo	***		2/month	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	2.426	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	6.36	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	3.81	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	3.2	***	***	µw/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Inst Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.031	.047	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	71	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 1.0	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	19	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	52	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	30	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (May-Sep)	Sample Measurement	***	***	***	***	< 4.0	< 4.0	No./100 ml	2/month	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		2/month	Grab



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

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	1.1	1.51	lbs/day	***	4.1	5.35	mg/L	2/month	24-Hr Composite
	Permit Requirement	13 Avg Mo	22 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		2/month	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 SPVRS

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

FACILITY: GRANVILLE TWP - STRODES MILLS STP

LOCATION: CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437

STAGE: Raw Sewage Influent

PA0084778

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: Monthly

DMR Effective From: 05/01/2025

DMR Effective To: 05/31/2025

Permit Expires: 06/30/2027

Permit Application Due: 01/01/2027

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	54	68	lbs/day	***	210	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	71	89	lbs/day	***	272	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	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
SM Biosolids Production Report 5-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-06-10T08:23:31-04:00	
SM Daily Effluent Monitoring 5-2025.doc	Daily Effluent Monitoring Form	2025-06-10T08:23:52-04:00	
SM Old Bay Worksheet 5-2025.xlsx	Other	2025-06-10T08:24:44-04:00	Bay Sheet
SM Influent Process Control Form 5-2025.xls	Influent and Process Control Form	2025-06-10T08:24:12-04:00	

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	06	10
	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: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: June Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

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
6/28/25	22500	.86	.81						
TOTAL:			.81	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	Junction WWTP		
Municipality	Granville Twp.		
County	Mifflin		
DEP Permit No.	PA-0032051		
Type of Material*	Liquid Bio-solids		
Dry Tons Applied/Disposed	.81		
Type of Disposal/Use*	Later Process VIA BFP		
Hauler Name	Sherwood Septic Hauling		

*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
Title: Operator II

Signature: _____
Date: 7/8/25



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

**SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING**

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A
Laboratories: In House / Fairway Labs Altoona

Month: June Year: 2025
NPDES Permit No.: PA-0084778 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		TRC		CBOD5		TSS		Fecal coliform		Ammonia		Total Phosphorus		UV Intensity		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		.031		7.4		9.6														3.7		
2		.027		7.5		9.4														3.2		
3		.027		7.5		8.9														3.0		
4		.028		7.4		9.0				6.45		6.40			<	.1000		1.76		2.7		
5		.026		7.5		8.8							<	4.0						2.9		
6		.027		7.4		8.5														3.0		.2"r
7		.027		7.4		8.6														3.9		
8		.037		7.6		8.8														3.9		
9		.033		7.5		8.6														2.9		.6"r
10		.030		7.3		8.5														3.0		
11		.030		7.3		8.5														3.1		
12		.026		7.4		9.1														2.9		
13		.029		7.3		9.2														2.9		
14		.032		7.6		9.1														3.4		1.2"r
15		.032		7.5		8.9														3.2		.2"r
16		.027		7.5		8.7														3.0		
17		.040		7.5		8.7														2.9		1.1"r
18		.035		7.3		8.4			<	3.00		5.60			<	.1000		4.24		2.9		.5"r
19		.029		7.3		8.8							<	4.0						2.9		
20		.026		7.4		9.1														2.8		
21		.030		7.3		9.1														3.2		
22		.028		7.4		9.0														2.8		
23		.027		7.5		8.4														2.4		
24		.027		7.4		8.7														2.8		
25		.031		7.4		8.6														2.8		1.1"r
26		.027		7.2		8.0														3.1		
27		.025		7.4		8.5														2.8		.1"r
28		.030		7.8		8.4														3.1		
29		.031		7.5		8.4														3.3		
30		.031		7.5		8.3														3.0		.4"r
31																						
Avg		.030		7.4		8.7			<	4.72		1.5	<	4.0	<	.1000		3.0		3.9		5.4"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:

7/8/25



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 - INFLUENT & PROCESS CONTROL

3800-FM-BCW0436 3/2012

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: June Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2022

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	0.031						9.6	0.0		
2	0.027						9.4	4,673.0		
3	0.027						8.9	2,266.0		
4	0.028	172.0	40	278.0	65	3,115.0	9.0	2,407.0		
5	0.026						8.8	2,266.0		
6	0.027						8.5	2,266.0		
7	0.027						8.6	4,532.0		
8	0.037						8.8	0.0		
9	0.033						8.6	4,532.0		
10	0.03						8.5	4,532.0		
11	0.03					2,952.0	8.5	0.0		
12	0.026						9.1	4,532.0		
13	0.029						9.2	2,266.0		
14	0.032						9.1	4,532.0		
15	0.032						8.9	0.0		
16	0.027						8.7	4,532.0		
17	0.04						8.7	2,266.0		
18	0.035	167.0	49	182.0	53	2,845.0	8.4	0.0		
19	0.029						8.4	4,390.0		
20	0.026						8.8	0.0		
21	0.03						9.1	4,390.0		
22	0.028						9.0	0.0		
23	0.027						8.4	4,390.0		
24	0.027						8.7	0.0		
25	0.031					2,945.0	8.6	4,930.0		
26	0.027						8.0	4,390.0		
27	0.025						8.5	0.0		
28	0.03						8.4	4,390.0		
29	0.031						8.4	0.0		
30	0.031						8.3	4,390.0		
31										
Avg	0.03	170	44	230	59	2,964	9	2,562		
Max	0.04	172	49	278	65	3,115	10	4,930		

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: 7/8/2025



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 (or CBOD₅) 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 Strodes Mills STP
 Municipality: Oliver Township County: Mifflin
 Watershed: 12-A

Month: 6 (Select number) Year: 2025
 NPDES Permit No.: PA-0084778 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 30-Apr-22

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	0.028		1.76		0.4	<	0.1	<	0.0		1.84		0.4		6.47		1.5		8.31		1.9
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18	0.035		4.24		1.2	<	0.1	<	0.0		2.046		0.6		6.916		2.0		8.96		2.6
19																					
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
Avg	0.032		3		0.8	<	0.1	<	0.03		1.943		0.5		6.693		2		8.636		2
Monthly Total Loads (lbs):					25				<		0.8										68

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: 7/8/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

68

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

68

(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: **7/8/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

25

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

25

(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: **7/8/2025**

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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Final Effluent**

PA0084778
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

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

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

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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	***	***	***	8.3	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.3	***	7.5	S.U.	1/day	Grab
	Permit Requirement	***	***		6.0 Inst Min	***	9.0 IMAX		1/day	Grab
Total Suspended Solids (00530)	Sample Measurement	1.5	1.6	lbs/day	***	6.0	6.4	mg/L	2/month	24-Hr Composite
	Permit Requirement	16 Avg Mo	24 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		2/month	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	8.636	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610) (May-Oct)	Sample Measurement	< .03	***	lbs/day	***	< .1	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	1.5 Avg Mo	***		***	3.0 Avg Mo	***		2/month	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	1.943	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	6.693	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	3	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	2.8	***	***	µw/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Inst Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.030	.040	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	68	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< .8	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	15	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	53	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	25	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (May-Sep)	Sample Measurement	***	***	***	***	< 4.0	< 4.0	No./100 ml	2/month	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		2/month	Grab



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

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	1.1	1.5	lbs/day	***	< 4.72	6.45	mg/L	2/month	24-Hr Composite
	Permit Requirement	13 Avg Mo	22 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		2/month	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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Raw Sewage Influent**

PA0084778
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

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

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

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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	44	48	lbs/day	***	169	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	59	65	lbs/day	***	230	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	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
SM Biosolids Production Report 6-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-07-08T08:32:32-04:00	
SM Daily Effluent Monitoring 6-2025.doc	Daily Effluent Monitoring Form	2025-07-08T08:33:01-04:00	
SM Influent Process Control Form 6-2025.xls	Influent and Process Control Form	2025-07-08T08:33:38-04:00	
SM Old Bay Worksheet 6-2025.xlsx	Other	2025-07-08T08:34:07-04:00	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	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

Month: July Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

☐ 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	Junction WWTP			
Municipality	Granville Twp.			
County	Mifflin			
DEP Permit No.	PA-0032051			
Type of Material*	Liquid Bio-solids			
Dry Tons Applied/Disposed				
Type of Disposal/Use*	Later Process VIA BFP			
Hauler Name	Sherwood Septic Hauling			

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: _____

Date: 8/5/2025



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A
Laboratories: In House / Fairway Labs Altoona

Month: July Year: 2025
NPDES Permit No.: PA-0084778 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

	Effluent Parameters																					
Day	Flow		pH		DO		TRC		CBOD5		TSS		Fecal coliform		Ammonia		Total Phosphorus		UV Intensity		Precipitation	
	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		.030		7.4		8.3														2.9		.6"r
2		.026		7.4		8.5														3.0		
3		.024		7.5		8.6														3.2		
4		.023		7.6		8.9														2.9		
5		.026		7.6		8.8														3.4		
6		.030		7.6		8.4														2.9		
7		.028		7.7		8.9														2.8		.2"r
8		.035		7.6		8.6														3.0		1.2"r
9		.027		7.4		8.7			<	3.00		7.20				.4940		2.63		2.9		
10		.027		7.5		8.2							<	4.0						3.0		
11		.024		7.6		8.3														2.7		
12		.028		7.4		8.7														3.6		
13		.027		7.4		8.6														2.8		
14		.029		7.6		8.8														2.7		.2"r
15		.025		7.4		8.3														2.8		
16		.035		7.8		8.5			<	3.00		4.00				.6870		4.04		2.8		1.3"r
17		.026		7.5		8.5							<	4.0						2.6		
18		.029		7.5		8.3														2.6		
19		.029		7.5		8.3														3.3		
20		.032		7.6		8.3														3.5		
21		.028		7.4		8.2														3.1		
22		.026		7.5		8.4														3.0		
23		.026		7.4		8.7														3.2		
24		.026		7.6		8.5														2.8		
25		.025		7.5		8.4														3.0		.1"r
26		.030		7.6		8.2														3.0		.75"r
27		.032		7.7		7.8														2.8		.2"r
28		.028		7.5		8.0														2.8		
29		.023		7.5		8.5														3.1		
30		.030		7.5		8.2														3.0		
31		.026		7.6		8.3														2.9		
Avg		.028		7.5		8.4			<	3.00		5.6	<	4.0		.5905		3.33		2.9		4.6"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:

8/5/25



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 - INFLUENT & PROCESS CONTROL

3800-FM-BCW0436 3/2012

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: July Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2022

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	0.03						8.3	4,390.0		
2	0.026					3,145.0	8.5	2,124.0		
3	0.024						8.6	4,390.0		
4	0.023						8.9	2,124.0		
5	0.026						8.8	4,390.0		
6	0.03						8.4	0.0		
7	0.028						8.9	4,390.0		
8	0.035						8.6	2,124.0		
9	0.027	134.0	30	300.0	68	3,460.0	8.7	2,266.0		
10	0.027						8.2	4,390.0		
11	0.024						8.3	2,266.0		
12	0.028						8.7	4,390.0		
13	0.027						8.6	0.0		
14	0.029						8.8	4,390.0		
15	0.025						8.3	2,124.0		
16	0.035	175.0	51	312.0	91	3,005.0	8.5	0.0		
17	0.026						8.3	4,532.0		
18	0.029						8.3	0.0		
19	0.029						8.2	4,532.0		
20	0.032						8.4	0.0		
21	0.028						8.7	4,532.0		
22	0.026						8.5	4,532.0		
23	0.026					2,940.0	8.4	0.0		
24	0.026						8.2	4,532.0		
25	0.025						7.8	0.0		
26	0.03						8.0	4,532.0		
27	0.032						8.5	0.0		
28	0.0208						8.2	4,532.0		
29	0.023						8.3	4,532.0		
30	0.03					2,855.0	8.2	0.0		
31	0.026						8.4	4,532.0		
Avg	0.028	155	41	306	79	3,081	8	2,727		
Max	0.035	175	51	312	91	3,460	9	4,532		

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: 8/5/2025



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 (or CBOD₅) 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 Strodes Mills STP
 Municipality: Oliver Township County: Mifflin
 Watershed: 12-A

Month: 7 (Select number) Year: 2025
 NPDES Permit No.: PA-0084778 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 30-Apr-22

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																					
6																					
7																					
8																					
9	0.027		2.63		0.6		0.494		0.1		2.124		0.5		4.317		1.0		6.44		1.5
10																					
11																					
12																					
13																					
14																					
15																					
16	0.035		4.4		1.3		0.687		0.2		2.438		0.7		4.981		1.5		7.42		2.2
17																					
18																					
19																					
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
31																					
Avg	0.031		3.52		0.9		0.591		0.2		2.281		0.6		4.649		1		6.93		2
Monthly Total Loads (lbs):					29				5				18				38				56

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: 8/5/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

56

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

56

(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: **8/5/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

29

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

29

(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: **8/5/2025**

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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Final Effluent**

PA0084778				001		
PERMIT NUMBER				OUTFALL NUMBER		
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	07	01	TO	2025	07	31

Reporting Frequency: **Monthly**

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

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

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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	***	***	***	7.8	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.4	***	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	1.3	1.6	lbs/day	***	5.6	7.20	mg/L	2/month	24-Hr Composite
	Permit Requirement	16 Avg Mo	24 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		2/month	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	6.93	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610) (May-Oct)	Sample Measurement	.2	***	lbs/day	***	.591	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	1.5 Avg Mo	***		***	3.0 Avg Mo	***		2/month	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	2.281	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	4.649	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	3.52	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	2.3	***	***	µw/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Inst Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.028	.035	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	56	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	5	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	18	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	38	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	29	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (May-Sep)	Sample Measurement	***	***	***	***	< 4.0	< 4.0	No./100 ml	2/month	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		2/month	Grab



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

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	.77	.87	lbs/day	***	< 3.00	< 3.00	mg/L	2/month	24-Hr Composite
	Permit Requirement	13 Avg Mo	22 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		2/month	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 SPVRS

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

FACILITY: GRANVILLE TWP - STRODES MILLS STP

LOCATION: CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437

STAGE: Raw Sewage Influent

PA0084778

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: Monthly

DMR Effective From: 07/01/2025

DMR Effective To: 07/31/2025

Permit Expires: 06/30/2027

Permit Application Due: 01/01/2027

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	40.5	51	lbs/day	***	154	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	79.2	91	lbs/day	***	306	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	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
SM Influent Process Control Form 7-2025.xls	Influent and Process Control Form	2025-08-05T15:07:30-04:00	
SM Old Bay Worksheet 7-2025.xlsx	Other	2025-08-05T15:08:00-04:00	Bay Sheet
SM Daily Effluent Monitoring 7-2025.doc	Daily Effluent Monitoring Form	2025-08-05T15:07:03-04:00	
SM Biosolids Production Report 7-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-08-05T15:06:45-04:00	

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	05
	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: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: August Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

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
8/16/25	27,000	.94	1.1						
TOTAL:			1.1	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	Junction WWTP			
Municipality	Granville Twp.			
County	Mifflin			
DEP Permit No.	PA-0032051			
Type of Material*	Liquid Bio-solids			
Dry Tons Applied/Disposed	1.1			
Type of Disposal/Use*	Later Process VIA BFP			
Hauler Name	Sherwood Septic Hauling			

*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

Title: Operator II

Signature: _____

Date: 9/9/2025



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

**SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING**

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A
Laboratories: In House / Fairway Labs Altoona

Month: August Year: 2025
NPDES Permit No.: PA-0084778 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		TRC		CBOD5		TSS		Fecal coliform		Ammonia		Total Phosphorus		UV Intensity		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		.028		7.5		8.5														2.8		
2		.025		7.6		9.1														2.8		
3		.025		7.8		9.3														2.8		
4		.028		7.6		9.1														2.6		
5		.028		7.5		8.7														2.4		
6		.028		7.4		8.7				3.03		8.0			<	.1000		3.85		2.7		
7		.025		7.5		8.5							<	4.0						2.8		
8		.026		7.4		8.6														2.7		
9		.026		7.7		9.0														2.8		
10		.030		7.7		8.4														3.0		
11		.026		7.7		8.8														2.7		
12		.025		7.5		8.2														2.4		
13		.025		7.4		8.2														2.5		
14		.027		7.5		8.6														2.8		
15		.025		7.4		8.4														2.8		.1"r
16		.028		7.6		8.6														2.8		
17		.034		7.5		8.4														2.9		.6"r
18		.027		7.4		8.1														2.3		
19		.027		7.5		8.4														2.5		
20		.029		7.4		8.4			<	3.00		1.60				.2124	<	3.00		2.4		.3"
21		.027		7.6		8.6							<	4.0						2.4		
22		.027		7.3		8.5														2.6		
23		.026		7.5		9.3														2.4		
24		.030		7.4		9.2														2.8		
25		.027		7.7		9.0														2.5		
26		.026		7.7		9.0														2.4		
27		.027		7.5		8.8														2.2		
28		.026		7.6		9.1														2.4		
29		.024		7.5		8.6														2.3		
30		.029		7.7		9.5														2.5		
31		.026		7.7		8.9														2.6		
Avg		.029		7.5		8.7			<	3.0		4.8	<	4.0	<	.1562	<	3.42		2.7		1.0"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:

9/9/2025



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 - INFLUENT & PROCESS CONTROL

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: August Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2022

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	0.028						8.5	0.0		
2	0.025						9.1	4,532.0		
3	0.025						9.3	0.0		
4	0.028						9.1	4,532.0		
5	0.028						8.7	2,266.0		
6	0.028	235.0	55	324.0	76	2,470.0	8.7	2,266.0		
7	0.025						8.5	4,532.0		
8	0.026						8.6	2,266.0		
9	0.026						9.0	4,532.0		
10	0.03						8.4	0.0		
11	0.026						8.8	4,532.0		
12	0.025						8.2	4,532.0		
13	0.025					2,360.0	8.2	0.0		
14	0.027						8.6	4,532.0		
15	0.025						8.4	2,266.0		
16	0.028						8.6	4,532.0		
17	0.034						8.4	0.0		
18	0.027						8.1	4,532.0		
19	0.027						8.4	2,266.0		
20	0.029	263.0	64	256.0	62	2,080.0	8.4	0.0		
21	0.027						8.6	4,532.0		
22	0.027						8.5	2,266.0		
23	0.026						9.3	4,532.0		
24	0.03						9.2	0.0		
25	0.027						9.0	4,532.0		
26	0.026						9.0	4,532.0		
27	0.027					1,660.0	8.8	0.0		
28	0.026						9.1	2,266.0		
29	0.024						8.6	2,124.0		
30	0.029						9.5	2,266.0		
31	0.026						8.9	4,390.0		
Avg	0.027	249	59	290	69	2,143	9	2,695		
Max	0.034	263	64	324	76	2,470	10	4,532		

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: 9/9/2025



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 (or CBOD₅) 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 Strodes Mills STP
 Municipality: Oliver Township County: Mifflin
 Watershed: 12-A

Month: 7 (Select number) Year: 2025
 NPDES Permit No.: PA-0084778 Outfall: 001
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: 30-Apr-22

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																					
6	0.028		3.85		0.9	<	0.1	<	0.0		1.887		0.4		4.17		1.0		6.06		1.4
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19																					
20	0.029	<	3.0	<	0.7		0.212		0.1		1.996		0.5		7.866		1.9		9.86		2.4
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
31																					
Avg	0.029	<	3.43	<	0.8	<	0.1562	<	0.04		1.942		0.5		6.018		1		7.96		2
Monthly Total Loads (lbs):		<	25			<	1				14				45				59		

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: 9/9/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):	59	(Actual Load Discharged)
Monthly Net Nitrogen Load (lbs):	59	(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: **9/9/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

25

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

25

(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: **9/9/2025**

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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Final Effluent**

PA0084778
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **08/01/2025**

DMR Effective To: **08/31/2025**

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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		
Dissolved Oxygen (00300)	Sample Measurement	***	***	***	8.0	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.3	***	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	7.7	15.2	lbs/day	***	4.8	8.00	mg/L	2/month	24-Hr Composite
	Permit Requirement	16 Avg Mo	24 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		2/month	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	7.96	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610) (May-Oct)	Sample Measurement	.04	***	lbs/day	***	< .1562	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	1.5 Avg Mo	***		***	3.0 Avg Mo	***		2/month	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	1.942	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	6.018	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	< 3.43	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	2.3	***	***	µw/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Inst Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.029	.034	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	59	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 1.0	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	14	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	45	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	< 25	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (May-Sep)	Sample Measurement	***	***	***	***	< 4.0	< 4.0	No./100 ml	2/month	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		2/month	Grab



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

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	3.2	5.7	lbs/day	***	< 3.0	3.03	mg/L	2/month	24-Hr Composite
	Permit Requirement	13 Avg Mo	22 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		2/month	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 SPVRS

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

FACILITY: GRANVILLE TWP - STRODES MILLS STP

LOCATION: CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437

STAGE: Raw Sewage Influent

PA0084778

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: Monthly

DMR Effective From: 08/01/2025

DMR Effective To: 08/31/2025

Permit Expires: 06/30/2027

Permit Application Due: 01/01/2027

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	59	64	lbs/day	***	249	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	68.5	75	lbs/day	***	290	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	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
SM Influent Process Control Form 8-2025.xls	Influent and Process Control Form	2025-09-09T08:23:09-04:00	
SM Biosolids Production Report 8-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-09-09T08:22:29-04:00	
SM Daily Effluent Monitoring 8-2025.doc	Daily Effluent Monitoring Form	2025-09-09T08:22:48-04:00	
SM Old Bay Worksheet 8-2025.xlsx	Other	2025-09-09T08:23:36-04:00	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	09	09
	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: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: September Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

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	Junction WWTP			
Municipality	Granville Twp.			
County	Mifflin			
DEP Permit No.	PA-0032051			
Type of Material*	Liquid Bio-solids			
Dry Tons Applied/Disposed				
Type of Disposal/Use*	Later Process VIA BFP			
Hauler Name	Sherwood Septic Hauling			

*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
Title: Operator II

Signature: _____
Date: 10/6/25



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

**SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING**

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A
Laboratories: In House / Fairway Labs Altoona

Month: September Year: 2025
NPDES Permit No.: PA-0084778 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		TRC		CBOD5		TSS		Fecal coliform		Ammonia		Total Phosphorus		UV Intensity		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		.032		7.7		8.9														2.3		
2		.026		7.6		8.7														2.2		
3		.030		7.4		8.7														2.1		
4		.026		7.6		8.6				3.11		2.0				.2988		7.08		2.3		
5		.024		7.6		8.7							<	4.0						2.4		
6		.026		7.6		8.6														2.4		
7		.031		7.6		8.5														2.3		
8		.028		7.6		8.8														2.5		
9		.027		7.5		8.3														2.4		
10		.030		7.7		9.1														2.5		
11		.027		7.4		8.3														2.1		
12		.029		7.4		9.0														2.3		
13		.027		7.5		9.5														2.1		
14		.028		7.5		9.5														2.2		
15		.026		7.7		9.4														2.3		
16		.029		7.4		8.8														2.8		
17		.028		7.5		8.7			<	3.00		4.0				.1385		4.41		2.1		
18		.028		7.5		8.4							<	4.0						2.0		
19		.024		7.5		8.6														2.1		
20		.026		7.6		8.9														2.3		
21		.032		7.6		8.6														2.3		
22		.026		7.6		9.5														2.3		
23		.026		7.9		9.2														2.5		.2"r
24		.029		7.4		9.0														2.1		.4"r
25		.031		7.5		8.4														2.0		
26		.025		7.3		8.8														2.1		.5"r
27		.028		7.4		9.0														2.4		
28		.032		7.6		8.9														1.9		
29		.028		7.2		8.8														2.1		
30		.027		7.4		8.5														2.2		
31																						
Avg		.029		7.5		8.8			<	3.0		3.0	<	4.0		.2186		5.74		2.2		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:

10/6/2025



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 - INFLUENT & PROCESS CONTROL

3800-FM-BCW0436 3/2012

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: September Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2022

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	0.032						8.9	0.0		
2	0.026						8.7	2,124.0		
3	0.03					3,160.0	8.7	0.0		
4	0.026	225.0	49	295.0	64		8.6	2,266.0		
5	0.024						8.7	0.0		
6	0.025						8.6	4,390.0		
7	0.031						8.5	0.0		
8	0.028						8.8	4,390.0		
9	0.027						8.3	2,124.0		
10	0.03					2,420.0	9.1	0.0		
11	0.027						8.3	0.0		
12	0.029						9.0	2,124.0		
13	0.027						9.5	4,248.0		
14	0.028						9.5	0.0		
15	0.026						9.4	4,248.0		
16	0.029						8.8	2,124.0		
17	0.028	317.0	74	306.0	71	2,520.0	8.7	0.0		
18	0.028						8.4	3,464.0		
19	0.024						8.6	0.0		
20	0.026						8.9	3,464.0		
21	0.032						8.6	1,982.0		
22	0.026						9.5	0.0		
23	0.026						9.2	0.0		
24	0.029					2,840.0	9.0	0.0		
25	0.031						8.4	3,464.0		
26	0.025						8.8	0.0		
27	0.028						9.0	3,964.0		
28	0.032						8.9	0.0		
29	0.028						8.8	3,964.0		
30	0.027						8.5	0.0		
31										
Avg	0.028	271	61	301	68	2,735	9	1,611		
Max	0.032	317	74	306	71	3,160	10	4,390		

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: 10/6/2025



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 (or CBOD₅) 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 Strodes Mills STP
 Municipality: Oliver Township County: Mifflin
 Watershed: 12-A

Month: 9 (Select number) Year: 2025
 NPDES Permit No.: PA-0084778 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 30-Apr-22

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	0.026		7.08		1.5		0.299		0.1		2.256		0.5		9.355		2.0		11.61		2.5
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17	0.028		4.41		1.0		0.139		0.0		2.132		0.5		12.48		2.9		14.61		3.4
18																					
19																					
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
Avg	0.027		5.75		1		0.2187		0.05		2.194		0.5		10.918		2		13.112		3
Monthly Total Loads (lbs):					38				1				15				74				89

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: 10/6/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

89

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

89

(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: **10/6/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

38

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

38

(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: **10/6/2025**

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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Final Effluent**

PA0084778
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **09/01/2025**

DMR Effective To: **09/30/2025**

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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	***	***	***	8.3	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.4	***	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	.68	.93	lbs/day	***	3.0	4.0	mg/L	2/month	24-Hr Composite
	Permit Requirement	16 Avg Mo	24 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		2/month	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	13.112	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610) (May-Oct)	Sample Measurement	.05	***	lbs/day	***	.2187	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	1.5 Avg Mo	***		***	3.0 Avg Mo	***		2/month	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	2.194	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	10.91	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	5.75	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	1.9	***	***	µw/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Inst Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.029	.032	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	89	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	1.0	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	15	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	74	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	38	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (May-Sep)	Sample Measurement	***	***	***	***	< 4.0	< 4.0	No./100 ml	2/month	Grab
	Permit Requirement	***	***		***	200 Geo Mean	1000 IMAX		2/month	Grab



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

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	.68	.70	lbs/day	***	< 3.0	3.11	mg/L	2/month	24-Hr Composite
	Permit Requirement	13 Avg Mo	22 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		2/month	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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Raw Sewage Influent**

PA0084778

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **09/01/2025**

DMR Effective To: **09/30/2025**

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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	61	74	lbs/day	***	271	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	67	71	lbs/day	***	300	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	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
SM Biosolids Production Report 9-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-10-06T09:52:31-04:00	
SM Daily Effluent Monitoring 9-2025.doc	Daily Effluent Monitoring Form	2025-10-06T09:53:00-04:00	
SM Influent Process Control Form 9-2025.xls	Influent and Process Control Form	2025-10-06T09:53:29-04:00	
SM Old Bay Worksheet 9-2025.xlsx	Other	2025-10-06T09:53:55-04:00	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	06
	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: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: October Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

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
10/11/25	36000	1.2	1.8						
TOTAL:			1.8	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	Junction WWTP			
Municipality	Granville Twp.			
County	Mifflin			
DEP Permit No.	PA-0032051			
Type of Material*	Liquid Bio-solids			
Dry Tons Applied/Disposed	1.8			
Type of Disposal/Use*	Later Process VIA BFP			
Hauler Name	Sherwood Septic Hauling			

*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: 11/12/25



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A
Laboratories: In House / Fairway Labs Altoona

Month: October Year: 2025
NPDES Permit No.: PA-0084778 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		TRC		CBOD5		TSS		Fecal coliform		Ammonia		Total Phosphorus		UV Intensity		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		.028		7.4		8.4														2.3		
2		.026		7.5		9.1														2.2		
3		.027		7.5		8.6														1.9		
4		.028		7.5		9.5														2.2		
5		.032		7.5		10.0														2.2		
6		.029		7.6		9.0														2.1		
7		.031		7.5		8.4														2.1		.9"r
8		.028		7.4		8.5			3.95		3.20					.4504		4.17		2.2		
9		.028		7.5		9.2								4.0						2.0		
10		.027		7.6		9.4														2.1		.3"r
11		.030		7.4		9.8														2.1		
12		.031		7.6		9.4														2.2		.2"r
13		.029		7.6		8.4														2.3		
14		.028		7.5		8.9														2.1		
15		.028		7.3		8.7														2.0		
16		.027		7.7		8.9														2.0		
17		.027		7.5		9.0														2.3		
18		.029		7.7		8.5														2.1		
19		.036		7.5		8.1														2.2		.4"r
20		.028		7.6		8.9														2.2		
21		.027		7.6		8.9														1.9		.2"r
22		.029		7.4		8.6														1.8		
23		.026		7.6		8.9			5.90		2.40					.6387		2.78		1.9		
24		.029		7.6		8.5								103.6						2.1		
25		.027		7.7		8.7														2.1		
26		.032		7.7		9.3														2.1		
27		.028		7.4		8.7														1.8		
28		.029		7.5		9.7														1.9		
29		.032		7.4		9.1														1.9		1.0"r
30		.035		7.8		8.7														1.9		
31		.028		7.5		8.8														1.9		.7"r
Avg		.024		7.5		8.9				4.92		2.80		20.3		.54		3.47		2.0		3.7"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:

11/12/2025



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 - INFLUENT & PROCESS CONTROL

3800-FM-BCW0436 3/2012

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: October Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2022

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	0.028					2,670.0	8.4	0.0		
2	0.026						9.1	2,124.0		
3	0.027						8.6	0.0		
4	0.028						9.5	4,248.0		
5	0.032						10.0	0.0		
6	0.029						9.0	2,124.0		
7	0.031						8.4	2,124.0		
8	0.028	174.0	41	292.0	68	3,240.0	8.5	2,124.0		
9	0.028						9.2	4,248.0		
10	0.027						9.4	0.0		
11	0.03						9.8	4,248.0		
12	0.031						9.4	0.0		
13	0.029						8.4	2,124.0		
14	0.028						8.9	2,124.0		
15	0.028					3,250.0	8.7	2,124.0		
16	0.027						8.9	4,390.0		
17	0.027						9.0	0.0		
18	0.029						8.5	4,390.0		
19	0.036						8.1	0.0		
20	0.028						8.9	4,390.0		
21	0.027						8.9	0.0		
22	0.029					3,120.0	8.6	2,266.0		
23	0.026	393.0	85	230.0	50		8.9	4,390.0		
24	0.029						8.5	0.0		
25	0.027						8.7	4,390.0		
26	0.032						9.3	0.0		
27	0.028						8.7	4,390.0		
28	0.029						9.7	0.0		
29	0.032					3,055.0	9.1	2,266.0		
30	0.035						8.7	4,390.0		
31	0.028						8.8	0.0		
Avg	0.029	284	63	261	59	3,067	9	2,028		
Max	0.036	393	85	292	68	3,250	10	4,390		

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: 11/12/2025



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 (or CBOD₅) 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 Strodes Mills STP
 Municipality: Oliver Township County: Mifflin
 Watershed: 12-A

Month: 10 (Select number) Year: 2025
 NPDES Permit No.: PA-0084778 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 30-Apr-22

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																					
6																					
7																					
8	0.028		4.17		1.0		0.45		0.1		2.427		0.6		7.554		1.8		9.98		2.3
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19																					
20																					
21																					
22																					
23	0.026		2.78		0.6		0.639		0.1		1.73		0.4		8.405		1.8		10.14		2.2
24																					
25																					
26																					
27																					
28																					
29																					
30																					
31																					
Avg	0.027		3.48		0.8		0.5446		0.1		2.079		0.5		7.98		2		10.058		2
Monthly Total Loads (lbs):					24				4				15				56				70

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: 11/12/2025



CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):	70	(Actual Load Discharged)
Monthly Net Nitrogen Load (lbs):	70	(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: **11/12/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

24

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

24

(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: **11/12/2025**

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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Final Effluent**

PA0084778				001		
PERMIT NUMBER				OUTFALL NUMBER		

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	10	01	TO	2025	10	31

Reporting Frequency: **Monthly**

DMR Effective From: **10/01/2025**

DMR Effective To: **10/31/2025**

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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	***	***	***	8.1	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.3	***	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	.63	.74	lbs/day	***	2.80	3.20	mg/L	2/month	24-Hr Composite
	Permit Requirement	16 Avg Mo	24 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		2/month	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	10.058	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610) (May-Oct)	Sample Measurement	.1	***	lbs/day	***	.5446	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	1.5 Avg Mo	***		***	3.0 Avg Mo	***		2/month	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	2.079	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	7.98	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	3.48	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	1.8	***	***	µw/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Inst Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.029	.036	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	70	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	4	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	15	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	56	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	24	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Fecal Coliform (74055) (Oct-Apr)	Sample Measurement	***	***	***	***	20.3	103.6	No./100 ml	2/month	Grab
	Permit Requirement	***	***		***	2000 Geo Mean	10000 IMAX		2/month	Grab



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

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	1.09	1.27	lbs/day	***	4.92	5.90	mg/L	2/month	24-Hr Composite
	Permit Requirement	13 Avg Mo	22 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		2/month	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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Raw Sewage Influent**

PA0084778
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **10/01/2025**

DMR Effective To: **10/31/2025**

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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	62.9	85.2	lbs/day	***	283.5	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	58.9	68.1	lbs/day	***	261	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	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
SM Biosolid Production Sheet 10-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-11-12T09:45:01-05:00	
SM Daily Effluent Monitoring 10-2025.doc	Daily Effluent Monitoring Form	2025-11-12T09:45:21-05:00	
SM Influent Process Control Form 10-2025.xls	Influent and Process Control Form	2025-11-12T09:45:48-05:00	
SM Old Bay Worksheet 10-2025.xlsx	Other	2025-11-12T09:46:15-05:00	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	11	12
	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: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: November Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

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
11/21/25	13500	1.2	.73						
TOTAL:			.73	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	Junction WWTP			
Municipality	Granville Twp.			
County	Mifflin			
DEP Permit No.	PA-0032051			
Type of Material*	Liquid Bio-solids			
Dry Tons Applied/Disposed	.73			
Type of Disposal/Use*	Later Process VIA BFP			
Hauler Name	Sherwood Septic Hauling			

*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: 12/11/25



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

SUPPLEMENTAL REPORT DAILY EFFLUENT MONITORING

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A
Laboratories: In House / Fairway Labs Altoona

Month: November Year: 2025
NPDES Permit No.: PA-0084778 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		TRC		CBOD5		TSS		Fecal coliform		Ammonia		Total Phosphorus		UV Intensity		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		.027		7.8		8.8														2.2		
2		.032		7.9		9.6														2.1		
3		.029		7.5		9.3														2.0		
4		.028		7.6		8.8														1.9		
5		.028		7.7		9.6				4.61	<	1.60			<	.1000		3.66		2.0		
6		.027		7.5		9.0								4.0						1.7		
7		.026		7.8		8.9														1.9		.4"r
8		.027		7.8		8.8														1.9		
9		.034		7.4		8.1														1.9		
10		.027		7.9		8.9														1.9		
11		.030		7.6		9.3														1.8		
12		.028		7.4		8.9														1.8		
13		.028		7.6		8.9														1.9		
14		.030		7.4		9.6														1.5		
15		.031		7.5		9.3														1.7		
16		.028		7.7		9.4														1.8		
17		.028		7.5		9.2														1.7		
18		.027		7.6		9.7														1.9		.4"r
19		.028		7.4		9.0				3.24		5.20				.8379		5.25		1.7		
20		.028		7.5		9.0							<	4.0						1.5		
21		.029		7.6		9.1														1.7		.3"r
22		.027		7.6		9.3														1.8		
23		.035		7.5		9.7														1.8		
24		.031		7.4		9.6														2.0		
25		.031		7.4		9.3														1.7		
26		.031		7.5		9.4														1.8		.5"r
27		.033		7.6		9.5														1.9		
28		.023		7.4		9.6														1.7		
29		.029		7.4		9.0														1.8		
30		.031		7.7		9.1														1.8		
31																						
Avg		.028		7.6		9.2							<	4.0	<	.46		4.4		1.7		1.6"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:

12/11/2025



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 - INFLUENT & PROCESS CONTROL

3800-FM-BCW0436 3/2012

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: November Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2022

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	0.027						8.8	4,390.0		
2	0.032						9.6	0.0		
3	0.029						9.3	0.0		
4	0.028						8.8	2,266.0		
5	0.028	252.0	59	370.0	86	5,710.0	9.0	0.0		
6	0.027						9.0	2,266.0		
7	0.026						8.9	0.0		
8	0.027						8.8	4,390.0		
9	0.034						8.1	0.0		
10	0.027						8.9	2,266.0		
11	0.03						9.3	2,124.0		
12	0.028					6,950.0	8.9	2,266.0		
13	0.028						8.9	2,266.0		
14	0.03						9.6	0.0		
15	0.031						9.3	4,390.0		
16	0.028						9.4	0.0		
17	0.028						9.2	4,390.0		
18	0.027						9.7	0.0		
19	0.028	187.0	44	252.0	59	3,740.0	9.0	0.0		
20	0.028						9.0	4,390.0		
21	0.029						9.1	0.0		
22	0.027						9.3	4,390.0		
23	0.035						9.7	0.0		
24	0.031						9.6	4,390.0		
25	0.031						9.3	0.0		
26	0.031					8,210.0	9.4	2,266.0		
27	0.033						9.5	4,390.0		
28	0.023						9.6	0.0		
29	0.029						9.0	4,390.0		
30	0.031						9.1	0.0		
31										
Avg	0.029	220	51	311	73	6,153	9	1,841		
Max	0.035	252	59	370	86	8,210	10	4,390		

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: 12/11/2025



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 (or CBOD₅) 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 Strodes Mills STP
 Municipality: Oliver Township County: Mifflin
 Watershed: 12-A

Month: 11 (Select number) Year: 2025
 NPDES Permit No.: PA-0084778 Outfall: 001
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: 30-Apr-22

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	0.028		3.66		0.9	<	0.1	<	0.0		1.113		0.3		11.7		2.7		12.81		3.0
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19	0.028		5.25		1.2		0.838		0.2		2.774		0.6		8.543		2.0		11.32		2.6
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
Avg	0.028		4.46		1	<	0.469	<	0.1		1.944		0.5		10.122		2		12.065		3
Monthly Total Loads (lbs):					31				<		3						71				85

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: 12/11/2025



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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): **85** (Actual Load Discharged)
 Monthly Net Nitrogen Load (lbs): **85** (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: **12/11/2025**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

31

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

31

(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: **12/11/2025**

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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Final Effluent**

PA0084778
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **11/01/2025**

DMR Effective To: **11/30/2025**

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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	***	***	***	8.8	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.4	***	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	.77	1.2	lbs/day	***	1.9	< 5.20	mg/L	2/month	24-Hr Composite
	Permit Requirement	16 Avg Mo	24 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		2/month	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	12.0	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610) (Nov-Apr)	Sample Measurement	< .1	***	lbs/day	***	< .469	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	5.0 Avg Mo	***		***	9.0 Avg Mo	***		2/month	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	1.944	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	10.12	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	4.46	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	1.5	***	***	µw/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Inst Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.028	.032	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	85	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	< 3.0	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	14	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	71	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	31	***	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	2/month	Grab
	Permit Requirement	***	***		***	2000 Geo Mean	10000 IMAX		2/month	Grab



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

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	.85	.96	lbs/day	***	3.9	4.61	mg/L	2/month	24-Hr Composite
	Permit Requirement	13 Avg Mo	22 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		2/month	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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Raw Sewage Influent**

PA0084778

PERMIT NUMBER

001

OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **11/01/2025**

DMR Effective To: **11/30/2025**

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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	47.8	52	lbs/day	***	219.5	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	67.9	77	lbs/day	***	311	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	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
SM Influent Process Control Form 11-2025.xls	Influent and Process Control Form	2025-12-11T08:41:24-05:00	
SM Old Bay Worksheet 11-2025.xlsx	Other	2025-12-11T08:41:55-05:00	Bay Sheet
SM Daily Effluent Monitoring 11-2025.doc	Daily Effluent Monitoring Form	2025-12-11T08:40:59-05:00	
SM Biosolids Production Report 11-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2025-12-11T08:40:29-05:00	

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	11
	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: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: December Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

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
12-29-25	27000	1.1	1.2						
TOTAL:			1.2	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	Junction WWTP			
Municipality	Granville Twp.			
County	Mifflin			
DEP Permit No.	PA-0032051			
Type of Material*	Liquid Bio-solids			
Dry Tons Applied/Disposed	1.2			
Type of Disposal/Use*	Later Process VIA BFP			
Hauler Name	Sherwood Septic Hauling			

*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//2026



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

**SUPPLEMENTAL REPORT
DAILY EFFLUENT MONITORING**

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A
Laboratories: In House / Fairway Labs Altoona

Month: December Year: 2025
NPDES Permit No.: PA-0084778 Outfall No.: 001
Renewal application due **180 days** prior to expiration
This permit will expire on April 30, 2022

	Effluent Parameters																					
	Flow		pH		DO		TRC		CBOD5		TSS		Fecal coliform		Ammonia		Total Phosphorus		UV Intensity		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		.029		7.6		9.6														1.4		
2		.030		7.4		9.6														1.7		.4"r
3		.029		7.4		9.5			<	3.00		4.8				.4551		2.58		1.7		
4		.027		7.6		9.8								4.0						1.9		
5		.028		7.4		9.6														1.8		
6		.031		7.5		10.2														1.9		
7		.027		7.6		9.4														1.7		
8		.027		7.5		9.1														1.7		
9		.031		7.5		9.3														1.5		
10		.029		7.8		9.7														1.9		
11		.030		7.8		9.9														1.8		
12		.026		7.5		9.3														1.5		
13		.029		7.5		9.8														1.5		
14		.033		7.7		9.3														1.9		
15		.030		7.5		9.6														1.5		
16		.030		7.5		9.1														1.5		
17		.031		7.4		9.6				10.8		4.4				1.023		4.09		1.9		
18		.035		7.5		9.0							<	4.0						1.3		
19		.029		7.5		9.2														1.5		
20		.031		7.6		9.5														1.8		
21		.032		7.3		9.1														1.5		
22		.030		7.8		10.3														1.4		
23		.024		7.6		9.2														1.4		
24		.029		7.6		9.7														1.2		
25		.026		7.5		10.0														1.7		.25"r
26		.033		7.5		9.6														1.3		
27		.027		7.4		9.4														1.5		
28		.030		7.4		10.3														1.6		
29		.031		7.4		9.4														1.2		
30		.028		7.5		10.2														1.6		
31		.029		7.4		9.2														1.3		
Avg		.029		7.5		9.6			<	6.9		4.6	<	4.0		.73		3.3		1.5		.65"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:

1/7/2026



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 - INFLUENT & PROCESS CONTROL

Facility Name: Strodes Mills WWTP
Municipality: Oliver Twp. County: Mifflin
Watershed: 12-A

Month: December Year: 2025
NPDES Permit No.: PA-0084778
Renewal application due 180 days prior to expiration.
This permit will expire on: April 30, 2022

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	0.029						9.6	4,390.0		
2	0.03						9.6	0.0		
3	0.029	257.0	62	58.0	14	4,140.0	9.5	2,266.0		
4	0.027						9.8	4,532.0		
5	0.028						9.6	0.0		
6	0.031						10.2	4,532.0		
7	0.027						9.4	0.0		
8	0.027						9.1	4,532.0		
9	0.031						9.3	4,532.0		
10	0.029					3,825.0	9.7	0.0		
11	0.03						9.9	4,532.0		
12	0.026						9.3	0.0		
13	0.029						9.8	4,532.0		
14	0.033						9.3	0.0		
15	0.03						9.6	4,532.0		
16	0.03						9.1	0.0		
17	0.031	253.0	65	366.0	95	4,375.0	9.6	4,532.0		
18	0.035						9.0	0.0		
19	0.029						9.2	4,814.0		
20	0.031						9.5	0.0		
21	0.032						9.1	4,814.0		
22	0.03						10.3	0.0		
23	0.024						9.2	4,814.0		
24	0.029					4,225.0	9.7	4,814.0		
25	0.026						10.0	0.0		
26	0.033						9.6	2,407.0		
27	0.027						9.4	4,814.0		
28	0.03						10.3	0.0		
29	0.031						9.4	4,814.0		
30	0.028						10.2	2,407.0		
31	0.029					4,055.0	9.2	0.0		
Avg	0.029	255	64	212	54	4,124	10	2,471		
Max	0.035	257	65	366	95	4,375	10	4,814		

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: 1/7/2026



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 (or CBOD₅) 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 Strodes Mills STP
 Municipality: Oliver Township County: Mifflin
 Watershed: 12-A

Month: 12 (Select number) Year: 2025
 NPDES Permit No.: PA-0084778 Outfall: 001
 Renewal application due 180 days prior to expiration.
 This permit will expire on: 30-Apr-22

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	0.029		2.58		0.6		0.455		0.1		2.089		0.5		5.906		1.4		8.00		1.9
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17	0.031		4.09		1.1		1.023		0.3		2.482		0.6		6.0		1.6		8.48		2.2
18																					
19																					
20																					
21																					
22																					
23																					
24																					
25																					
26																					
27																					
28																					
29																					
30																					
31																					
Avg	0.03		3.34		0.8		0.7391		0.2		2.286		0.6		5.953		1		8.239		2
Monthly Total Loads (lbs):					26				6				18				46				64

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: 1/7/2026



pennsylvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY NITROGEN BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

64

(Actual Load Discharged)

Monthly Net Nitrogen Load (lbs):

64

(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: **1/7/2026**



pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

CHESAPEAKE BAY SUPPLEMENTAL REPORT MONTHLY PHOSPHORUS BUDGET

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

Month: _____ Year: _____
 NPDES Permit No.: **PA-0084778** Outfall: **001**
 Renewal application due **180 days** prior to expiration.
 This permit will expire on: **April 30, 2022**

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):

26

(Actual Load Discharged)

Monthly Net Phosphorus Load (lbs):

26

(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: **1/7/2026**

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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Final Effluent**

PA0084778				001		
PERMIT NUMBER				OUTFALL NUMBER		
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2025	12	01	TO	2025	12	31

Reporting Frequency: **Monthly**

DMR Effective From: **12/01/2025**

DMR Effective To: **12/31/2025**

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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	***	***	***	9.1	***	***	mg/L	1/day	Grab
	Permit Requirement	***	***		5.0 Inst Min	***	***		1/day	Grab
pH (00400)	Sample Measurement	***	***	***	7.3	***	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	1.1	1.1	lbs/day	***	4.6	4.8	mg/L	2/month	24-Hr Composite
	Permit Requirement	16 Avg Mo	24 Wkly Avg		***	30.0 Avg Mo	45.0 Wkly Avg		2/month	24-Hr Composite
Total Nitrogen (00600)	Sample Measurement	***	***	***	***	8.239	***	mg/L	1/month	Calculation
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		1/month	Calculation
Ammonia-Nitrogen (00610) (Nov-Apr)	Sample Measurement	.2	***	lbs/day	***	.7391	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	5.0 Avg Mo	***		***	9.0 Avg Mo	***		2/month	24-Hr Composite
Total Kjeldahl Nitrogen (00625)	Sample Measurement	***	***	***	***	2.286	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Nitrate-Nitrite as N (00630)	Sample Measurement	***	***	***	***	5.953	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Phosphorus (00665)	Sample Measurement	***	***	***	***	3.34	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	***	***		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Ultraviolet light intensity (49607)	Sample Measurement	***	***	***	1.2	***	***	µw/cm²	1/day	Recorded
	Permit Requirement	***	***		Monitor & Report Inst Min	***	***		1/day	Recorded
Flow (50050)	Sample Measurement	.029	.035	MGD	***	***	***	***	Continuous	Measured
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	***	***		Continuous	Measured
Total Nitrogen (Total Load, lbs) (51445)	Sample Measurement	64	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Ammonia-Nitrogen (Total Load, lbs) (51446)	Sample Measurement	6.0	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Kjeldahl Nitrogen (Total Load, lbs) (51449)	Sample Measurement	18	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Nitrate-Nitrite as N (Total Load, lbs) (51450)	Sample Measurement	46	***	lbs	***	***	***	***	1/month	Calculation
	Permit Requirement	Monitor & Report Total Mo	***		***	***	***		1/month	Calculation
Total Phosphorus (Total Load, lbs) (51451)	Sample Measurement	26	***	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	2/month	Grab
	Permit Requirement	***	***		***	2000 Geo Mean	10000 IMAX		2/month	Grab



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

Carbonaceous Biochemical Oxygen Demand (CBOD5) (80082)	Sample Measurement	1.7	2.7	lbs/day	***	< 6.9	10.8	mg/L	2/month	24-Hr Composite
	Permit Requirement	13 Avg Mo	22 Wkly Avg		***	25.0 Avg Mo	40.0 Wkly Avg		2/month	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 SPVRS**

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

FACILITY: **GRANVILLE TWP - STRODES MILLS STP**

LOCATION: **CHESTNUT RIDGE RD, LEWISTOWN PA, 17044-2437**

STAGE: **Raw Sewage Influent**

PA0084778
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: **Monthly**

DMR Effective From: **12/01/2025**

DMR Effective To: **12/31/2025**

Permit Expires: **06/30/2027**

Permit Application Due: **01/01/2027**

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	63.5	65	lbs/day	***	255	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	24-Hr Composite
Total Suspended Solids (00530)	Sample Measurement	76	94	lbs/day	***	303	***	mg/L	2/month	24-Hr Composite
	Permit Requirement	Monitor & Report Avg Mo	Monitor & Report Daily Max		***	Monitor & Report Avg Mo	***		2/month	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
SM Biosolids Production Report 12-2025.doc	Sewage Sludge / Biosolids Production and Disposal Form	2026-01-07T10:08:16-05:00	
SM Daily Effluent Monitoring 12-2025.doc	Daily Effluent Monitoring Form	2026-01-07T10:08:41-05:00	
SM Influent Process Control Form 12-2025.xls	Influent and Process Control Form	2026-01-07T10:09:07-05:00	
SM Old Bay Worksheet 12-2025.xlsx	Other	2026-01-07T10:09:35-05:00	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	2026	01	07
	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY

[illegible]

1/10/25																				
1/11/25																				
1/12/25																				
1/13/25																				
1/14/25																				
1/15/25																				
1/16/25																				
1/17/25																				
1/18/25																				
1/19/25																				
1/20/25																				
1/21/25																				
1/22/25	0.032		2.39		0.6	<	0.1	<	0.0		1.68		0.4		5.484		1.5		7.16	1.9
1/23/25																				
1/24/25																				
1/25/25																				
1/26/25																				
1/27/25																				
1/28/25																				
1/29/25																				
1/30/25																				
1/31/25																				
2/1/25																				
2/2/25																				
2/3/25																				
2/4/25																				
2/5/25	0.03		3.13		0.8	<	0.1	<	0.0		4.719		1.2		14.04		3.5		18.76	4.7
2/6/25																				
2/7/25																				
2/8/25																				
2/9/25																				
2/10/25																				
2/11/25																				
2/12/25																				
2/13/25																				
2/14/25																				
2/15/25																				
2/16/25																				
2/17/25																				
2/18/25																				
2/19/25	0.028		2.17		0.5	<	0.2	<	0.0		3.338		0.8		8.134		1.9		11.47	2.7

3/8/25																				
3/9/25																				
3/10/25																				
3/11/25																				
3/12/25																				
3/13/25																				
3/14/25																				
3/15/25																				
3/16/25																				
3/17/25																				
3/18/25																				
3/19/25	0.027		2.15		0.5	<	0.1	<	0.0		2.408		0.5		5.307		1.2		7.72	1.7
3/20/25																				
3/21/25																				
3/22/25																				
3/23/25																				
3/24/25																				
3/25/25																				
3/26/25																				
3/27/25																				
3/28/25																				
3/29/25																				
3/30/25																				
3/31/25																				
4/1/25																				
4/2/25																				
4/3/25	0.029		3.57		0.9	<	0.1	<	0.0		2.525		0.6		4.578		1.1		7.10	1.7
4/4/25																				
4/5/25																				
4/6/25																				
4/7/25																				
4/8/25																				
4/9/25																				
4/10/25																				
4/11/25																				
4/12/25																				
4/13/25																				
4/14/25																				
4/15/25																				
4/16/25																				
4/17/25	0.03		3.48		0.9		0.785		0.2		3.26		0.8		5.559		1.4		8.82	2.2
4/18/25																				
4/19/25																				
4/20/25																				
4/21/25																				
4/22/25																				
4/23/25																				
4/24/25																				
4/25/25																				
4/26/25																				
4/27/25																				
4/28/25																				
4/29/25																				
4/30/25																				
5/1/25																				
5/2/25																				
5/3/25																				

5/4/25																				
5/5/25																				
5/6/25																				
5/7/25																				
5/8/25	0.028		3.82		0.9	0.17	0.0	2.653	0.6	5.534	1.3	8.19	1.9							
5/9/25																				
5/10/25																				
5/11/25																				
5/12/25																				
5/13/25																				
5/14/25																				
5/15/25																				
5/16/25																				
5/17/25																				
5/18/25																				
5/19/25																				
5/20/25																				
5/21/25																				
5/22/25	0.034		3.79		1.1	< 0.1	< 0.0	2.198	0.6	7.203	2.0	9.40	2.7							
5/23/25																				
5/24/25																				
5/25/25																				
5/26/25																				
5/27/25																				
5/28/25																				
5/29/25																				
5/30/25																				
5/31/25																				
6/1/25																				
6/2/25																				
6/3/25																				
6/4/25																				
6/5/25	0.028		1.76		0.4	< 0.1	< 0.0	1.84	0.4	6.47	1.5	8.31	1.9							
6/6/25																				
6/7/25																				
6/8/25																				
6/9/25																				
6/10/25																				
6/11/25																				
6/12/25																				
6/13/25																				
6/14/25																				
6/15/25																				
6/16/25																				
6/17/25																				
6/18/25																				
6/19/25	0.035		4.24		1.2	< 0.1	< 0.0	2.046	0.6	6.916	2.0	8.96	2.6							
6/20/25																				
6/21/25																				
6/22/25																				
6/23/25																				
6/24/25																				
6/25/25																				
6/26/25																				
6/27/25																				
6/28/25																				
6/29/25																				

[illegible]

8/26/25																					
8/27/25																					
8/28/25																					
8/29/25																					
8/30/25																					
8/31/25																					
9/1/25																					
9/2/25																					
9/3/25																					
9/4/25																					
9/5/25	0.026		7.08		1.5		0.299		0.1		2.256		0.5		9.355		2.0		11.61		2.5
9/6/25																					
9/7/25																					
9/8/25																					
9/9/25																					
9/10/25																					
9/11/25																					
9/12/25																					
9/13/25																					
9/14/25																					
9/15/25																					
9/16/25																					
9/17/25																					
9/18/25	0.028		4.41		1.0		0.139		0.0		2.132		0.5		12.48		2.9		14.61		3.4
9/19/25																					
9/20/25																					
9/21/25																					
9/22/25																					
9/23/25																					
9/24/25																					
9/25/25																					
9/26/25																					
9/27/25																					
9/28/25																					
9/29/25																					
9/30/25																					
Avg	0.03	<	3.31	<	0.8	<	0.3461	<	0.09		2.4		0.6	<	7.202	<	1.8	<	9.602	<	2.4
Annual Total Mass Loads (lbs):				<	306			<	33			221			<	660			<	881	

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: 10/6/2025

Monthly Statistics

**CHESAPEAKE BAY SUPPLEMENTAL REPORT
ANNUAL NUTRIENT BUDGET**

Facility Name: **Granville Township Strodes Mills STP**
Municipality: **Oliver 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-0084778**
This permit will expire on: **April 30, 2022**
TN Delivery Ratio: **0**
TP Delivery Ratio: **0**

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
< 881	< 306
0	0
0	0
0	0
< 881	< 306
0	0

Violation Violation

(Annual Total Mass Load + Lbs from Credits Sold - Lbs from Credits Purchased - Offsets)

881 lbs TN from Credits/Offsets and 306 lbs TP from Credits/Offsets are needed to achieve compliance. If credits are purchased, 0 TN Credits and 0 TP Credits would be needed.

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: **10/6/2025**

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.

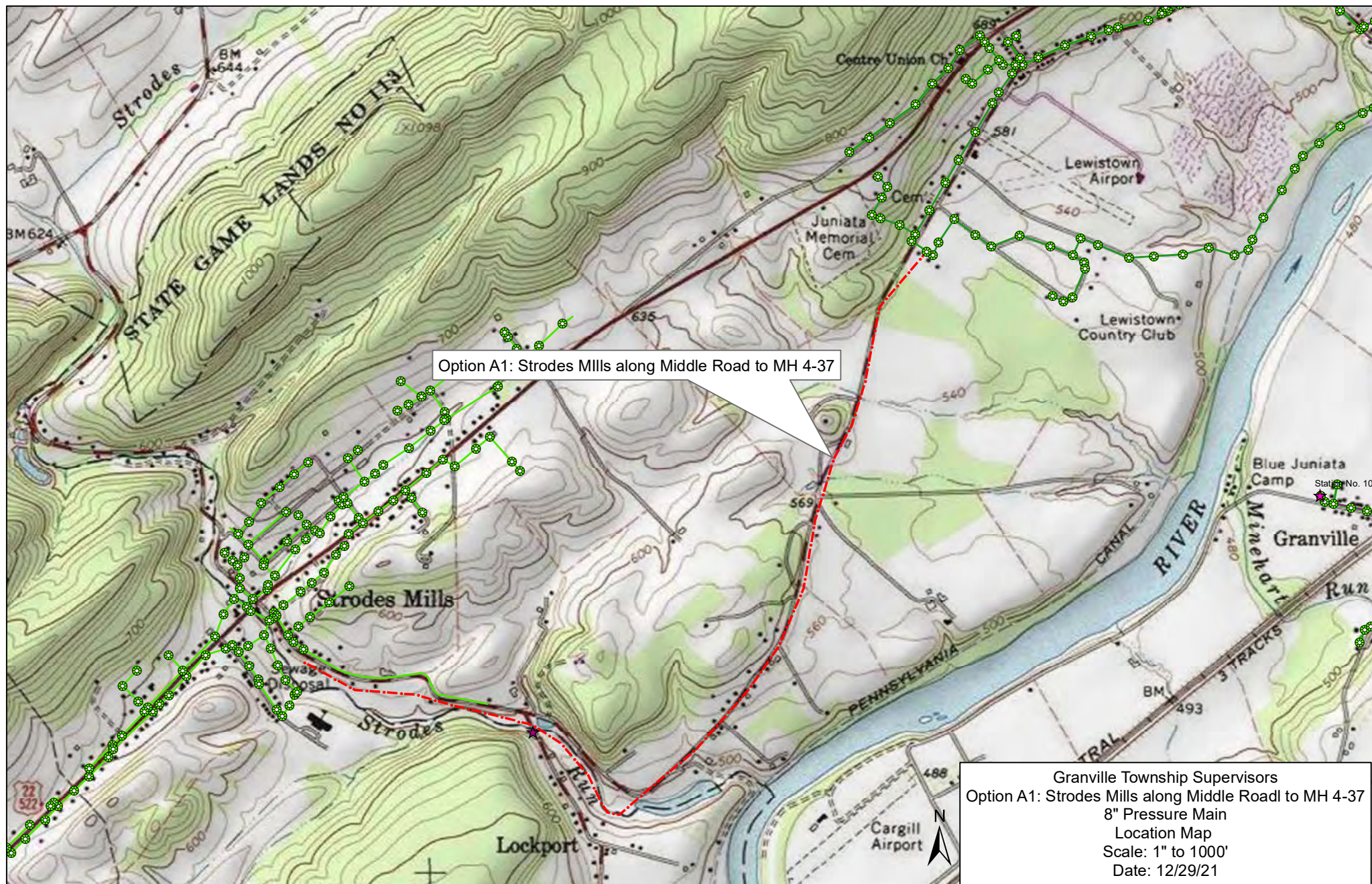
Below the form is a table of Monthly Total Mass Loads and Average Monthly Concentrations that is calculated upon entry of flow and nutrient concentrations. These calculated loads and concentrations may be used to report required data on Monthly DMRs.

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.



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 STRODES MILLS WWTP
CORRECTIVE ACTION PLAN**

Mr. Iverson,

On behalf of Granville Township Supervisors, Mifflin County, The EADS Group Inc. has received your letter for Strodes Mills Wastewater Treatment Plant.

Strodes Mills Corrective Action Plan

Based on all other loadings calculated for 2024 the organic overload to the Strodes Mills Wastewater Treatment plant should be categorized as an anomaly. The Township will still be following the plan below to verify that this organic load exceedance is not valid.

By 6/30/2026

Visually inspect manholes throughout the collection system to verify illicit flow. If illicit flow is found, notify customer of flow and mandate that the cause is fixed. This illicit flow could be excess BOD from commercial/industrial customer or unpermitted inflow/infiltration.

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