

MINUTES

TROY BOROUGH COUNCIL

REGULAR MONTHLY MEETING

APRIL 24, 2025

MINUTES – MARCH 27, 2025 – Motion by Councilman Bruce to approve was seconded by Councilman Raub and passed by a unanimous voice vote.

PAID BILLS - 3/27/25 – 4/22/25 (attached) Councilman O'Connor made a motion to approve as presented. The motion was seconded Councilman Lambert and passed by unanimous voice vote.

ALPARON PARK BOARD APPOINTMENT – Councilman Bruce nominated himself to serve on the Alparon Park Board as Borough Councils representative. John Davis seconded the nomination. The nomination passed by unanimous voice vote.

IRS (GOVERNMENT ENTITIES DIVISION) – The Manager noted that the IRS is currently auditing Borough wage and benefits compliance. Required opening documents and required submissions are attached.

POLICE FT HIRE (EXECUTIVE SESSION) Following a brief executive session to review a resume for police chief Councilman Davis made a motion to offer the position to Brian Wibirt at an annual salary of \$62,400. The motion was seconded by Councilman Lambert and passed by unanimous voice vote.

The Manager reported the following to Council:

CONTACT TANK FLOW METER (WWTP) The flow meter is not functioning properly. It is 12 years old and already outdated. DG Malden is looking into the possibility of finding parts to rebuild, but is not hopeful. New monitoring equipment is estimated to be around \$6,000.

VAUGHN CHOPPER PUMP (WWTP) The pump has arrived and installation by our employees is scheduled for the week of the 12th of May.

GRIT PROJECT (HOLD) The contractor is ready to test run the system for substantial completion. They have been asked to hold until our plant operator returns from vacation. Because of this

and the volute being re-worked at the machine shop an extension of (1) month has been authorized before liquidating damages becomes effective.

WATER MAIN @ S.R.R. STREET (WATER LOSS) Reported that the repair to the main at South Railroad is complete.

POWER OUTAGE 4/22/25 After notification of the scheduled outage by the electric utility a standby generator was leased for stand-by. It was held on site for two days due to a one day delay by the utility. It was not necessary to put the generator in service power was not lost at the well facility.

WATER/SEWER ACCOUNT TERMINATIONS the terminations authorized by Council for past due balances have been collected.

STREET LAMP REPAIR @ (SHANNON TIRE) an agreement to re-establish this light has been entered. Looking into something to prevent damage going forward.

BRIDGE GRANTS YTD (S.R.R. / REDINGTON) A copy of the Bridge grant year to date is attached.

Respectfully Submitted

Daniel J. Close

Manager / CAO

TROY BOROUGH
Bank Account Register

GENERAL FUND CHECKING

March 27, 2025 - April 22, 2025

Date	Reference	Payee ID	Description	Checks/ Payments
03/31/25	24224	CCARD	CARDMEMBER SERVICES	886.87
03/31/25	24225	BLU	USA BLUE BOOK	182.53
03/31/25	24226	PRWA	PENNSYLVANIA RURAL WATER ASSOC	16.00
03/31/25	24227	UNI	UNIFIRST CORPORATION	57.27
03/31/25	24228	DWP	DON WHITE PAYROLL SERVICES	7,454.44
03/31/25	24229	HOO	HOOVER HARDWARE	1,426.74
03/31/25	24230	VER	VERIZON WIRELESS	169.47
03/31/25	24231	BLU	USA BLUE BOOK	1,804.49
03/31/25	24232	ADAD	AMERICAN DRUG & ALC. DIAGNOSTIC	104.00
03/31/25	24233	GPU	PENELEC	1,435.80
03/31/25	24234	SBI	SNYDER BROTHERS INC.	1,005.82
03/31/25	24235	OSC	OSCOLUWA ENGINE & HOSE CO., INC.	4,799.25
04/07/25	24236	GPU	PENELEC	32.14
04/07/25	24237	GPU	PENELEC	2,289.14
04/07/25	24238	GPU	PENELEC	61.57
04/07/25	24239	GPU	PENELEC	2,541.14
04/07/25	24240	GPU	PENELEC	138.16
04/07/25	24241	GPU	PENELEC	66.68
04/07/25	24242	SCT	SCT COMPUTERS	419.80
04/07/25	24243	SCT	SCT COMPUTERS	150.00
04/07/25	24244	DANDY	DANDY MINI MARTS, INC.	243.29
04/07/25	24245	JUD	JUDSON'S INC.	150.00
04/07/25	24246	IJD	IT'S JUST DIRT, LLC	2,856.00
04/07/25	24247	QUI	QUILL CORPORATION	208.04
04/07/25	24248	NAPA	NAPA AUTO PARTS OF WYSOX	28.98
04/07/25	24249	DWP	DON WHITE PAYROLL SERVICES	7,006.14
04/07/25	24250	LAR	LARSON DESIGN GROUP, INC.	4,064.75
04/07/25	24251	DGR	DGR EXCAVATING LLC	129,508.00
04/09/25	24252	WHTC	WILLIAM HAWRYLO, TAX COLL.	219.00
04/09/25	24253	UNI	UNIFIRST CORPORATION	57.27
04/09/25	24254	WAR	WARNER TRACTOR & EQUIPMENT, INC.	687.80
04/09/25	24255	MIDCO	MIDCO DIVING & MARINE SERVICES, INC	4,877.85
04/09/25	24256	FAIR	PACE ANALYTICAL SERVICES, LLC	827.80
04/09/25	24257	GPU	PENELEC	3,409.55
04/09/25	24258	GPU	PENELEC	204.48
04/09/25	24259	EMP	EMPIRE ACCESS	79.38
04/09/25	24260	EMP	EMPIRE ACCESS	39.38
04/09/25	24261	BEN	PENNSYLVANIA MUNIC. HEALTH INS. COOP	8,961.83
04/09/25	24262	ADV	ADVANCED PROCESS CONTROLS LLC	400.00
04/09/25	24263	PMF	PARKER MACHINE & FABRICATION CO.,	150.00
04/09/25	24264	UGI	UGI UTILITIES, INC	231.72
04/09/25	24265	UGI	UGI UTILITIES, INC	55.00
04/09/25	24266	UGI	UGI UTILITIES, INC	119.48
04/09/25	24267	AND	S. ANDRULONIS ENTERPRISES, LLC	1,309.85
04/09/25	24268	STIF	STIFFLER, MCGRAW & ASSOCIATES, INC.	2,428.37
				BRIDGE GRANT

TROY BOROUGH
Bank Account Register

GENERAL FUND CHECKING

March 27, 2025 - April 22, 2025

Date	Reference	Payee ID	Description	Checks/ Payments
04/09/25	24269	STIF	STIFFLER, MCGRAW & ASSOCIATES, INC.	11,324.04 BRIDGE GRANT
04/09/25	24270	DWP	DON WHITE PAYROLL SERVICES	8,739.47
04/17/25	24271	FRO	FRONTIER COMMUNICATIONS	179.81
04/17/25	24272	FAIR	PACE ANALYTICAL SERVICES, LLC	746.20
04/17/25	24273	AND	S. ANDRULONIS ENTERPRISES, LLC	1,385.02
04/17/25	24274	BSC	BRADCO SUPPLY CO.	2,880.00
04/17/25	24275	WWM	WATER WORKS METROLOGY	5,460.40 METERS
04/17/25	24276	MAC	JOSEPH F McNAMARA, Ph.D.	150.00
04/17/25	24277	BKE	BLAIR KINSMAN ELECTRIC	2,850.00 ELEC REINSTALL
04/17/25	24278	KELSO	GEORGE KELSO COMPANY, LLC	9,620.00 PUMP
04/17/25	24279	ONEAM	AMERICAN UNITED LIFE INS. CO.	256.24
04/17/25	24280	DWP	DON WHITE PAYROLL SERVICES	7,332.24
Totals				244,088.69

Transaction count = 72

Alparon Community Park, Inc.

436 Gate 1 Lane

Troy, PA 16947

Troy Borough
49 Elmira St.
Troy, PA 16947

TO WHOM IT MAY CONCERN:

Your representative for the Alparon Community Park Board has not been present for several meetings during the last year. Please consider appointing a new representative to the Park Board if your present representative is unable to attend the meetings. We would like to have your organization continue to serve on the Board and help make the decisions needed to make Alparon Park a viable resource for the Troy area and Bradford County.

Alparon Park needs volunteers from all the local organizations to run the facility efficiently. There have been meetings in the last year that we could not conduct business as there was not the required number of members present to make a quorum. These meetings take a couple hours of time but are so very important in order for the Park to run effectively for the community. We would like any organization and municipalities represented on the Board to have their voices heard.

Sincerely yours,



Pat Brackbill, President

Department of the Treasury - Internal Revenue Service
Information Document RequestRequest number
01 pg. 1 of 2

To (Name of taxpayer)
 Borough of Troy
 Office of the Secretary
 Attn: Mr. Dan Close, Chief Administrative Officer/Manager
 49 Elmira Street
 Troy, PA. 16947

Subject
 Form 941 Examinations
 SAIN Submitted to
 Mr. Dan Close, Manager

Dates of previous requests (mmddyyyy)
 Initial Request

Description of documents requested (additional records may be requested as the examination progresses)

Please provide the following information for calendar year 2022 for review. Whenever possible, provide the items electronically in an Excel spreadsheet format for reconciliations and PDF format for payroll summaries.

1. Completion of the enclosed "Authorization and Declaration" Form.
2. Completion of Form 15314 - TE/GE Secure Messaging Taxpayer Agreement.
3. Copies of Form 941 for the quarters ended 3/31/22, 6/30/22, 9/30/22, and 12/31/22 including any amended returns or claims filed for those periods.
4. Work papers for calendar year 2022 reconciling filed Form 941s to Form W-2s; Reconciliation of Gross Wages to Federal Income Tax Wages; Reconciliation of Gross Wages to Social Security Wages; Reconciliation of Gross Wages to Medicare Wages.
5. Complete Vendor Listing (service vendors only) with vendor number, name, employer identification number, and gross payment amounts.
6. Departments for year 2022 (and currently, if different) including identification of your principal executives --name, position, and title.
7. Audited financial statements covering the calendar year 2022 including Independent Auditor Letter to Management and Internal Auditor Report.
8. Form 1099s, and 1096 (Electronically - need data file submitted to SSA/IRS) Will also need Forms W-9 and Forms W-4.
9. District's Minutes for 2022.
10. Chart of Accounts.
11. Personnel manuals and handbooks/information given to new employees, describing procedures, fringe benefits, etc...
12. A copy of all Union Agreements effective in 2022.
13. A list of Departments with Petty Cash Funds.
14. All Pension and Deferred Compensation Plan documents. Please provide contact information for Plan Administrator.
15. Early Retirement Program: Provide a copy of the policy, List of all Retirees in 2022; Provide all plan and/or policy documents.

If you have questions about this Information Document Request, contact the examiner listed below.

Information due by At next appointment

TBD Other _____

From

Examiner name Irene Hodges	Examiner title Internal Revenue Agent	Employee ID number 1005324226	Date (mmddyyyy) 04/02/2025
Office location 201 S Orange Avenue, Attn: MS7252/TH, 11th Floor, Room 1128, Orlando, FL. 32801-3413		Telephone number 689-285-6243	e-Fax number 877-276-4742

To (Name of taxpayer)
 Borough of Troy
 Office of the Secretary
 Attn: Mr. Dan Close, Chief Administrative Officer/Manager
 49 Elmira Street
 Troy, PA. 16947

Subject	
Form 941 Examinations	
SAIN	Submitted to
	Mr. Dan Close, Manager

Dates of previous requests (mmddyyyy)
 Initial Request

Description of documents requested (additional records may be requested as the examination progresses)

Please provide the following information for calendar year 2022 for review. Whenever possible, provide the items electronically in an Excel spreadsheet format for reconciliations and PDF format for payroll summaries.

16. Section 125 Cafeteria plan Document.
17. Employment contracts with executives in effect during the year 2022. Please provide a reconciliation of the W-2 wages; identifying all fringe benefits and employer contributions to deferred compensation plans.
18. Procedures/policies/manuals relating to District's issuance of Information Returns (Forms 1099) for calendar year 2022.
19. Copy of 2021 and 2022 CP2100 Notice and any B-Notices issued by the District.
20. A listing of all Service Contracts effective and ongoing in 2022.
21. District's policy on providing city-owned vehicles to employees which were available to take home overnight.
 - a. If there is a written policy please provide it. If there is not, then describe the policy in effect during 2022.
 - b. Provide a list of the names and positions of all employees who were provided such vehicles during calendar year 2022. Include the amounts, if any, which were included in one compensation as "wages" due to personal use of the vehicles, and provide information on how that compensation, if any, was computed.
22. Please provide copies of all written policies (or descriptions if unwritten) for the following:
 - a. Accountable and non-accountable plans
 - b. Automobile allowances and/or reimbursements
 - c. Meal allowances and/or reimbursements
 - d. Tuition reimbursements
 - e. Cell phone
23. Travel manual/policies/procedures

"All responses will be reviewed within 10 business days of receipt and you will be notified in regard to completeness."

If you have questions about this Information Document Request, contact the examiner listed below.

Information due by At next appointment

TBD Other _____

From

Examiner name	Examiner title	Employee ID number	Date (mmddyyyy)
Irene Hodges	Internal Revenue Agent	1005324226	04/02/2025
Office location		Telephone number	e-Fax number
201 S Orange Avenue, Attn: MS7252/IH, 11th Floor, Room 1128, Orlando, FL. 32801-3413			869-285-6243 877-276-4742

Date of Issuance:
Owner: Troy Borough
Contractor:
Engineer: Larson Design Group
Project: Troy Borough Wastewater Treatment Plant
Expansion Project

Effective Date:
Owner's Contract No.:
Contractor's Project No.:
Engineer's Project No.: 5666-023
Contract Name:

The Contract is modified as follows upon execution of this Change Order:

Description: Project was delayed several weeks due to the existing volute having corrosion at the bolt holes. Equipment was to be re-used and was sent out to be rehabilitated.

Attachments: *[List documents supporting change]*

CHANGE IN CONTRACT PRICE		CHANGE IN CONTRACT TIMES <i>[note changes in Milestones if applicable]</i>			
Original Contract Price:	\$ 219,960.00	Original Contract Times:	Substantial Completion: 4/28/2025		
[Increase] [Decrease] from previously approved Change Orders No. ___ to No. ___:		Ready for Final Payment: 5/28/2025 days or dates			
\$ N/A		[Increase] [Decrease] from previously approved Change Orders No. ___ to No. ___: Substantial Completion: _____ Ready for Final Payment: _____ days			
Contract Price prior to this Change Order:		Contract Times prior to this Change Order: Substantial Completion: _____ Ready for Final Payment: _____ days or dates			
[Increase] [Decrease] of this Change Order:		[Increase] [Decrease] of this Change Order: Substantial Completion: 5/28/2025 Ready for Final Payment: 6/27/2025 days or dates			
Contract Price incorporating this Change Order:		Contract Times with all approved Change Orders: Substantial Completion: 5/28/2025 Ready for Final Payment: 6/27/2025 days or dates			
RECOMMENDED: By: <u>Steve Kau</u> Engineer (if required) Title: Project Manager Date: 5/05/2025		ACCEPTED: By: _____ Owner (Authorized Signature) Title: Troy Borough Manager / CAO Date: 05/05/25		ACCEPTED: By: <u>Legion</u> Contractor (Authorized Signature) Title: Owner Date: 1 May 2025	

Approved by Funding Agency (if applicable)

By: _____
Title: _____

Date:

**DRINKING WATER WARNING
BOIL YOUR WATER BEFORE USING**

**HIERVAN EL AGUA ANTES DE USARLA.
ESTE INFORME CONTIENE INFORMACION MUY IMPORTANTE SOBRE SU AGUA DE BEBER.
TRADUZCALO O HABLE CON ALGUIEN QUE LO ENTIENDA BIEN.**

Troy Borough Water Department Customers May Be at Increased Risk From Microbial Contamination.

We routinely monitor the conditions in the distribution system. On 04/26/25, we experienced a loss of positive water pressure due to a **low level in the treatment cistern**. A loss of positive water pressure is a signal of the existence of conditions that could allow contamination to enter the distribution system through back-flow by back-pressure or back-siphonage. As a result, there is an increased chance that the water may contain disease-causing organisms.

What should I do?

DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a rolling boil, let it boil for one minute, and let it cool before using; or use bottled water. You should use boiled or bottled water for drinking, making ice, washing dishes, brushing teeth, and food preparation until further notice.

Inadequately treated water may contain disease-causing organisms. These organisms include bacteria, viruses, and parasites, which can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.

These symptoms, however, are not caused only by organisms in drinking water, but also by other factors. If you experience any of these symptoms and they persist, you may want to seek medical advice.

Guardians of infants and young children and people at increased risk, such as pregnant women, some of the elderly, and people with severely compromised immune systems, should seek advice from their health care advisors about drinking this water. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1 (800) 426-4791.

What happened? What is being done?

The Troy Borough Water System lost positive water pressure system wide due to a low level in the treatment cistern.

Line repairs are being made so the level can be brought back to normal. You will be notified after testing indicates the water is safe to drink

We will inform you when all corrective actions have been completed and when you no longer need to boil your water.

For more information, please contact:

Daniel J. Close, Manager
49 Elmira St.
Troy, PA 16947
at 570-297-2966

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by Daniel J. Close, Manager, Troy Borough Water Department

PWS ID#: 2080020

Date distributed: 04/26/25

PUBLIC NOTIFICATION (PN) CERTIFICATION FORM

Public Water System Name: Troy Borough Water Department PWSID Number: 2080020

Date of Violation/Situation: 04/26/25

Description of Violation/Situation: _____

Excesive water use due to unknown leak caused the cistern to drop to 4 feet reducing chlotine contact time

Notified DEP (or CHD) within 1 hour Date or NA: 04/26/25

Consulted with DEP within 24 hours Date or NA: 04/26/25

PN Level: Tier 1 Tier 2 Tier 3

Type of notice addressed by this certification: Initial Repeat

Methods and date of public notice deliveries to customers:

Method: CodeRed Date: 04/26/25

Method: WHGL Radio Date: 04/26/25

Method: Troy Borough Web Page Date: 04/26/25

Method: _____ Date: _____

The public notice included the required elements: a description of the violation/situation; potential health effects; the population at risk; if alternate water supplies need to be used; when the violation/situation occurred; when the system will resolve the violation/situation; what is being done to correct the problem; actions consumers can take; water system contact information; and language encouraging broader distribution of the notice.

A copy of each type of notice that was distributed is attached to this certification form

Certified by:

As a representative of the Public Water System (PWS) indicated above, I certify that public notification addressing the above violation/situation was distributed to all customers in accordance with the prescribed content, format, deadlines and delivery requirements outlined in Chapter 25 Pa. Code Chapter 109 Subchapter D of the Department of Environmental Protection (DEP)'s regulations.

Signature: Daniel J. Close Date: 05/05/25

Print Name and Title: Daniel J. Close, Manager / CAO

Phone Number: D - 570-297-2966 C - 570-419 5021

Complete and submit this form to your local DEP office **within 10 days** of issuing the public notification described above. DEP District Office and County Health Department contact information can be found within DEP document number 3930-FM-BSDW0560, which can be located by searching for document number 3930-FM-BSDW0560 in DEP's eLibrary at the following link: <http://www.depgreenport.state.pa.us/elibrary/Search>.

For DEP use only. Checked by: _____ Date: _____

PUBLIC NOTIFICATION (PN) CERTIFICATION FORM

Public Water System Name: TROY BOROUGH WATER DEPARTMENTPWSID Number: 2080020Date of Violation/Situation: 4/23/2025
 Description of Violation/Situation: TIER 1 LOSS OF POSITIVE PRESSURE DUE TO A WATER VALVE REPAIR. BOIL ADVISORY ISSUED 4-23-25

Notified DEP (or CHD) within 1 hour

Date or NA: 04/23/2025

Consulted with DEP within 24 hours

Date or NA: 04/23/2025PN Level: Tier 1 Tier 2 Tier 3Type of notice addressed by this certification: Initial Repeat

Methods and date of public notice deliveries to customers:

Method: Boil Advisory Notifications hand deliveredDate: 4/23/25

Method: _____

Date: _____

Method: _____

Date: _____

Method: _____

Date: _____

The public notice included the required elements: a description of the violation/situation; potential health effects; the population at risk; if alternate water supplies need to be used; when the violation/situation occurred; when the system will resolve the violation/situation; what is being done to correct the problem; actions consumers can take; water system contact information; and language encouraging broader distribution of the notice.

A copy of each type of notice that was distributed is attached to this certification form

Certified by:

As a representative of the Public Water System (PWS) indicated above, I certify that public notification addressing the above violation/situation was distributed to all customers in accordance with the prescribed content, format, deadlines and delivery requirements outlined in Chapter 25 Pa. Code Chapter 109 Subchapter D of the Department of Environmental Protection (DEP)'s regulations.

Signature: Daniel J. CloseDate: 04/23/2025Print Name and Title: DANIEL CLOSE, MANAGER/CAOPhone Number: 570-297-2966, EXT. 2

Complete and submit this form to your local DEP office within 10 days of issuing the public notification described above. DEP District Office and County Health Department contact information can be found within DEP document number 3930-FM-BSDW0560, which can be located by searching for document number 3930-FM-BSDW0560 in DEP's eLibrary at the following link: <http://www.depgreenport.state.pa.us/elibrary/Search>.

For DEP use only. Checked by: _____

Date: _____

DRINKING WATER PROBLEM CORRECTED

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

ESTE INFORME CONTIENE **INFORMACIÓN IMPORTANTE ACERCA DE SU AGUA POTABLE. HAGA QUE ALGUIEN LO TRADUZCA PARA USTED, O HABLE CON ALGUIEN QUE LO ENTIENDA.**

As a customer of the Troy Borough Water Department, you were notified on 4-26-25 of a problem with our drinking water and were advised to not drink your water without boiling first. We are pleased to report that the problem has been corrected and that it is no longer necessary to boil your water prior to consumption..

We apologize for any inconvenience and thank you for your patience.

The boil advisory was issued due to a reduction in chlorine contact time (cicstern level below 4 feet). A leak in a pravate line was discovered and repaired. The required test have been completed and the water is safe to drink.

As always, you may contact: DANIEL CLOSE, MANAGER

49 ELMIRA ST

TROY, PA 16947

at 570-297-2966

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

This notice is being sent to you by TROY WATER DEPARTMENT

PWS ID#: 2080020

Date distributed: 4-30-25

SPECIAL EVENT PERMIT

Processions, Assemblages and Special Activities, and Film Shoots

APPLICANT CONTACT INFORMATION

Contact Name:	John H. Herrington	Title:	Parade Coordinator
Organization:	Troy Veterans Club Home Association INC.	<input type="checkbox"/> Municipal Sponsor	<input checked="" type="checkbox"/> Private
Sponsor Street Address:	183 Veterans Drive	City:	Troy
Phone:	(607) 738-1569	State:	PA
E-mail:	jherr86@ptd.net	Zip Code:	16947
		Hours:	8:00 AM - 5:00PM

SPECIAL EVENT INFORMATION

- Special Event Name: Memorial Day Parade
- Special Event Type (Check all that apply): Procession Assemblage Special Activity Film Shoot
- Special Event Purpose/Description (Attach additional sheet if necessary):
 Memorial Day parade to honor fallen veterans. Parade will begin at the Elementary School in Troy 500 feet south of the intersection of South Railroad Street and State Route 0014. The parade will proceed north on RT 0014 to the intersection of RT 0014 and Fenner Avenue and will terminate there on the Davison Green 49 Elmira Street..
 Parade route is from RT0014 Segment 0340 Offset 1639 to RT0006 Segment 0160 Offset 156
- Date of Special Event: From 05/26/2025 To 05/26/2025
 a. Alternate Date of Special Event: From _____ To _____
- Time of Special Event: From 9:00 am To 9:15 am
 a. Alternate Time of Special Event: From _____ To _____
- County(ies):
 Bradford
- Municipality(ies):
 Troy Borough
- State Road(s) (List all state roads involved in the special event - Attach additional sheet if necessary):

State Route Number:	State Road Name:	Number of Lanes:	Type of Highway:
0014	Canton Street	2	Conventional <input checked="" type="checkbox"/>
0006	Elmira Street	2	Conventional <input checked="" type="checkbox"/>
			Select One

SPECIAL EVENT INFORMATION (CONTINUED)

9. Approximate number of vehicles in the special event: 15 vehicles

10. Approximate number of pedestrians involved in the special event: 100.00 pedestrians

11. Highway will be (check all that apply): Fully Closed Partially Closed Minor Encroachment Other

a. Describe the highway closure and the affect on adjacent properties. (Attach additional sheet if necessary):

Traffic will be held during the parade. Parade participants can move to one side to allow for emergency vehicles if needed. There is no affect on adjacent properties.

12. Travel distance of road closure/encroachment: 1/2 Mile

13. Travel distance of the alternate route: N/A

NOTE: Alternate route shall not be more than 5 miles longer or 5 times greater in length than the normal travel distance. An alternate route is not required if one of the following conditions exists:

- a. The highway to be closed is not a state route and is primarily used by local drivers who are familiar with an alternate route.
- b. The highway is only partially or periodically closed and the vehicle escort service can safely maintain traffic on the remainder of the highway.
- c. The highway closing for less than 20 minutes and excessive traffic backup will not occur during closing.

14. Does the special event occur on a freeway: Yes No

The following five (5) questions pertain to the use of a freeway: N/A

- a. Please state the reason(s) why this event should use a freeway, including safety aspects to both motorists and event participants. (Explain on a separate attached sheet)
- b. Are there a minimum of two lanes of traffic in each direction of flow: Yes No
- c. Will the special event move orderly and uniformly along the freeway: Yes No
- d. Will the special event use a maximum of one lane of the highway and can the MPT Contractor safely maintain traffic on the remainder of the highway: Yes No
- e. Will the delay for traffic entering or leaving the highway at ramps be no more than 5 minutes and can MPT control all delayed traffic: Yes No

15. Notification of Pennsylvania State Police (PSP) (Please Contact Station Commander at Local PSP Barracks):

a. PSP Contact Name: Joseph Mitchell Title: Sergeant Date: 05/02/2025

16. Maintenance and Protection of Traffic (MPT): N/A

a. MPT Performed By: _____

b. MPT Contact Name: _____ Phone: _____

c. Date MPT requested: From _____ To _____

i. Alternate Date MPT requested: From _____ To _____

d. Time MPT requested: From _____ To _____

i. Alternate Time MPT requested: From _____ To _____

17. Vehicle Escort Service: N/A

a. Vehicle Escort Performed By: Troy Police Department

b. Vehicle Escort Contact Name: Officer Kyle Wisel Phone: (570) 297-2423

c. Date Vehicle Escort Service requested: From 05/26/2025 To 05/26/2025

i. Alternate Date Vehicle Escort Service requested: From _____ To _____

d. Time Vehicle Escort Service requested: From 9:00 am To 9:30 am

i. Alternate Time Vehicle Escort Service requested: From _____ To _____

APPLICANT CERTIFICATION, PERMIT CONDITIONS, & SIGNATURES

The applicant shall indemnify, save harmless, and defend (if requested) the Commonwealth of Pennsylvania, the Department of Transportation, and their officers, agents, and employees from any and all claims, suits, or actions for injuries, death and/or property damage arising out of the procession, assemblage, or special activity identified in this permit where the claim, suit, or action was caused by the applicant, its officers, agents, and employees, the event participants, support staffs, event officials, volunteers, medical support, technical support, media vehicles, event communications staffs, the traveling public, general public, or spectators.

A certificate of insurance must be provided showing: (a) public liability insurance for bodily injury and property damage in the minimum amount of two hundred fifty thousand (\$250,000.00) per person and one million dollars (\$1,000,000.00) per occurrence to cover any loss that might occur as a result of the permitted use of the state highways or that might otherwise arise out of or be connected with the event; (b) occurrence-based coverage; and (c) the Commonwealth of Pennsylvania named as an additional insured. The applicant warrants the information in the insurance certificate is accurate.

The event route shall be appropriately secured with proper security and safety measures taken to protect the event participants, support staffs, event officials, volunteers, medical support, technical support, media vehicles, vehicle escort services, maintenance and protection services, the traveling public, event communications staffs, the general public, and spectators. Proper emergency medical services shall be provided. Local fire departments, the general public, and the traveling public shall be notified in advance of the event. Written notification shall be submitted to each municipality notifying the municipality that the event uses state roads and written approval shall be obtained from each municipality granting the applicant permission to hold the event. The applicant shall coordinate and pay for temporary traffic control during the event.

The Department reserves the right to re-open any closed road(s) at any time due to any emergency that may occur which require the use of such roads to safely provide for the movement of traffic through the area.

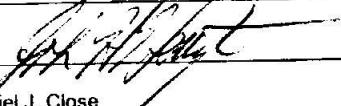
I have attached a Certificate of Insurance as described above.
 I have read, understand, and agree to the above terms and conditions.
 I attest that all information in the special event permit application is accurate to the best of my knowledge.
 For a film shoot, I have read and agree to comply with the requirements of Exhibit A - Film Shoot Requirements.

Applicant

Contact Name (Print): John H. Herrington

Title of Contact: Parade Coordinator

Date: 05/02/2025

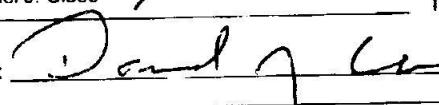
Contact Name (Signature): 

Daniel J. Close

Title of Witness: Troy Borough Manager/CAO

Attesting Witness (Print): John H. Herrington

Date: 05/02/2025

Attesting Witness (Signature): 

Pennsylvania Department of Transportation

District Traffic Engineer (Print): _____

Date: _____

District Traffic Engineer (Signature): _____

District Executive (Print): _____

Date: _____

District Executive (Signature): _____

Remarks:

Actions

1. Complete the Route/Bridge Restriction (M-937R) form and submit it at least ten (10) business days prior to the special event.
2. Notify the Traffic Management Center (TMC) of the special event date.



Congdon-Bailey Post 8675
Veterans of Foreign Wars



Brooks-Flick Post 49
American Legion

Post Office Box 113, Troy, PA 16947

May 2, 2025

Troy Borough Manager
Troy, PA 16947
Attn: Dan close

Sir:

VFW Post 8675 and American Legion Post 49 request permission to conduct a Memorial Day parade on Monday May 26, 2025. We plan to begin the parade at the Croman Elementary School on Canton Street and follow the most direct route to Davison Green on Fenner Street. The parade will begin at 9:00 a.m. The route is a little over 1/2 mile in length and the duration is estimated at 15 minutes.

Please direct all communications regarding this request to me.

A handwritten signature in black ink, appearing to read "John H. Herrington".

John H. Herrington
VFW Post 8675
Parade Coordinator

1 atch: parade route

**TROY BOROUGH
49 ELMIRA STREET
TROY, PA. 16947
570-297-2966
admin@troyborough.com**

May 5, 2025

John Herrington
Memorial Day Parade
Event Coordinator
P.O. Box 113
Troy, Pa. 16947

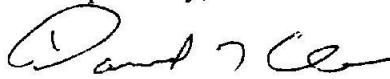
RE: Memorial Day parade

Sir,

Thank you for your request regarding a Memorial Day parade on Monday, May 26th, 2025 in Troy Borough. The Borough approves the request and will assist with a Special Event Permit (TE-300) submission to the Pennsylvania Department of Transportation. Under cover of this letter please find a full copy of the submission. Thank you.

The Borough of Troy agrees to fully indemnify, save harmless and, if requested, defend the Commonwealth, Commonwealth departments and their officers, agents and employees from and against Claims, suits or actions for injury, death or property damage arising from or because of the acts or omissions of the sponsor, its officers, agents or employees. Thank you.

Respectfully,


Daniel J. Close, Manager / CAO

LEGEND

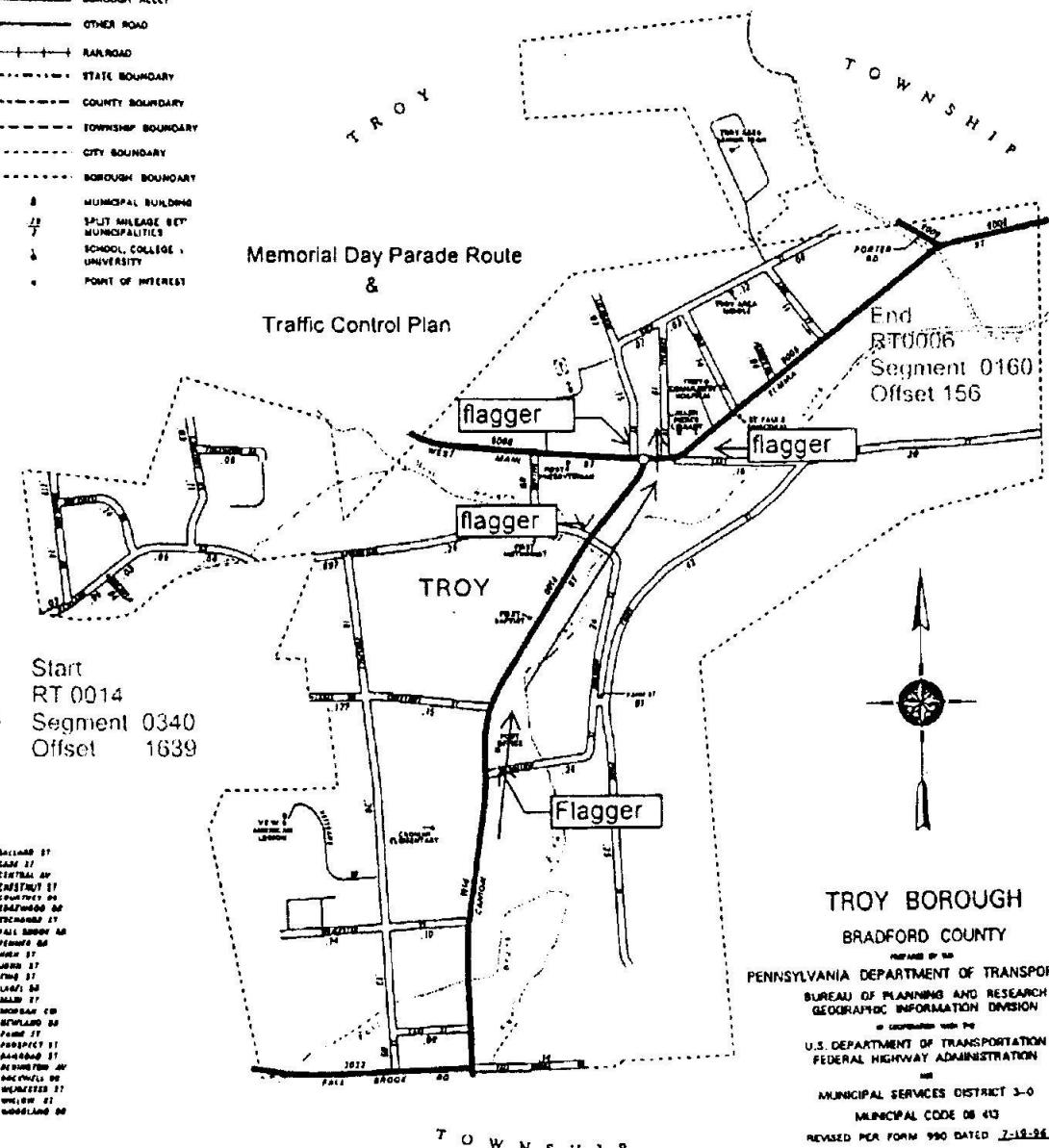
- LIMITED ACCESS HIGHWAY
- STATE ROUTE AND NUMBER
- STATE MAINTAINED BRIDGE
- BOROUGH STREET NAME AND SEGMENT LENGTH IN MILES
- TURNBACK BOROUGH STREET
- BOROUGH ALLEY
- OTHER ROAD
- RAILROAD
- STATE BOUNDARY
- COUNTY BOUNDARY
- TOWNSHIP BOUNDARY
- CITY BOUNDARY
- BOROUGH BOUNDARY
- MUNICIPAL BUILDING
- SPLIT MILEAGE BETW MUNICIPALITIES
- SCHOOL, COLLEGE, UNIVERSITY
- POINT OF INTEREST

POPULATION 1,508
(2000 Census)

TOTAL MILES
Borough Road System 5.50
State Highway System 1.75
Total 7.25

Memorial Day Parade Route
&

Traffic Control Plan





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/21/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Gannon Associates
315 South Main St
PO Box 226
Athens, PA 18810

CONTACT NAME: PHONE (A/C, No, Ext): (888) 426-6662	FAX (A/C, No): (570) 265-3476
E-MAIL ADDRESS: certificates@gannonassociates.com	
INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company	NAIC # 10677

INSURED

Troy Veterans Club Home Association INC
PO Box 113
Troy, PA 16947

INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERS

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	COMMERCIAL GENERAL LIABILITY	X	ENP 0245301	4/13/2025	4/13/2026	EACH OCCURRENCE \$ 1,000,000								
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>					DAMAGE TO RENTED PREMISES (EA occurrence) \$ 500,000								
GEN'L AGGREGATE LIMIT APPLIES PER POLICY														
X	PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>	OTHER <input type="checkbox"/>				MED EXP (Any one person) \$ 10,000								
						PERSONAL & ADV INJURY \$ 1,000,000								
AUTOMOBILE LIABILITY														
ANY AUTO OWNED AUTOS ONLY	SCHEDULED AUTOS					GENERAL AGGREGATE \$ 2,000,000								
						NON-OWNED AUTOS ONLY <input type="checkbox"/>	PRODUCTS - COMP/OP AGG \$ 2,000,000							
UMBRELLA LIAB OCCUR														
EXCESS LIAB CLAIMS-MADE														
DED <input type="checkbox"/>	RETENTION \$ <input type="checkbox"/>					EACH OCCURRENCE \$								
AGGREGATE \$														
DED \$														
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N														
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED* (Mandatory in NH) <input type="checkbox"/>														
If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/>														
<table border="1"> <tr> <td>PER STATUTE</td> <td>OTHE-</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>							PER STATUTE	OTHE-	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
PER STATUTE	OTHE-													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Event: Memorial Day Parade on 5-26-2025

Commonwealth of Pennsylvania is included as an additional insured with respects to General Liability per the written contract with the named insured

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



TROYVET-03

JSHRIMP

DATE (MM/DD/YYYY)

4/21/2025

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Gannon Associates 315 South Main St PO Box 226 Athens, PA 18810	CONTACT NAME: PHONE (A/C, No. Ext): (888) 426-6662	FAX (A/C, No.): (570) 265-3476
	E-MAIL ADDRESS: certificates@gannonassociates.com	
INSURED Troy Veterans Club Home Association INC PO Box 113 Troy, PA 16947	INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company	NAIC # 10677
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	REVISION NUMBER:
				4/13/2025	4/13/2026		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		ENP 0245301	4/13/2025	4/13/2026	<input checked="" type="checkbox"/> EACH OCCURRENCE \$ 1,000,000	REVISION NUMBER:
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					<input checked="" type="checkbox"/> DAMAGE TO RENTED PREMISES (EA occurrence) \$ 500,000	
						<input checked="" type="checkbox"/> 10,000	
						<input checked="" type="checkbox"/> MED EXP (Any one person) \$	
						<input checked="" type="checkbox"/> PERSONAL & ADV INJURY \$ 1,000,000	
						<input checked="" type="checkbox"/> GENERAL AGGREGATE \$ 2,000,000	
						<input checked="" type="checkbox"/> PRODUCTS - COMP/OP AGG \$ 2,000,000	
						<input checked="" type="checkbox"/> OTHER \$	
						<input checked="" type="checkbox"/> COMBINED SINGLE LIMIT (EA accident) \$	
						<input checked="" type="checkbox"/> BODILY INJURY (Per person) \$	
		<input checked="" type="checkbox"/> BODILY INJURY (Per accident) \$					
		<input checked="" type="checkbox"/> PROPERTY DAMAGE (Per accident) \$					
		<input checked="" type="checkbox"/> OTHER \$					
B	<input type="checkbox"/> AUTOMOBILE LIABILITY					<input checked="" type="checkbox"/> EACH OCCURRENCE \$	REVISION NUMBER:
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					<input checked="" type="checkbox"/> BODILY INJURY (Per person) \$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					<input checked="" type="checkbox"/> BODILY INJURY (Per accident) \$	
						<input checked="" type="checkbox"/> PROPERTY DAMAGE (Per accident) \$	
						<input checked="" type="checkbox"/> OTHER \$	
						<input checked="" type="checkbox"/> COMBINED SINGLE LIMIT (EA accident) \$	
						<input checked="" type="checkbox"/> BODILY INJURY (Per person) \$	
						<input checked="" type="checkbox"/> BODILY INJURY (Per accident) \$	
						<input checked="" type="checkbox"/> PROPERTY DAMAGE (Per accident) \$	
						<input checked="" type="checkbox"/> OTHER \$	
C	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				<input checked="" type="checkbox"/> EACH OCCURRENCE \$	REVISION NUMBER:
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				<input checked="" type="checkbox"/> AGGREGATE \$	
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$				<input checked="" type="checkbox"/> OTHER \$	
						<input checked="" type="checkbox"/> PER STATUTE \$	
						<input checked="" type="checkbox"/> OTHER \$	
						<input checked="" type="checkbox"/> E.L. EACH ACCIDENT \$	
						<input checked="" type="checkbox"/> E.L. DISEASE - EA EMPLOYEE \$	
						<input checked="" type="checkbox"/> E.L. DISEASE - POLICY LIMIT \$	
						<input checked="" type="checkbox"/> OTHER \$	
						<input checked="" type="checkbox"/> OTHER \$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
Y/N							
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH)							
If yes, describe under DESCRIPTION OF OPERATIONS below							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Event: Memorial Day Parade on 5-26-2025							
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CERTIFICATE HOLDER Troy Borough 49 Elmira St Troy, PA 16947	CANCELLATION						
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
AUTHORIZED REPRESENTATIVE <i>John Shrimp</i>							

PUBLIC COMMENT SIGN IN

Please Print legibly

Council Meeting Date: 4-24-25

First Name	Last Name	Phone # (optional)	Address (optional)	E-mail (optional)
Icon	Somogyi	607-222-1611		tructab46@gmail.com

Subject Matter:

Already submitted

First Name	Last Name	Phone # (optional)	Address (optional)	E-mail (optional)
------------	-----------	--------------------	--------------------	-------------------

Steve	Wurke			
------------------	------------------	--	--	--

Carrie

Subject Matter:

First Name	Last Name	Phone # (optional)	Address (optional)	E-mail (optional)
------------	-----------	--------------------	--------------------	-------------------

Joe	Anderson			
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Subject Matter:

Permits

First Name	Last Name	Phone # (optional)	Address (optional)	E-mail (optional)
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Subject Matter:

Over the last fortysome years that I have spent as a citizen and business owner of this community I have observed some things that have puzzled me. Here is my list:

- 1.The phone message at the borough refers the caller to press #3 to speak to the police chief. When may we expect to again have a police force?
- 2.Street side drainage ditches; why are they left open and even re-paved.Why are theses not underground?
- 3.Sidewalks are terrible!
- 4.Why are the curbs on Elmira and Canton St not repaired?
- 5.When will the bridge on Railroad St repaired?
- 6.Canton St double wide mobile home..require continuous masonry foundation to control new homes not consistent with existing neighborhood dwellings.

I realize that many of these problems are difficult to remedy due to long ago poor planning and weak leadership. Some of these are difficulties in annexing area to increase the borough size, approval of development without providing sidewalks (the Heights, Packard motor sports building,etc. Also low tax base and low taxing.

Ron Sevag Jr