

Maine Department of Environmental Protection  
Sewer Extension/Addition Reporting Form

Date of submission: \_\_\_\_\_

As per 38 M.R.S.A. §412.B. name: \_\_\_\_\_ of address:

\_\_\_\_\_ [ phone# \_\_\_\_\_ ] is submitting this Preliminary Report to the DEP for their determination whether a sewer extension review is necessary:

1(a)--The \_\_\_\_\_ POTW is currently treating a monthly average flow of \_\_\_\_\_MGD (based on the previous 12 months). Our monthly average flow license limit is \_\_\_\_\_MGD. We are currently at \_\_\_\_\_% of our license flow limit.

(b)--Our instantaneous or daily maximum design flow is \_\_\_\_\_MGD.

2.--There are \_\_\_\_\_ number of sewer extensions/hookup projects planned for the coming 12 months. These will result in an additional flow totaling \_\_\_\_\_ gallons. [fill in appropriate section(s) in #6 below]

3.--Will any proposed extensions/hookups affect portions of the sewer system with CSO's?\_\_\_

If yes: Which CSOs will be affected?\_\_\_\_\_

These CSOs have been active \_\_\_\_\_ times in the last 12 months.

4(a)--We have had \_\_\_\_\_ exceedences of our Waste Discharge License in the last 12 months.

(b)--We have had \_\_\_\_\_ exceedences of our daily maximum design flow limit in the last 24 months.

(c)--Which of these are attributed to excess flow or loading conditions, identify by date and parameter:\_\_\_\_\_

5. The DEP should contact \_\_\_\_\_ at Phone # \_\_\_\_\_ for more information on individual sewer projects. (If different from the person submitting this report.)

6. Reporting on individual Sewer extensions/hookups:

#1  
Name of project/area served: \_\_\_\_\_

Type of Waste Water: Residential \_\_\_\_\_; Industrial \_\_\_\_\_ If yes, what type of industry \_\_\_\_\_; Commercial \_\_\_\_\_ If yes, type?\_\_\_\_\_.

Does this project require review and approval under the Department's Site law. \_\_\_\_\_

Anticipated Flow and loadings: \_\_\_\_\_

Linear feet of Sewer \_\_\_\_\_; # of service connections \_\_\_\_\_; # of Pump stations \_\_\_\_\_

Will this contribute to portions of the sewer system with a CSO(s)? \_\_\_\_\_

Which CSO(s)? \_\_\_\_\_

If yes, what measures are being taken to insure that this project will not contribute to CSO

activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
If yes, is the discharge permittee on schedule with Department CSO reduction requirements?\_\_\_\_\_ How many times has this CSO discharged in the past year? \_\_\_\_\_  
Has the POTW acknowledged capacity to transport and treat the increased flow? \_\_\_\_\_  
Were the plans and specifications prepared by a registered professional engineer?\_\_\_\_\_ ; Name:\_\_\_\_\_ ; PE#\_\_\_\_\_

<b>For DEP use:</b> This project has been reviewed and approved by the CSO reduction coordinator :	
_____	_____.
Signature	Date
This project has been reviewed and approved by the DETA engineer :	
_____	_____.
Signature	Date
This project has been reviewed and approved by the facility inspector :	
_____	_____.
Signature	Date

<b>DEP response:</b>
_____ Review necessary, submit additional information to:_____
_____ Review not necessary
<b>[DEP staff send copy of this report form back to applicant]</b>

*Attach additional sheets for individual projects as necessary.*

#\_\_\_\_

Name of project/area served:

\_\_\_\_\_
Type of Waste Water: Residential \_\_\_\_; Industrial \_\_\_\_ If yes, what type of industry\_\_\_\_; Commercial \_\_\_\_ If yes, type?\_\_\_\_\_.

Does this project require review and approval under the Department's Site law. \_\_\_\_\_

Anticipated Flow and loadings: \_\_\_\_\_

Linear feet of Sewer \_\_\_\_\_; # of service connections \_\_\_\_; # of Pump stations \_\_\_\_\_

Will this contribute to portions of the sewer system with a CSO(s)? \_\_\_\_ Which CSO(s)? \_\_\_\_\_

If yes, what measures are being taken to insure that this project will not contribute to CSO activity:\_\_\_\_\_

If yes, is the discharge permittee on schedule with Department CSO reduction requirements?\_\_\_\_ How many times has this CSO discharged in the past year? \_\_\_\_\_

Has the POTW acknowledged capacity to transport and treat the increased flow? \_\_\_\_\_

Were the plans and specifications prepared by a registered professional engineer?\_\_\_\_; Name:\_\_\_\_; PE#\_\_\_\_\_

For DEP use: This project has been reviewed and approved by the CSO reduction coordinator :

\_\_\_\_\_.
Signature Date

This project has been reviewed and approved by the DETA engineer :

\_\_\_\_\_.
Signature Date

This project has been reviewed and approved by the facility inspector :

\_\_\_\_\_.
Signature Date

DEP response:

\_\_\_\_Review necessary, submit additional information to:\_\_\_\_\_

\_\_\_\_Review not necessary

[DEP staff send copy of this report form back to applicant]