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
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#____________________________

<p>| For DEP use: This project has been reviewed and approved by the CSO reduction coordinator: |</p>
<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<p>| This project has been reviewed and approved by the DETA engineer: |</p>
<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</table>

<p>| This project has been reviewed and approved by the facility inspector: |</p>
<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</table>

DEP response:

____Review necessary, submit additional information to:______________________

____Review not necessary

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

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#_____________________________

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**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

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**DEP response:**

____Review necessary, submit additional information to:____________________________

____Review not necessary

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