



Maine Department of Environmental Protection
GENERAL APPLICATION OVERBOARD DISCHARGE (OBD) >= 2,000 GPD

WDL Application #: _____ Municipality: _____
Name of deeded owner of entity: _____ Telephone: _____
Primary Residence Address: _____
Town: _____ State: _____ Zip: _____ OBD Address: _____

(Use additional paper, if necessary, to provide co-applicant information for ALL authorized users of the OBD.)

PART 2. Site Evaluation ("LSE" is Licensed Site Evaluator)

Check the appropriate boxes.

A qualified LSE has determined that my OBD system CAN be replaced with an alternative system

A qualified LSE has determined that my OBD system CANNOT be replaced.

I have previously submitted a copy of the LSE report to the DEP.

A copy of the LSE report is attached to this application. * Required of all transfers and every 10 years for renewals.

PART 3. Primary Residence/Grant Eligibility

1. Is the property containing the OBD your PRIMARY residence? Yes No _____

If "YES" and you checked that that the OBD system CAN be replaced, and you would like to be considered for grant assistance, enter the combined annual income of all owners of the OBD. \$

2. Do you intend to perform a significant action (construction material and labor costs exceeding 100% of the median household income as specified in Title 38 MRSA § 411) at your residence at any time during the next five years?

Yes No

The Department reserves the right to require documentation of primary residency and income for purposes of determining grant eligibility.

PART 4. Facility Information

OBD laws and rules limit the authorized discharge flow volume to either the previous license limit or the estimated volume produced by the facility during the 12-month period prior to June 1, 1987. As of June 1, 1987, please certify the:

of YEAR-ROUND dwellings connected to the OBD _____ AND # of bedrooms in each _____

of SEASONAL dwellings connected to the OBD _____ AND # of bedrooms in each _____

PART 5. Title, Right or Interest Check the appropriate box.

The applicant must either: 1) own or control; 2) have an easement granting rights; or 3) have an authorized written agreement granting rights to use any portion of another property for any part of the OBD system.

My OBD system (including disinfection unit and outfall pipe) serves only my property and is located entirely on my property. Include a copy of your deed with this application.

OR

My OBD system is shared with another property owner, or it crosses under a road or other properties. Include a copy of each property owner's deed describing easements or written signed agreement between the property owners. An agreement must grant rights to use the property for at least 5 years.

***A COMPLETE APPLICATION PACKAGE SHOULD INCLUDE:**

- The completed and signed application, including the General Application for WDL/MEPDES permits, commercial application (as applicable) and the OBD application.
- A copy of the deed to the property and copies of all easements or authorized agreements,
- A recent site evaluation report (Form HHE-200) completed by a Licensed Site Evaluator. If you are unsure whether a site evaluation report is required for a renewal or transfer application, please contact us.
- A list of property abutters, the Public Notice sent to abutters, and a copy of the letter sent to the municipal office where the OBD property is located that references the application *and* Public Notice.
- There is a \$143 license transfer fee for transfer of an existing license. Checks made payable to, *Treasurer – State of Maine*. **DO NOT SEND** the \$143 fee unless the application is for **transfer** of an existing license.

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 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.



_____	_____	_____
Applicant Signature	Print name	Date
_____	_____	_____
Co-Applicant Signature	Print name	Date

Department of Environmental Protection
DWQM - OBD Licensing
17 State House Station
Augusta, ME 04333-0017



PUBLIC NOTICE
MAINE WASTE DISCHARGE LICENSE APPLICATION

Please take note that, pursuant to 38 MRSA, Sections 413 and 414-A, _____ of
(name of deeded owner(s) or entity(ies))

_____ intends to file a wastewater discharge license application
(primary mailing address)

with the Department of Environmental Protection (DEP). The application is for the discharge of _____
(volume)

gallons per day of treated wastewater to the _____ in _____, Maine.
(receiving water) (municipality)

The application will be filed on or about _____ and will be available for public inspection at
(date)

DEP's Augusta office during normal business hours. A copy may also be seen at the municipal offices in
_____, Maine.
(municipality)

A request that the Board of Environmental Protection assume jurisdiction over this application must be received by the DEP, in writing, no later than 20 days after the application is found acceptable for processing. Written public comments and requests for a public hearing will be accepted for at least 30 days after the application is found acceptable for processing. Requests shall state the nature of the issue(s) to be raised. Unless otherwise provided by law, a hearing is discretionary and may be held if the Commissioner or the Board finds significant public interest or there is conflicting technical information.

Public comment will be accepted until a final administrative action is taken to approve, approve with conditions or deny this application. Written public comments or requests for information may be made to the address below.

Department of Environmental Protection
Division of Water Quality Management
OBD Licensing
17 State House Station
Augusta, ME 04333-0017
207-287-7688