



Maine Department of Environmental Protection

Registration Form for Municipal Satellite Collection Systems

Instructions:

1. In accordance with the attached P.L. 2017, ch. 353 (formerly known as L.D. 399, *An Act Regarding Municipal Satellite Wastewater Collection Systems*), this form is to be used to register municipal (or quasi-municipal) satellite collection systems (MSCS) with the Maine Department of Environmental Protection (Department). This form is also available on the Department's website at the link below and may be filled out electronically and sent via email:

http://www.maine.gov/dep/water/wd/municipal_industrial/index.html

2. For future use, included with this registration is an Unauthorized Discharge Report form for filing a report of an unauthorized discharge to the Department as required by the law. As noted in section 414-D.1.B. of the law, an unauthorized discharge is a discharge of wastewater from a MSCS to any location other than the publicly owned treatment works identified by the owner of the system in this registration form.

The Unauthorized Discharge Report form can also be downloaded from the Department's website as an electronic fillable form at the link above

A list of DEP contacts for MSCS is included with this registration form and is also available on the Department's website at the link above.

3. This registration shall be updated when there is a change to geographic area served or when the point of contact changes.

4. **After completing this registration please submit one copy, via US mail, or email, to:**

Megan Griffin
Maine Department of Environmental Protection
Division of Water Quality Management
State House Station 17
Augusta, Maine 04333-0017
megan.griffin@maine.gov



Maine Department of Environmental Protection Registration Form for Municipal Satellite Collection Systems

REGISTRANT INFORMATION:

Name and address of municipal satellite collection system (MSCS):

Legal Name: _____

Mailing Address: _____

Town: _____ Zip: _____

Physical Address (if different from mailing address):

Street: _____

Town: _____

Contact Person (operator) for MSCS:

Name: _____ Title: _____

Telephone: _____

Email: _____

Mailing Address (if different from mailing address above):

Address: _____

Town: _____ Zip: _____

Type of MSCS:

Municipal: _____ District _____ Other (specify): _____

Name of Publicly Owned Treatment Works the MSCS ultimately discharges to:

POTW Name: _____

If your MSCS discharges to another MSCS prior to the POTW list that MSCS here:



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MSCS INFORMATION:

Description of Geographic Area Served:

Number of Residential & Commercial Connections: _____

Number of Industrial Connections: _____

Miles of Collector Sewers (approximate): _____

Miles of Interceptor Sewers (approximate): _____

Miles of Force Main (approximate): _____

Number of Pump Stations (locations shown on schematic provided): _____

Map or Schematic:

Please attach a basic map or schematic of the MSCS. The map or schematic must include sewer lines and pump stations. The map or schematic may consist of, but is not limited to, the following: GIS system map, topographical map, Google Earth image, tax map, etc.

MSCS OWNER CERTIFICATION:

I certify that this document and any attachments were prepared under my direction or supervision and are accurate and true to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

Title: _____