

# DISCHARGE FIELD REPORT

**(Must be Filled Out for EACH Project)**

## PROJECT LOCATION

Municipality: \_\_\_\_\_ Tax Map & Lot # \_\_\_\_\_

Waterbody (or Public Drinking Water source) affected: \_\_\_\_\_

## PROPERTY OWNER(S) INFORMATION

Name(s): \_\_\_\_\_

Physical Address for project: \_\_\_\_\_

Year-round Mailing Address (if different) \_\_\_\_\_

Name of Owner(s) Being Interviewed: \_\_\_\_\_

If this project were selected for funding, is the Owner willing to sign the Owner's Agreement before beginning the project and the Small Community Grant Easement before beginning construction?

\_\_\_\_\_

If this project were selected for funding, but qualified for less than 100%, does the Owner have the ability to pay their share? \_\_\_\_\_

## PROPERTY INFORMATION

Does a building presently exist that is connected to the malfunctioning septic system? \_\_\_\_\_

Type of building (Single family, multifamily, business, etc.) \_\_\_\_\_

Is the building mixed use? If so, describe \_\_\_\_\_

\_\_\_\_\_

Is the building presently vacant? If so, for how long? \_\_\_\_\_

Describe any additional building(s) contributing wastewater flow \_\_\_\_\_

Describe any rental situations and/or apartments \_\_\_\_\_

\_\_\_\_\_

Is the building "owner-occupied"? \_\_\_\_\_

Is the building occupied year-round or seasonally? \_\_\_\_\_

If the building is year-round, was it recently converted from seasonal? \_\_\_\_\_

Has the building recently undergone any significant upgrades or additions? If so, describe \_\_\_\_\_

\_\_\_\_\_

Total Number of Occupants or Employees (per building) \_\_\_\_\_

Total Number of Bedrooms, (per building) \_\_\_\_\_

**DRINKING WATER SUPPLY INFORMATION**

Type of Water Supply \_\_\_\_\_ Is it pressurized? \_\_\_\_\_  
Are there modern plumbing fixtures? \_\_\_\_\_

**WASTE DISPOSAL INFORMATION**

Type of Wastewater System Existing: \_\_\_\_\_  
Year installed \_\_\_\_\_ Wastewater flow rate (if known) \_\_\_\_\_  
Is the system entirely located on the Owner's lot? \_\_\_\_\_  
Type & Volume of septic tank \_\_\_\_\_  
Is there a separate grey water discharge or disposal area? If so, describe \_\_\_\_\_

Is ALL wastewater (black and grey) from the structure(s) connected to the disposal system? \_\_\_\_\_  
Frequency of septic tank pumping \_\_\_\_\_  
Describe the malfunction and other known recent problems \_\_\_\_\_

**WASTE DISPOSAL SYSTEM INSPECTION**

The following was observed (by Municipality official signing this form) during a visual inspection of the system on \_\_\_\_\_ (fill in date):

Please describe how the existing septic system is malfunctioning:

- No apparent problem
- Ponding water or ground soggy
- Surfacing wastewater remaining on the property
- Surfacing wastewater leaving property
- Odors
- Vegetation indicators (such as green lush grass)
- Untreated wastewater entering drainageway or waterbody
- Other: \_\_\_\_\_

The distance between the malfunctioning area and adjacent water body (or public drinking water source) is estimated to be: \_\_\_\_\_.

The path of travel of the leaking wastewater to the water body (or public drinking water source) is described as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACHMENTS**

Please also include the following attachments with the Discharge Field Report:

- Copy of Tax map showing lot(s) involved, adjacent and nearby lots, and roads at readable scale
- Aerial photo (or sketch) showing layout of the building, driveway, and other pertinent features with the approximate location of the existing septic system and failed area indicated.
- Color photos showing the following:
  - a. Close-up of the discharge / malfunctioning area from different angles,
  - b. The building, driveway, and any other nearby structures/trees/roadways, and
  - c. Path of discharge and any receiving waterbodies.

**\*Photos taken when the ground is completely covered in snow are not acceptable documentation of the malfunctioning system\***

*If you would like someone from the DEP to visit the site of the malfunctioning system, please contact the Small Community Grant Coordinator **Robert Hartley** to schedule a time:*

Phone: 207-881-9490

Email: [Robert.W.Hartley@maine.gov](mailto:Robert.W.Hartley@maine.gov)

**SIGNATURE OF LPI / MUNICIPAL OFFICIAL**

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_