



**APPLICATION FOR ADDITION OF TRANSPORTED WASTES IN  
WASTEWATER TREATMENT FACILITIES**

Pursuant to Department of Environmental Protection Rules  
Chapter 555, effective March 9, 2009

This application is to be submitted with a General Application for a Discharge License. A public notice for this submittal is required, either as part of a renewal application or independently if submitted as a modification to an existing license. Please contact the Department for details as necessary.

Please answer all questions clearly and completely, and attach narratives, drawings, etc. as required or appropriate to supplement this form.

I. Applicant Information

Applicant : MEPDES permit number: ME

Contact Person:

Telephone: E-mail:

Treatment facility location:

II Facility information.

A. Treatment facility design data:

Average daily flow:	MGD
Average daily BOD loading	lbs/day
Average daily TSS loading	lbs/day

B. Treatment facility influent information for the most recent 12 months. Please exclude loads from any transported wastes received.

	Average	Maximum
Flow	MGD	MGD
BOD	lbs/day	lbs/day
Suspended Solids	lbs/day	lbs/day

C. Please describe any significant monthly or seasonal variations in these data:

- D. Please list other pollutants (e.g. metals, nutrient, organic compounds) believed to be present in specific transported waste sources other than domestic septage. Attach summaries of testing, if appropriate.

III. Receiving facilities and practices.

- A. Physical location:  
 B. How is access controlled?  
 C. Hours of operation:  
 D. How are volumes measured?  
 E. What methods (such as inspections, source contacts, testing, etc.) and frequencies are used to verify the characteristics of wastes received?

(Note: if a facility proposes to receive wastes of a different nature than previously accepted, advance testing is required. Contact the Department for details.)

- F. Please attach a schematic drawing of the receiving facilities and, if appropriate, a narrative of receiving facility operations, features, limitations, etc.

IV. Nature and volume of transported wastes.

Description of waste.	Use default strength?	Daily maximum volume, gallons	Percent of design flow	Monthly total volume, gallons
Septage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Totals	-----			

\*Chapter 555 contains a default rebuttable presumption that transported wastes have a BOD and TSS concentration of 7,500mg/L and 15,000 mg/L, respectively. Applicants should submit information demonstrating other concentrations for all or specific wastes to be received. In preparation to do so, the Department should be contacted in advance to ensure appropriate information is submitted.

If the total percent of design flow is greater than 1%, section VI must be completed.

V. Handling and treatment. Applicable to all applications.

A. Indicate the proposed treatment method(s) used and the maximum volume for each.

Method	Maximum daily volume, gallons	Percent of design flow	Total volume per month, gallons
Add directly to influent			
Hold & meter to influent			
Add directly solids holding/digestion			
Add directly solids dewatering			
Hold & meter to solids dewatering			
Hold & meter to solids holding/digestion			
Other:			
Other:			

B. Attach a description and/or diagram of waste treatment facilities to be used. Please list all equipment (pumps, tanks, aeration devices, etc.) used, providing sizes or capacities as necessary. Include the relationship of these facilities to downstream wastewater or sludge treatment processes.

C. Attach a Transported Waste Management and Operational plan that will be followed for holding and treatment of transported wastes in compliance with Chapter 555.

VI. If the proposed volume of transported wastes more than 1% of the design flow (see item IV(A)), please attach information for each of the following.

A. A description of management practices and other controls that will be followed to prevent adverse impacts from odors on the surrounding community, including attested copies of any relevant ordinances;

B. A description of management practices and other controls that will be followed to prevent adverse impacts from transporter traffic on the surrounding community, including attested copies of any relevant ordinances;

C. A description of the treatment method(s) to be used and the quantity of wastes consigned to each;

D. The pollutant loadings in pounds per day for BOD, TSS and other identified pollutants of concern that each side stream treatment method places on subsequent wastewater treatment process units;

- E. A narrative description of the operational practices and procedures that will be used to minimize the impact of transported wastes on wastewater treatment processes, the quality of the effluent discharged, and sludge disposal practices. This may include operational plans for side stream treatment or storage and how they are managed in concert with overall facility operations; and
- F. An analysis of additional facility staffing or operation needs, created by the transported wastes received and, where necessary, a description of how those needs will be met.

VII. Other considerations and records.

- A. Does the facility propose to add transported wastes to the treatment or solids handling processes at times when the daily influent flow is above the design?  
 Yes     No

If yes, please attach a copy of the facility's current high flow management plan that specifically describes how transported wastes will be managed such that transported wastes will be introduced into the treatment process or solids handling system only when all treatment units have sufficient capacity and are functioning properly, there are no diversions of flow within the facility and there are no effluent quality violations. The high flow management plan will, as necessary, specify limitations on the amount of transported waste to be added or the means or rates of addition

- B. Please describe any anticipated impacts on sludge quality or disposal practices.
- C. Please describe the record keeping systems that will be used to track transported wastes received and treated, including any adverse impacts or citizen complaints.
- D. Please describe what formal agreements that will be used with waste haulers, such as license, contracts or written authorizations and the means for enforcing them.

VIII. Certification.

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.

By:

Signature: \_\_\_\_\_ Date:  
Printed Name:  
Title:

After completing the application, submit 2 copies to:

Maine Department of Environmental Protection  
Bureau of Land and Water Quality  
Division of Water Quality Management  
State House Station 17  
Augusta, Maine 04333-0017