Please send completed application to:

Attn: GERALDINE TRAVERS
Solid Waste Program
17 State House Station
Augusta, ME 04333-0017
Telephone: (207) 287-7688

Request to Surrender a License for an Agronomic Utilization Program

Use this form if you want to surrender an agronomic utilization program license. See Department Regulations – *Agronomic Utilization of Residuals*, 06-096 CMR 419(2)(H) and/or (12)(D). You may not use the license once you have submitted this form. The Department will notify you when we approve this surrender request, at which point you will not be required to pay license fees on the site.

License Holder Name					
License Holder Address1					
License Holder Address2					
City		State		Zip	
Telephone		Fax			
E-mail Address					
Contact Person Name					
Contact Person Address1					
Contact Person Address 2					
City		State		Zip	
Site License Number	S-				
Project Analyst					
Type of Residual Used (e.g. sludge, ash, etc.)					
Last date that residuals were distributed for utilization					

Have all residuals transported to utilization sites been utilized or removed from the site in accordance with Department rules and regulations?	Yes ☐	No ☐
Have associated field stacking sites been harrowed, reseeded, and do they sustain a healthy ground cover?	Yes ☐	No ☐
Have all applicable standards in 06-096 CMR 419(2)(H) and/or (12)(D) been met?	Yes ☐	No ☐

The Department recommends, but does not require, that you obtain final representative soil samples from utilization sites and analyze the samples for nutrients and heavy metals. If you have obtained such samples, please attach the analytical results. If you plan to take samples, please forward the analytical results to the Department upon your receipt.

Certification

I certify under penalty of law that I have personally examined the information submitted in this document and all attachments thereto, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate, and complete.

Date		Authorized Signature	
		Title	
(If other than applicant, attach letter of agent authorization)			

DEP USE ONLY

This request has been approved ☐ Authorized signature:_____

This request has not been approved ☐ Date: