Please send completed application to:

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

Notification of Site Closure and Request to Surrender a License for a Residual Storage Site

Use this form if you want to close a utilization site and surrender the site license. See Department Regulations – *Agronomic Utilization of Residuals*, 06-096 C.M.R. ch. 419 § 13(D). You may not use the license once you have submitted this form. The Department will notify you when we approve this closure and surrender request, at which point you will not be required to pay license fees for 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					
Owner of Site		Operator of Site			
Location of Project (Town)					
Directions to Site					
Type of residual stored at site					
Last date that residuals were stored at the site					

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 C.M.R. ch. 419 § 13(D) been met?	Yes ☐	No ☐

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:_____