

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 an Agronomic Utilization 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 §§ 2(H) and/or 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 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			
Owner of Site		Operator of Site	
Location of Project (Town)			
Directions to Site			
Type of residual spread on site			
Last date that residuals were spread on the site			

MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION

Have all residuals transported to utilization sites been utilized or removed from the site in accordance with Department rules and regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have associated field stacking sites been harrowed, reseeded, and do they sustain a healthy ground cover?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have all applicable standards in 06-096 C.M.R. ch. 419 §§ 2(H) and/or 13(D) been met?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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	<input type="checkbox"/> Authorized signature: _____
This request has not been approved	<input type="checkbox"/> Date: _____