

MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION

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 Reduced Procedure or General Procedure Composting Facility

Use this form if you want to close a reduced procedure or general procedure composting facility and surrender the site license. See Department Regulations – *Composting Facilities*, 06-096 CMR 410(4)(I). 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
DEP Site License Number				
Project Analyst				
Owner of Site		Operator of Site		
Location of Facility (Town)				
Directions to Site				
Please describe all wastes handled at the site (e.g. fish waste, leaves, manure, sludge, etc.)				
Last date composting took place at the site				

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Was closure plan submitted to the Department at least 90 days prior to proposed date of closure?	Yes	No
Date closure plan submitted to the Department		
Have all wastes, compost, secondary materials, leachate and leachate-contaminated sediments, and residue, including compost screenings been removed from the site?	Yes	No
Have all site soils been stabilized in accordance with Maine erosion and sediment control BMPs?	Yes	No
Have the facility structures and equipment been broom cleaned?	Yes	No
Have all applicable standards in 06-096 CMR 410(4)(I) 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 <input type="checkbox"/>	Authorized signature: _____
This request has not been approved <input type="checkbox"/>	Date: _____