

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 Permit-By-Rule Composting Facility

Use this form if you want to close a permit-by-rule leaf and yard waste composting facility and surrender the site license. See Department Regulations – *Composting Facilities*, 06-096 CMR 410(5)(B)(15). 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		S-					
Project Analyst							
Owner of Site				Operator of Site			
Location of Facility (Town)							
Directions to Site							
Last date composting took place at the site							
Have all wastes, compost, secondary materials, and residue, including compost screenings been removed from the site?				Yes	No		
Have the facility structures and equipment been broom cleaned?				Yes	No		
Have all applicable standards in 06-096 CMR 410(5)(B)(15) 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)			

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