

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) 287-76888

Notification of Site Closure and Request to Surrender a License for Septage Utilization, Septage Non-Utilization or Septage Storage Site

Use this form if you want to close a septage utilization, septage non-utilization or septage storage site and surrender the site license. See Department Regulations - *Septage Management Rules*, 06-096 CMR 420(10) and/or (16). 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					
Last date that septage was spread/stored at the site					
Has all septage stored at the site been spread or removed?		Yes	No		
Have all applicable standards in 06-096 CMR 420(10) and/or (16) been met?		Yes	No		

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The Department recommends, but does not require, that you obtain final representative soil samples from septage utilization and non-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: _____