

DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Solid Waste Program
 17 State House Station
 Augusta, Maine 04333-0017
 Telephone: (207) 287-2651

FOR DEP USE ONLY			
ATS ID: _____	Seq: _____	DEP ID: _____	Received by DEP: _____
Bureau: <u>S</u>	Type of Application: <u> </u>	Activity: <u>C</u>	Fees Paid: _____
Project Analyst: _____			Check No.: _____

APPLICATION FOR ORDER OF COMPLIANCE WITH A SOLID WASTE LICENSE CONDITION

This form shall be used to demonstrate compliance with Special Conditions on a solid waste facility license that require review and approval by the Board or Department of Environmental Protection.

PLEASE SEE ATTACHED FEE SCHEDULE TO DETERMINE THE APPLICATION FEE FOR A CONDITION COMPLIANCE

PLEASE TYPE OR PRINT

Company Name: _____ Telephone: _____
 Applicant's Last Name: _____ First Name: _____
 Contact Person: _____ Telephone: _____

Address Information

Address Type:	<u>Applicant</u>	Address Type:	<u>Agent/Consultant</u>
Name:	_____	Name:	_____
Telephone:	_____	Telephone:	_____
Secondary Address:	_____	Secondary Address:	_____
Delivery Address:	_____	Delivery Address:	_____
Town:	_____ State: <u> </u> Zip: _____	Town:	_____ State: <u> </u> Zip: _____
Country:	_____	Country:	_____

Address Type:	<u>Billing</u>	Address Type:	<u>Owner</u>
Name:	_____	Telephone:	_____
Secondary Address:	_____	Secondary Address:	_____
Delivery Address:	_____	Delivery Address:	_____
Town:	_____ State: <u> </u> Zip: _____	Town:	_____ State: <u> </u> Zip: _____
Country:	_____	Country:	_____

Site/Activity Information

Project Description: DEP License #S- _____ - Compliance with Condition # _____
 Location: _____ Directions: _____

PLEASE SEE OTHER SIDE OF SHEET - SIGNATURE REQUIRED

REQUIRED INFORMATION

- 1. Existing DEP permit number: _____
- 2. Permit condition number(s): _____
- 3. Summary of the information being provided (attach 2 copies of all supporting documentation): _____

- 4. Name of DEP Project Manager for facility (if known): _____

SIGNATURE OF APPLICANT

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. I, the property owner or lessee, authorize the Department to enter the property that is the subject of this application, at reasonable hours, including buildings, structures or conveyances on the property, to determine the accuracy of any information provided herein. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE: _____

NAME: _____
(Applicant)

TITLE: _____
(If other than applicant, attach letter of agent authorization.)

- END -