

Please send completed application to:

Attn: GERALDINE TRAVERS  
 Solid Waste Program  
 17 State House Station  
 Augusta, ME 04333-0017  
 Telephone: (207) 287-7688

## Request to Surrender a License for an Agronomic Utilization Program

Use this form if you want to surrender an agronomic utilization program license. See Department Regulations – *Agronomic Utilization of Residuals*, 06-096 CMR 419(2)(H) and/or (12)(D). You may not use the license once you have submitted this form. The Department will notify you when we approve this 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   |    |       |  |     |                          |    |                          |
| Type of Residual Used (e.g. sludge, ash, etc.)  |    |       |  |     |                          |    |                          |
| Last date that residuals were distributed for utilization   |    |       |  |     |                          |    |                          |
| 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 CMR 419(2)(H) and/or (12)(D) been met?  |    |       |  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION

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: _____                 |