

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>WS</u> or <u>WT</u> or <u>WU</u>	Activity: <u>N</u>	Fees Paid: _____
Project Analyst: _____			Check No.: _____

APPLICATION FOR DISPOSAL OF SPECIAL WASTE

This form shall be used to request approval, pursuant to 38 MRSA, Section 1301 et seq., and Maine's Solid Waste Management Regulations, for the disposal of special waste.

PLEASE TYPE OR PRINT

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

Address Information

Address Type: Applicant

Address Type: Agent/Consultant

Name: _____	Name: _____
Telephone: _____	Telephone: _____
Secondary Address: _____	Secondary Address: _____
Delivery Address: _____	Delivery Address: _____
Town: _____ State: ____ Zip: _____	Town: _____ State: ____ Zip: _____
Country: _____	Country: _____

Address Type: Billing

Address Type: Owner

Name: _____	Name: _____
Telephone: _____	Telephone: _____
Secondary Address: _____	Secondary Address: _____
Delivery Address: _____	Delivery Address: _____
Town: _____ State: ____ Zip: _____	Town: _____ State: ____ Zip: _____
Country: _____	Country: _____

Site/Activity Information

Project Description: Special Waste Disposal – New Waste volume - _____

This application is for: one time disposal or on-going disposal (check one)

Location: _____ Directions: _____

PLEASE SEE OTHER SIDE OF SHEET - SIGNATURE REQUIRED

SIGNATURE OF APPLICANT

By signing this application, the applicant certifies that he or she has: (1) filed a complete copy of this application in the municipal office of the municipality in which the project is located, (2) reviewed the instructions contained in this application form, and (3) reviewed the appropriate state laws that relate to the proposed project. The applicant also certifies that if this is an application for on-going disposal, he or she has: (4) published the public notice form once in a newspaper circulated in the area where the project is located, (5) sent a copy of the public notice form to the owners of property abutting the land upon which the project is located, (6) sent a copy of the public notice form to the chief municipal officer and chair of the municipal planning board of the municipality in which the project is located

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 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.)

INSTRUCTIONS

1. **Please refer to Chapters 400 and 405 of the "Maine Solid Waste Management Regulations" to understand the standards and requirements for the acceptance of solid waste for disposal in a landfill.** If you have any questions that arise at any point during the application or review process, please contact the DEP Solid Waste Program staff.
2. **Fill out the application completely.** INCOMPLETE APPLICATIONS WILL BE RETURNED, CAUSING UNNECESSARY DELAYS IN THE REVIEW PROCESS.
3. Submit to the Department the application along with copies of the waste characterization results and a check for the appropriate application fee made payable to "Treasurer, State of Maine".
4. **Keep a copy** of this completed form for your files. This copy will be helpful in communications with the DEP staff if any questions arise during the review of a project.

PLEASE SEE ATTACHED FEE SCHEDULE TO DETERMINE THE APPLICATION FEE FOR THE ONE TIME OR ON-GOING DISPOSAL OF SPECIAL WASTE

REQUIRED APPLICATION INFORMATION FOR THE DISPOSAL OF SPECIAL WASTE

- 1. Name and address of generator:**
- 2. Generator contact:**
Telephone #:
- 3. Material proposed for disposal:**
- 4. Volume proposed for disposal:**
- 5. Landfill cell to be disposed in:**
- 6. Summarize the waste sampling and analysis protocol used to characterize this waste.**
- 7. Is this waste compatible with other wastes previously disposed of in this portion of the landfill? Explain.**
- 8. Is this waste compatible with the landfill design characteristics? Explain.**
- 9. Does this waste possess any corrosive or reactive properties that could affect landfill components? Explain.**
- 10. Does this waste possess any grain size or soil binding properties that could clog the leachate collection system? Explain.**
- 11. What is the water content of the waste? _____
Will this cause the leachate collection system to become overloaded? Explain.**
- 12. Is this waste stable enough to be disposed of in this portion of the landfill using standard practices? Explain.**
- 13. Will any special handling procedures be used during disposal of this waste? Explain.**
- 14. Will there be any additions to the current surface water and/or groundwater monitoring programs? Explain.**
- 15. Additional information and comments.**