

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

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: Town of Hartland Telephone: 207-938-4401
Applicant's Last Name: _____ First Name: _____
Contact Person: Chris Littlefield Telephone: 207-938-4401

Address Information

Address Type: <u>Applicant</u>	Address Type: <u>Agent/Consultant</u>
Name: <u>Town of Hartland</u>	Name: <u>TRC</u>
Telephone: <u>207-938-4401</u>	Telephone: <u>207-620-3768</u>
Secondary Address: <u>21 Elm St</u>	Secondary Address: _____
Delivery Address: <u>PO Box 280</u>	Delivery Address: <u>14 Gabriel Dr</u>
Town: <u>Hartland</u> State: <u>ME</u> Zip: <u>04943</u>	Town: <u>Augusta</u> State: <u>ME</u> Zip: <u>04330</u>
Country: <u>US</u>	Country: <u>US</u>

Address Type: <u>Billing</u>	Address Type: <u>Owner</u>
Name: <u>Town of Hartland</u>	Telephone: <u>Same</u>
Secondary Address: <u>21 Elm St</u>	Secondary Address: _____
Delivery Address: <u>PO Box 280</u>	Delivery Address: _____
Town: <u>Hartland</u> State: <u>ME</u> Zip: <u>04943</u>	Town: _____ State: _____ Zip: _____
Country: <u>US</u>	Country: _____

Site/Activity Information

Project Description: DEP License #S-003463-07-B-N - Compliance with Condition # _____
Location: Hartland Landfill Directions: Take Rt 152 north from Pittsfield, Turn left onto Rt 151/43 and veer to the right at the wye. The landfill is located .36 miles on the left.

PLEASE SEE OTHER SIDE OF SHEET - SIGNATURE REQUIRED

REQUIRED INFORMATION

- 1. Existing DEP permit number: L-003463-07-B-N
- 2. Permit condition number(s): 15 and 16
- 3. Summary of the information being provided (attach 2 copies of all supporting documentation): _____
This submittal includes the Phase IV design including: Drawings, engineering report, bid specifications, construction quality control program.

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

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: 5/24/21

NAME: Christy Lynn Lupton
(Applicant)

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

- END -