HMI Operating Plan

Current Operators

Be it known that:

KEVIN C CAMPBELL

is hereby granted certification # 003441 pursuant to RSA 149-M and the NH Solid Waste Rules as a

Level 4 Solid Waste Facility Operator

and is authorized accordingly to work at New Hampshire solid waste facilities.

This Certification Expires On
11/4/2014

NHDES

Issue Date
4/27/2013

Michael J. Wimsatt, Director
Waste Management Division

MAILED IN RECERT FORM ON 12/29/14

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

SOLID WASTE OPERATOR CERTIFICATION

ANNUAL RENEWAL APPLICATION

PLEASE MAKE CORRECTIONS AND PROVIDE ANY MISSING INFORMATION.

1. Operator Information

KEVIN C CAMPBELL
12 FACULTY ROAD
DURHAM NH 03824-

Home Phone: (603) 868-3323
E-Mail: KEVIN@HARDINGMETALS.COM
Certificate #: 003441
Level: PRINCIPAL OPERATOR, Step 4
Expiration Date: 11/4/2014

2. Current Employer Information

Facility Name: HARDING METALS RECYCLING
Facility Address: PO BOX 418
Town, State, Zip Code +4: DURHAM NH 03824-
Work Phone: (603) 942-5573
Work E-Mail: KEVIN @ hardingmetals.com
Supervisor's Name, Title:
Job Title/Position EHR MANAGER

3. Verification of continuing professional development taken within 12 months of your expiration date

Date(s)	Title/Subject
12/12/14	S.W. Facility Managers - What you need to Know

I have attached verification of attendance. Yes No (Not required if provided by DES)

4. Enforcement Action(s)

Have you owned or been in responsible charge of any hazardous or solid waste facility that has been the subject of an administrative or judicial enforcement action for a violation of environmental statutes or rules in any part of the 12-month period prior to the date of application? Yes No

If yes, please provide a brief explanation and description of each enforcement action.

Be it known that:

ROBERT L CHADBOURN III

is hereby granted certification # 002496 pursuant to RSA 149-M and the NH Solid Waste Rules as a

Level 4 Solid Waste Facility Operator

and is authorized accordingly to work at New Hampshire solid waste facilities.

This certification expires on 2/17/2015.

NHDES

Michael J. Wimsatt, Director
Waste Management Division

MAILED IN RECERT FORM 12/29/14

NHDES-S-05-038

SOLID WASTE FACILITY OPERATOR CERTIFICATION RENEWAL APPLICATION

Waste Management Division/Solid Waste Management/SWOT

RSA 149-M/Env-Sw 1600

For DES Use Only
Check Amount _____
Check # _____
Notes: _____

1. Operator Information

Robert — Chadbourn
First Name — MI — Last Name — Suffix

272 BOW STREET — NORTHWOOD — NH — 03261
Residential Mailing Address — Town / City — State — Zip

(603) 942-5573 — rchadbourn@gmail.com
Daytime Phone — Personal E-mail Address

2. Current Certification

002496 — 2/17/15
Certificate Number — Expiration Date

3. Current Employer Information (If you are employed at more than one NH facility, please provide information for all facilities. If you need more space, attach an additional sheet.)

HARDING METALS INC
Facility Name

HARDING DRIVE — NORTHWOOD — NH — 03261
Mailing Address — Town / City — State — Zip

(603) 942-5573 — ROBERT@HARDINGMETALS.COM
Daytime Phone — Work E-mail Address — Supervisor's Name & Title

Job Title/Position: MANAGER - SUPERVISOR

Description of Job Duties: Dispatching Drivers, Supervising yard activities

Has any of the above information changed since last renewal/certification? ☐ Yes ☒ No

Be it known that:

RYAN H CHADBOURN

is hereby granted certification # 004001 pursuant to RSA 149-M and the NH Solid Waste Rules as a

Level 4 Solid Waste Facility Operator

and is authorized accordingly to work at New Hampshire solid waste facilities.

This certification expires on 3/6/2015.

NHDES

Michael J. Wimsatt, Director
Waste Management Division

MAILED IN RECERT FORM 12/29/14

NHDES-S-05-038

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

SOLID WASTE FACILITY OPERATOR CERTIFICATION RENEWAL APPLICATION

Waste Management Division/Solid Waste Management/SWOT

RSA 149-M/Env-Sw 1600

For DES Use Only
Check Amount _____
Check # _____
Notes: _____

1. Operator Information

First Name	MI	Last Name	Suffix
Ryan	H	Chad Bourn	

Residential Mailing Address	Town / City	State	Zip
Po Box 206	Northwood	NH	03261

Daytime Phone	Personal E-mail Address
(603) 942 5573	RHC463@aol.com

2. Current Certification

Certificate Number	Expiration Date
004001	3/6/2015

3. Current Employer Information (If you are employed at more than one NH facility, please provide information for all facilities. If you need more space, attach an additional sheet.)

Facility Name: HARDING METALS INC

Mailing Address	Town / City	State	Zip
Po Box 418	NORTHWOOD	NH	03261

Daytime Phone	Work E-mail Address	Supervisor's Name & Title
(603) 942 5573	RYAN@hardingmetals.com	DAN DALEY, General Manager

Job Title/Position: Office Manager

Description of Job Duties:
Supervise office activities, supervise peddler area + Spinner operations.

Has any of the above information changed since last renewal/certification? ☐ Yes ☒ No

Northeast Resource Recovery Association

33rd Annual Northeast Recycling Conference & Exposition
June 9-10th, 2014 - Manchester, NH

Ryan Chadbourn

CERTIFICATE OF ATTENDANCE

6.5 Hours NH DES Credit

Michael Durfor
Michael Durfor, Executive Director

"Partnering to Make Recycling Strong Through Economic & Environmentally Sound Solutions"

Be it known that:

JOHN A GAYHART

is hereby granted certification # 002497 pursuant to RSA 149-M and the NH Solid Waste Rules as a

Level 1 Solid Waste Facility Operator

and is authorized accordingly to work at New Hampshire solid waste facilities.

This certification expires on 2/17/2015.

NHDES

Michael J. Wimsatt, Director
Waste Management Division

The State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES

Thomas S. Burack, Commissioner

Employee Record training, lost Cert.

January 13, 2014

JUSTIN GOODWIN
9 BIRCH STREET
NORTHWOOD NH 03261

Subject: Application for Solid Waste Facility Operator Certification

Dear Solid Waste Facility Operator:

The NH Department of Environmental Services (DES) has received your application for Solid Waste Facility Operator Certification. You are approved for *interim certification* and will become fully certified when you successfully complete the initial training and test provided by DES. You have been scheduled for the Thursday, March 6, 2014 class to be held in Concord.

This letter will suffice as proof of your interim certification. Please keep it on hand at the solid waste facility where you work so that DES inspectors can easily verify your status as an interim certified solid waste facility operator.

Please visit the DES Solid Waste Operator Certification website at: http://des.nh.gov/organization/divisions/waste/swrtas/index.htm for more information about the Operator Certification Program or email your questions to solidwasteinfo@des.nh.gov. If you do not have access to the Internet, please phone us from 8 am – 4 pm Monday – Friday at 271-2925.

Sincerely,

Sharon A. Yergeau

Sharon A. Yergeau, Supervisor
Solid Waste Compliance Assurance Section

CLASS DETAILS
Date: Thursday, March 6, 2014
Location: 29 Hazen Drive, Concord, NH
Time: Registration - 8:00 a.m. Class - 8:30 a.m. Testing begins at 2:30 p.m.
Morning refreshments and lunch are provided.

Be it known that:

EDWIN K HARDING IV

is hereby granted certification # 004019 pursuant to RSA 149-M and the NH Solid Waste Rules as a

Level 4 Solid Waste Facility Operator

and is authorized accordingly to work at New Hampshire solid waste facilities.

This certification expires on 3/6/2015.

NHDES

Michael J. Wimsatt, Director
Waste Management Division

MAILED IN RECERT FORM 12/29/14

NHDES-S-05-038

SOLID WASTE FACILITY OPERATOR CERTIFICATION RENEWAL APPLICATION

Waste Management Division/Solid Waste Management/SWOT

RSA 149-M/Env-Sw 1600

For DES Use Only
Check Amount _____
Check # _____
Notes: _____

1. Operator Information

Edwin — Harding II

First Name — MI — Last Name — Suffix

22 Foss Farm Rd — Durham — NH — 03824

Residential Mailing Address — Town / City — State — Zip

(603) 369-7200 — Eds@HardingMetals.com

Daytime Phone — Personal E-mail Address

2. Current Certification

004019 — 3/6/2015

Certificate Number — Expiration Date

3. Current Employer Information (If you are employed at more than one NH facility, please provide information for all facilities. If you need more space, attach an additional sheet.)

HARDING METALS INC

Facility Name

PO 418 — Northwood — NH — 03261

Mailing Address — Town / City — State — Zip

(603) 942-5573 — Eds@HARDINGMetals.com

Daytime Phone — Work E-mail Address — Supervisor's Name & Title

Job Title/Position: _____

Description of Job Duties:

Has any of the above information changed since last renewal/certification? ☐ Yes ☒ No

Northeast Resource Recovery Association

33rd Annual Northeast Recycling Conference & Exposition
June 9-10th, 2014 - Manchester, NH

Eds Harding

CERTIFICATE OF ATTENDANCE

6.5 Hours NH DES Credit

Michael Durfor
Michael Durfor, Executive Director

"Partnering to Make Recycling Strong Through Economic & Environmentally Sound Solutions"

Be it known that:

JOSHUA PAIGE

is hereby granted certification # 004044 pursuant to RSA 149-M and the NH Solid Waste Rules as a

Level 1 Solid Waste Facility Operator

and is authorized accordingly to work at New Hampshire solid waste facilities.

This certification expires on 3/6/2015.

NHDES

Michael J. Wimsatt, Director
Waste Management Division

Be it known that:

SCOTT PHINNEY

is hereby granted certification # 004047 pursuant to RSA 149-M and the NH Solid Waste Rules as a

Level 1 Solid Waste Facility Operator

and is authorized accordingly to work at New Hampshire solid waste facilities.

This certification expires on 3/6/2015.

NHDES

Michael J. Wimsatt, Director
Waste Management Division

Be it known that:

JAMES THEODORE

is hereby granted certification # 004510 pursuant to RSA 149-M and the NH Solid Waste Rules as a

Level 1 Solid Waste Facility Operator

and is authorized accordingly to work at
New Hampshire solid waste facilities.

This certification expires on 3/6/2015.

NHDES

Michael J. Wimsatt, Director
Waste Management Division

HMI Operating Plan

Expired Operators

NHDES

Cert. No. 002584

Exp. Date 6/2/2014

Pursuant to RSA 149-M and Env-Sw 1600

WESLEY L. BLANCHARD

is certified as a Level 2 Solid Waste Facility Operator in the State of NH.

Michael J. Wimsatt, Director
Waste Management Division

NHDES-S-05-028

SOLID WASTE FACILITY OPERATOR CERTIFICATION
INITIAL APPLICATION
Waste Management Division/Solid Waste Management/SWOT

RSA 149-M/Env-Sw 1600

For DES Use Only
Check Amount _____
Check # _____
Notes: _____

☐ Check here to change certification status from Assistant Operator to Principal Operator.

1) Applicant Information

Name: Wesley (First) ____ (MI) ____ Blanchard (Last)

Home Mailing Address: _____
Street / PO Box Town / City State Zip

Daytime Telephone: _____ Personal E-mail: _____

2) Previous Certification(s)

Have you held any previous NH Solid Waste Operator certification(s)? ☒ Yes ☐ No

If yes, please provide the certificate number(s). 002584

3) Current Employment

Are you currently working at a NH facility, whether on a paid or unpaid basis? ☐ Yes ☐ No

If yes, please provide the following:

Facility Name: _____

Facility Mailing Address: _____
Street / PO Box Town / City State Zip

Facility Telephone: _____ Facility E-mail: _____

Supervisor or Facility Manager Name: _____

Current Title/Position: _____

Description of Job Duties:

_____

_____

_____

_____

_____

Be it known that:

DANIEL B DALEY

is hereby granted certification # 0012121 pursuant to RSA 149-M and the NH Solid Waste Rules as a

Level 4 Solid Waste Facility Operator

and is authorized accordingly to work at New Hampshire solid waste facilities.

This Certification Expires On
4/3/2014

NHDES

Issue Date
7/26/2013

Michael J. Wimsatt, Director
Waste Management Division

MAILED IN INTIAL Applicaton 12/29/14

NHDES-S-05-028

SOLID WASTE FACILITY OPERATOR CERTIFICATION
INITIAL APPLICATION
Waste Management Division/Solid Waste Management/SWOT

RSA 149-M/Env-Sw 1600

For DES Use Only
Check Amount _____
Check # _____
Notes: _____

☐ Check here to change certification status from Assistant Operator to Principal Operator.

1) Applicant Information

Name: Daniel (First) _____ (MI) Daley (Last)

Home Mailing Address: 127 (Street / PO Box) NORTHWOOD (Town / City) NH (State) 03261 (Zip)

Daytime Telephone: 942-5573 Personal E-mail: DAN@HARDINGMETALS.COM

2) Previous Certification(s)

Have you held any previous NH Solid Waste Operator certification(s)? ☒ Yes ☐ No

If yes, please provide the certificate number(s). 0012121

3) Current Employment

Are you currently working at a NH facility, whether on a paid or unpaid basis? ☒ Yes ☐ No

If yes, please provide the following:

Facility Name: HARDING METALS INC.

Facility Mailing Address: 418 (Street / PO Box) NORTHWOOD (Town / City) NH (State) 03261 (Zip)

Facility Telephone: 942-5573 Facility E-mail: _____

Supervisor or Facility Manager Name: DAN DALEY

Current Title/Position: GM

Description of Job Duties:

SCHEDULE BALING OPERATIONS
SELL SCRAP MATERIAL
OVERSEE DAILY OPERATIONS

Be it known that:

EDWARD M DUHAIME

is hereby granted certification # 002583 pursuant to RSA 149-M and the NH Solid Waste Rules as a

Level 2 Solid Waste Facility Operator

and is authorized accordingly to work at New Hampshire solid waste facilities.

This Certification Expires On
6/2/2014

NHDES

Issue Date
8/14/2013

Michael J. Wimsatt, Director
Waste Management Division

MAILED IN INITIAL Application 12/29/14

NHDES-S-05-028

SOLID WASTE FACILITY OPERATOR CERTIFICATION
INITIAL APPLICATION
Waste Management Division/Solid Waste Management/SWOT

RSA 149-M/Env-Sw 1600

For DES Use Only
Check Amount _____
Check # _____
Notes: _____

☐ Check here to change certification status from Assistant Operator to Principal Operator.

1) Applicant Information

Name: Edward Duhaime
First MI Last

Home Mailing Address: PO Box 863 Salem NH 03079
Street / PO Box Town / City State Zip

Daytime Telephone: 355-3555 Personal E-mail: ---

2) Previous Certification(s)

Have you held any previous NH Solid Waste Operator certification(s)? ☒ Yes ☐ No

If yes, please provide the certificate number(s). 002583

3) Current Employment

Are you currently working at a NH facility, whether on a paid or unpaid basis? ☒ Yes ☐ No

If yes, please provide the following:

Facility Name: HARDING METALS, INC

Facility Mailing Address: P.O. BOX 418 NORTHWOOD, NH 03261
Street / PO Box Town / City State Zip

Facility Telephone: 603-942-5573 Facility E-mail: Kevin@hardingmetals.com

Supervisor or Facility Manager Name: Robert Cloutbaum

Current Title/Position: ~~MANAGER~~ MATERIAL HANDLER

Description of Job Duties:

- LOAD & UNLOAD TRUCKS -

Be it known that:

JOSEPH J HARDING

is hereby granted certification # 001224 pursuant to RSA 149-M and the NH Solid Waste Rules as a

Level 4 Solid Waste Facility Operator

and is authorized accordingly to work at New Hampshire solid waste facilities.

This Certification Expires On
4/3/2014

NHDES

Issue Date
4/27/2013

Michael J. Wimsatt, Director
Waste Management Division

MAILED IN INITIAL Appl. etc. 12/28/12

NHDES-S-05-028

SOLID WASTE FACILITY OPERATOR CERTIFICATION
INITIAL APPLICATION
Waste Management Division/Solid Waste Management/SWOT

RSA 149-M/Env-Sw 1600

For DES Use Only
Check Amount _____
Check # _____
Notes: _____

☐ Check here to change certification status from Assistant Operator to Principal Operator.

1) Applicant Information

Name: Joseph Harding
First MI Last

Home Mailing Address: 25 SUMAC LANE DURHAM NH 03824
Street / PO Box Town / City State Zip

Daytime Telephone: 603 235 3550 Personal E-mail: JOE@HARDINGMETALS.COM

2) Previous Certification(s)

Have you held any previous NH Solid Waste Operator certification(s)? ☒ Yes ☐ No

If yes, please provide the certificate number(s). 001224

3) Current Employment

Are you currently working at a NH facility, whether on a paid or unpaid basis? ☒ Yes ☐ No

If yes, please provide the following:

Facility Name: Harding Metals, Inc

Facility Mailing Address: P.O. Box 419 NORTHWOOD NH 03261
Street / PO Box Town / City State Zip

Facility Telephone: 603-942-5573 Facility E-mail: Kevin@hardingmetals.com

Supervisor or Facility Manager Name: _____

Current Title/Position: V.P.

Description of Job Duties:

INTERACTION with Customers, Providing Pricing to customers, obtaining new business, Directing operations

Be it known that:

RHEAL J ST. GERMAIN

is hereby granted certification # 002557 pursuant to RSA 149-M and the NH Solid Waste Rules as a

Level 1 Solid Waste Facility Operator

and is authorized accordingly to work at New Hampshire solid waste facilities.

This Certification Expires On

6/2/2014

NHDES

Issue Date

7/26/2013

Michael J. Wimsatt, Director
Waste Management Division

NHDES-S-05-028

SOLID WASTE FACILITY OPERATOR CERTIFICATION
INITIAL APPLICATION
Waste Management Division/Solid Waste Management/SWOT

RSA 149-M/Env-Sw 1600

For DES Use Only
Check Amount _____
Check # _____
Notes: _____

☐ Check here to change certification status from Assistant Operator to Principal Operator.

1) Applicant Information

Name: Rheal St. Germain
First MI Last

Home Mailing Address: _____
Street / PO Box Town / City State Zip

Daytime Telephone: _____ Personal E-mail: _____

2) Previous Certification(s)

Have you held any previous NH Solid Waste Operator certification(s)? ☒ Yes ☐ No

If yes, please provide the certificate number(s). 002557

3) Current Employment

Are you currently working at a NH facility, whether on a paid or unpaid basis? ☐ Yes ☐ No

If yes, please provide the following:

Facility Name: _____

Facility Mailing Address: _____
Street / PO Box Town / City State Zip

Facility Telephone: _____ Facility E-mail: _____

Supervisor or Facility Manager Name: _____

Current Title/Position: _____

Description of Job Duties:

_____

_____

_____

_____

_____

HMI Operating Plan

Intern Operators

NHDES-S-05-028

SOLID WASTE FACILITY OPERATOR CERTIFICATION
INITIAL APPLICATION
Waste Management Division/Solid Waste Management/SWOT

RSA 149-M/Env-Sw 1600

For DES Use Only
Check Amount _____
Check # _____
Notes: _____

☐ Check here to change certification status from Assistant Operator to Principal Operator.

1) Applicant Information

Name: Nathan (First) _____ MI _____ Arnold. (Last)

Home Mailing Address: 253 1st Hill turnpike (Street / PO Box) (Town / City) (State) (Zip)

Daytime Telephone: 978-727-1680 Personal E-mail: _____

2) Previous Certification(s)

Have you held any previous NH Solid Waste Operator certification(s)? ☐ Yes ☑ No

If yes, please provide the certificate number(s). _____

3) Current Employment

Are you currently working at a NH facility, whether on a paid or unpaid basis? ☑ Yes ☐ No

If yes, please provide the following:

Facility Name: Harding Metals, Inc

Facility Mailing Address: P.O. Box 418 (Street / PO Box) Northwood (Town / City) NH (State) 03261 (Zip)

Facility Telephone: 603-942-5573 Facility E-mail: Ryan@hardingmetals.com

Supervisor or Facility Manager Name: Ryan Cloudbourn

Current Title/Position: LABORER

Description of Job Duties: Sort Materials, Assist with customers

HOUSE KEEPING.

MAILED IN 12/29/14

NHDES-S-05-028

SOLID WASTE FACILITY OPERATOR CERTIFICATION
INITIAL APPLICATION
Waste Management Division/Solid Waste Management/SWOT

RSA 149-M/Env-Sw 1600

For DES Use Only
Check Amount _____
Check # _____
Notes: _____

☐ Check here to change certification status from Assistant Operator to Principal Operator.

1) Applicant Information

Name: Edward (First) Good (MI) brand (Last)

Home Mailing Address: 136 B. Charles St. (Street / PO Box) Rochester (Town / City) NH (State) 03867 (Zip)

Daytime Telephone: (603) 592-3361 Personal E-mail: _____

2) Previous Certification(s)

Have you held any previous NH Solid Waste Operator certification(s)? ☐ Yes ☒ No

If yes, please provide the certificate number(s). _____

3) Current Employment

Are you currently working at a NH facility, whether on a paid or unpaid basis? ☒ Yes ☐ No

If yes, please provide the following:

Facility Name: Harding Metals, Inc

Facility Mailing Address: P.O. Box 418 (Street / PO Box) Northwood (Town / City) NH (State) 03261 (Zip)

Facility Telephone: 603-942-5573 Facility E-mail: klein@hardingmetals.com

Supervisor or Facility Manager Name: Ryan Chadbourn

Current Title/Position: EQUIPMENT OPERATOR

Description of Job Duties: Process materials, Sort Materials, Material Handler, Assist Customers. House keeping

mailed in 12/29/14

NH Department of Environmental Services
Waste Management Division

INITIAL APPLICATION FOR SOLID WASTE FACILITY OPERATOR CERTIFICATION

PLEASE PRINT OR TYPE

1) Applicant Information

Name: Theodore (First) _____ (MI) _____ Fletcher (Last)

Home Mailing Address: 21 [illegible] Rd (Street / PO Box) Nottingham (Town / City) NH (State) 03290 (Zip)

Daytime Telephone: 397-7557 Personal E-mail: _____

2) Previous Certification(s)

Have you held any previous NH Solid Waste Operator certification(s)? ☐ Yes ☒ No

If yes, please provide the certificate number(s). _____

3) Current Employment

Are you currently working at a NH facility, whether on a paid or unpaid basis? ☒ Yes ☐ No

If yes, please provide the following:

Facility Name: Harding Metals, Inc.

Facility Mailing Address: P.O. Box 418 (Street / PO Box) Northwood (Town / City) NH (State) 03261 (Zip)

Facility Telephone: 603-942-5573 Facility E-mail: INFO @ Hardingmetals.com

Supervisor or Facility Manager Name: _____

Current Title/Position: MATERIAL HANDLER - BUYER

Description of Job Duties:

→ INSPECT & Buy scrap metal by pre designated Gades → Load & unload trailers of scrap Metals. → Pick & Pile materials in pre-designated areas of the yard.

4) Enforcement Action(s)

Have you owned or been in responsible charge of any hazardous or solid waste facility that has been the subject of an administrative or judicial enforcement action for a violation of environmental statutes or rules in any part of the 5-year period prior to the date of application? ☐ Yes ☒ No

If yes, please provide a brief explanation and description of each enforcement action.

MAILED IN 12/29/14

NHDES-S-05-028

SOLID WASTE FACILITY OPERATOR CERTIFICATION
INITIAL APPLICATION
Waste Management Division/Solid Waste Management/SWOT

RSA 149-M/Env-Sw 1600

For DES Use Only
Check Amount _____
Check # _____
Notes: _____

☐ Check here to change certification status from Assistant Operator to Principal Operator.

1) Applicant Information

Name: Ryan (First) M (MI) Melani (Last)

Home Mailing Address: 3 Jefferson (Street / PO Box) Atkinson (Town / City) NH (State) 03811 (Zip)

Daytime Telephone: 603-268-1351 Personal E-mail: _____

2) Previous Certification(s)

Have you held any previous NH Solid Waste Operator certification(s)? ☐ Yes ☒ No

If yes, please provide the certificate number(s). _____

3) Current Employment

Are you currently working at a NH facility, whether on a paid or unpaid basis? ☒ Yes ☐ No

If yes, please provide the following:

Facility Name: Harding Metals, Inc.

Facility Mailing Address: P.O. Box 418 (Street / PO Box) NORTHWOOD (Town / City) NH (State) 03261 (Zip)

Facility Telephone: 603-942-5573 Facility E-mail: Ryan@hardingmetals.com

Supervisor or Facility Manager Name: Robert Chadbourn

Current Title/Position: LABORER.

Description of Job Duties:

SORT MATERIALS, PACKAGE MATERIALS

MATERIAL HANDLING HOUSE KEEPING

MAILED IN 12/29/14

NH Department of Environmental Services
Waste Management Division

INITIAL APPLICATION FOR SOLID WASTE FACILITY OPERATOR CERTIFICATION

PLEASE PRINT OR TYPE

1) Applicant Information

Name: Joshua (First) (MI) Michaud (Last)

Home Mailing Address: 43 P Brooks (Street PO Box) Rochester (Town City) NH (State) 03867 (Zip)

Daytime Telephone: 373-4711 Personal E-mail:

2) Previous Certification(s)

Have you held any previous NH Solid Waste Operator certification(s)? ☐ Yes ☒ No

If yes, please provide the certificate number(s).

3) Current Employment

Are you currently working at a NH facility, whether on a paid or unpaid basis? ☒ Yes ☐ No

If yes, please provide the following:

Facility Name: Harding Metals, Inc.

Facility Mailing Address: P.O. Box 418 (Street PO Box) NORTHWOOD (Town City) NH (State) 03261 (Zip)

Facility Telephone: 603-942-5573 Facility E-mail: info@hardingmetals.com

Supervisor or Facility Manager Name:

Current Title/Position: MATERIAL HANDLER

Description of Job Duties:

→ LOAD + UNLOAD TRAILERS of Scrap Metal

→ Pick + Place materials in pre designated areas of the yard.

4) Enforcement Action(s)

Have you owned or been in responsible charge of any hazardous or solid waste facility that has been the subject of an administrative or judicial enforcement action for a violation of environmental statutes or rules in any part of the 5-year period prior to the date of application? ☐ Yes ☒ No

If yes, please provide a brief explanation and description of each enforcement action.

MAILED IN 12/29/14

Date of last revision: 7/1/14

NH Department of Environmental Services
Waste Management Division

INITIAL APPLICATION FOR SOLID WASTE FACILITY OPERATOR CERTIFICATION

PLEASE PRINT OR TYPE

1) Applicant Information

Name: Douglas (First) _____ (MI) Smith (Last)

Home Mailing Address: _____ (Street / PO Box) _____ (Town / City) _____ (State) _____ (Zip)

Daytime Telephone: _____ Personal E-mail: _____

2) Previous Certification(s)

Have you held any previous NH Solid Waste Operator certification(s)? ☐ Yes ☒ No

If yes, please provide the certificate number(s). _____

3) Current Employment

Are you currently working at a NH facility, whether on a paid or unpaid basis? ☒ Yes ☐ No

If yes, please provide the following:

Facility Name: Harding Metals, Inc.

Facility Mailing Address: P.O. Box 418 (Street / PO Box) NORTHWOOD (Town / City) NH (State) 03261 (Zip)

Facility Telephone: 603-942-5573 Facility E-mail: INFO@hardingmetals.com

Supervisor or Facility Manager Name: _____

Current Title/Position: Equipment Operator - Laborer

Description of Job Duties:

→ operate processing equipment
→ Sort, Inspect & Pack Scrap Metals
→ Pick & Place Materials in Pre designated Areas

4) Enforcement Action(s)

Have you owned or been in responsible charge of any hazardous or solid waste facility that has been the subject of an administrative or judicial enforcement action for a violation of environmental statutes or rules in any part of the 5-year period prior to the date of application? ☐ Yes ☒ No

If yes, please provide a brief explanation and description of each enforcement action.

MAILED IN 12/29/14

NHDES-S-05-028

SOLID WASTE FACILITY OPERATOR CERTIFICATION
INITIAL APPLICATION
Waste Management Division/Solid Waste Management/SWOT

RSA 149-M/Env-Sw 1600

For DES Use Only
Check Amount _____
Check # _____
Notes: _____

☐ Check here to change certification status from Assistant Operator to Principal Operator.

1) Applicant Information

Name: Andrew (First) _____ MI _____ Stevens (Last)

Home Mailing Address: 600 Province Rd unit 2 (Street / PO Box) Strafford (Town / City) NH (State) 03884 (Zip)

Daytime Telephone: 603-923-0481 Personal E-mail: _____

2) Previous Certification(s)

Have you held any previous NH Solid Waste Operator certification(s)? ☐ Yes ☒ No

If yes, please provide the certificate number(s). _____

3) Current Employment

Are you currently working at a NH facility, whether on a paid or unpaid basis? ☒ Yes ☐ No

If yes, please provide the following:

Facility Name: Harding Metals, Inc

Facility Mailing Address: P.O. Box 418 (Street / PO Box) NORTHWOOD (Town / City) NH (State) 03261 (Zip)

Facility Telephone: 603 942-5373 Facility E-mail: kevin@hardingmetals.com

Supervisor or Facility Manager Name: Kevin Campbell

Current Title/Position: CABORER

Description of Job Duties:

SORT MATERIALS, PACKAGE MATERIALS
MATERIAL HANDLER, HOUSE KEEPING

MAILED IN 12/29/14

NHDES-S-05-028

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

SOLID WASTE FACILITY OPERATOR CERTIFICATION
INITIAL APPLICATION
Waste Management Division/Solid Waste Management/SWOT

RSA 149-M/Env-Sw 1600

For DES Use Only
Check Amount _____
Check # _____
Notes: _____

☐ Check here to change certification status from Assistant Operator to Principal Operator.

1) Applicant Information

Name: Shawn (First) W (MI) ~~Laughton~~ Vachon (Last)

Home Mailing Address: 1216 16 Rod Rd (Street / PO Box) Farmington (Town / City) NH (State) 03835 (Zip)

Daytime Telephone: 603-833-7651 Personal E-mail: _____

2) Previous Certification(s)

Have you held any previous NH Solid Waste Operator certification(s)? ☐ Yes ☒ No

If yes, please provide the certificate number(s). _____

) Current Employment

Are you currently working at a NH facility, whether on a paid or unpaid basis? ☒ Yes ☐ No

If yes, please provide the following:

Facility Name: Harding Metals Inc

Facility Mailing Address: P.O. Box 418 (Street / PO Box) Northwood (Town / City) NH (State) 03261 (Zip)

Facility Telephone: 603-942-5573 Facility E-mail: Kevin@hardingmetals.com

Supervisor or Facility Manager Name: Robert Chadbourn

Current Title/Position: MATERIAL HANDLER - YARD

Description of Job Duties:

House Keeping - Consolidating materials

MAILED IN 12/29/14

Contact solidwasteinfo@des.nh.gov and phone (603) 271-2925
PO Box 95, Concord, NH 03302-0095
www.des.nh.gov