INSTRUCTIONS
for obtaining a

Type I Modification To Solid Waste Management Facility Permit

pursuant to
RSA 149-M and New Hampshire Administrative Solid Waste Rule Env-Sw 315

Read these instructions before completing the attached form. For additional assistance contact the NH Department of Environmental Services (DES), Permitting & Design Review Section (P&DRS) at (603) 271-2925 or the below noted mailing address or TDD Access: Relay NH 1-800-735-2964.

Note: All references on this form beginning with "Env-Sw" are citations from the New Hampshire Solid Waste Rules. To obtain a copy of the Rules, contact the DES Public Information & Permitting Office at (603) 271-2975 or above noted TDD Access. The Rules are also available on the Internet at http:\\www.des.nh.gov/rules .

Complete the attached form to obtain either a "type I-A" or "type I-B" permit modification pursuant to Env-Sw 315.02(b) or (c), respectively. **Before completing the form, be certain the proposed facility modification falls within the definition of either a type I-A or type I-B modification.** [If unfamiliar with how to make this determination, refer to the worksheet on the reverse side of this instruction sheet and/or contact the P&DRS for assistance.]

All requested information must be provided as specified. Do **NOT** skip any question, unless instructed to do so. Do **NOT** mark any question "not applicable." If you need more room than provided on the form to answer a particular question and are using a paper copy of the form, attach additional pages as necessary; mark each page clearly to show both the applicant name and the question being answered; and indicate on the form that the additional pages are attached.

Submit **THREE** copies of the completed form, **EACH bearing ORIGINAL signatures**. Applications may be submitted to the department electronically. If an applicant chooses to submit an application electronically, a single paper copy of the application shall also be submitted to the department to the following address:

NH Department of Environmental Services (DES)
Waste Management Division (WMD)
Permitting & Design Review Section (P&DRS)
29 Hazen Drive, PO Box 95
Concord, NH 03302-0095

Include the required fee, as determined from the following table. Make checks or money orders payable to "TREASURER, State of New Hampshire":

Type I-A Modification, without a capacity increase	**$1500**
Type I-A Modification, with a capacity increase	**See Env-Sw 310.07(a)(2) for formula to calculate or contact the P&DRS for assistance, at (603) 271-2925**
Type I-B Modification	**$100**

Your application will be processed by DES in accordance with Env-Sw 304 and Env-Sw 305. If your application is correctly filed (i.e., you submit the right number of copies, each with original signatures, and the required fee), your application will be accepted for processing. Within 60 days of receipt, and earlier whenever possible, you will be notified whether the application is complete (i.e., whether the application provides all information required to support a full technical review and determine whether the proposed modification meets all requirements of the Rules). If incomplete, you will be given instructions for correcting the deficiencies. If complete, you will be notified in writing and the agency will undertake a technical review of the application to determine whether the proposal meets all requirements of the Rules. In addition, for certain type I-A modifications, the agency must also hold a public hearing within the host municipality during the technical review process. Following the close of the technical review process and the hearing, if held, DES will make a final decision to issue or deny the requested modification. You will be notified in writing, as will the host municipality and host solid waste management district.

WORKSHEET FOR DETERMINING MODIFICATION TYPE

STEP 1: In order to correctly use and complete the attached application form, you must first confirm that your proposed facility modification is a "type I" modification (as opposed to being either a "type II" through "type V" modification). If your response to each of the following questions is "FALSE," your proposed facility modification most likely falls within the scope of a "type I" modification:

☐ **True** ☒ **False** The proposed change is required by a condition of my permit which requires me to submit final plans for DES approval based on preliminary plans provided to DES on an earlier date. (Note: If this statement is "TRUE," your proposed modification is most likely a "type II" modification and you need to file your application by completing a "Type II Permit Modification Application Form.")

☐ **True** ☒ **False** The proposed change is one of the following **AND** I am able to certify compliance with each of the statements provided in Section X of this application form:

_ A change in facility operating hours between the hours of 6 AM and 6 PM or within alternative limits specified in my permit, or for a private facility managing only on-site generated waste, within limits allowed by local ordinance.

_ A change in a key above-ground site feature, for instance a facility structure or appurtenance, which will not alter the permitted function(s) of the facility, change the basis of the approved facility design or violate any applicable siting criteria specified in the Rules, and which is merely a change to improve facility operations within the limits specified in my permit.

_ For a facility permitted to collect recyclable materials, a change in the type of select recyclable materials (paper, cardboard, glass, plastic, metal or textiles) to be collected which does not increase the facility's approved storage capacity or require a change in the approved financial assurance plan of record for the facility.

_ For landfills, a change in the type of cover material to be used at the facility, pursuant to Env-Sw 806.03.

_ A name change for the permittee or facility that does not constitute a change in ownership or operational control of the facility.

_ A change in organizational structure, including a change in the individuals/entities holding 10% or more of the permittee's equity or debt and/or a change in officers, directors, partners or key employees, that does not constitute a change in ownership or operational control of the facility.

(Note: If you respond "TRUE" to the above statement, your proposed modification is most likely a "type III" modification and you need to file your application by completing a "Type III Permit Modification Application Form.")

☐ **True** ☒ **False** The proposed change is to transfer my permit or otherwise authorize a change in the ownership or operational control of the facility. (Note: If you respond "TRUE" to this statement, your proposed modification is most likely a "type IV" modification and you need to file your application by completing a "Type IV Permit Modification Application Form.")

☐ **True** ☒ **False** The proposed change is to authorize the destruction or relocation of facility records. (Note: If you respond "TRUE" to this statement, your proposed modification is most likely a "type V" modification and you need to file your application by completing a "Type V Permit Modification Application Form.")

STEP 2: If your response to each of the above is "FALSE," you may assume that the proposed modification is a type I modification. You must now determine whether the proposed change is a "type I-A" or "type I-B" modification, as defined by Env-Sw 315.02(b) or (c).

A "type I-A" modification is one that will change facility operations in a manner having the potential to adversely affect the state's ability to establish and maintain an integrated system of facilities which: (1) will assist in achieving the waste reduction/recycling goals in RSA 149-M:2; (2) is consistent with the hierarchy in RSA 149-M:3; and (3) will provide a substantial public benefit pursuant to RSA 149-M:11. Therefore, if any of the following statements are TRUE relative to the change you are proposing at your facility, the change falls within the definition of a "type I-A" modification.

☐ **True** ☒ **False** The proposed modification will increase the approved design capacity of the facility.

☐ **True** ☒ **False** The proposed modification will extend the expiration date of the permit.

☐ **True** ☒ **False** The proposed modification will reduce the operating life expectancy of a NH landfill without a comparable reduction in the permitted capacity of the landfill, as by directly or indirectly increasing the quantity of waste which will be received daily at a New Hampshire landfill.

☐ **True** ☒ **False** The proposed modification will expand the permitted service area of the subject facility.

☐ **True** ☒ **False** The proposed modification will change the subject facility service type from a "limited service" area facility (one which can accept waste from only certain sources specified in the permit) to an "unlimited service" area facility (one which can accept waste from any source).

☐ **True** ☒ **False** The proposed modification will change facility operations to include a waste management method less preferred in the RSA 149-M:3 hierarchy. The methods, in order of descending preference as specified in RSA 149-M:3 are: source reduction; recycling and reuse; composting; waste-to-energy technologies (including incineration); incineration without resource recovery; and landfilling.

If you answer "FALSE" to each of the above statements, your proposed modification is most likely a "type I-B" modification, i.e., a modification which is unlikely to have an adverse effect on the state's ability to establish and maintain an integrated system of facilities which (1) will assist in achieving the waste reduction/recycling goals in RSA 149-M:2; (2) is consistent with the hierarchy in RSA 149-M:3; and (3) provides a substantial public benefit pursuant to RSA 149-M:11.

NEW HAMPSHIRE DEPARTMENT OF Environmental Services

Waste Management Division

For Office Use Only:
WMD Log #:_____
Date Rec'd.:_____
No. of Copies:_____
Fee: $_____**/Check #**_____

APPLICATION FORM FOR

TYPE I MODIFICATION TO SOLID WASTE MANAGEMENT FACILITY PERMIT

pursuant to
RSA 149-M and New Hampshire Administrative Solid Waste Rule Env-Sw 315

SECTION I. FACILITY IDENTIFICATION

(1)	Facility name: HILLSBOROUGH MUNICIPAL LANDFILL
(2)	Functional classification: ☐ collection/storage/transfer ☐ processing/treatment ☒ landfill
(3)	Mailing address: PO BOX 7 HILLSBOROUGH, NH 03244
(4)	Permit number: AO #WMD 00-17
(5)	Location, by street address and municipality: 45 MUNICIPAL DRIVE HILLSBOROUGH, NH 03244

SECTION II. PERMITTEE IDENTIFICATION

(1)	Permittee/applicant name: HILLSBORO TOWN SOLAR, LLC			
(2)	Mailing address: C/O NH SOLAR GARDEN 74 UNION ROAD STRATHAM, NH 03885			
(3)	Telephone number: (603) 817-1175			
(4)	If different than above, identify the individual associated with and designated by the permittee/applicant to be the contact individual for matters concerning this application:			
	(a)	Name: MICHAEL REDDING	(b)	Title: SENIOR PROJECT MANAGER
	(c)	Mailing address: 779 SOUTH MAIN STREET MANCHESTER, NH 03102		
	(d)	Telephone number: (603) 621-5713	(e)	E-Mail: MJREDDING@LOUREIRO.COM

SECTION III. DESCRIPTION OF PROPOSED MODIFICATION

Describe the proposed modification by answering each of the following questions. Use additional paper as necessary.

(1)	Provide a **BRIEF** description of the proposed modification. [Check box if response is provided on separate paper ☒]
(2)	Identify whether the proposed modification is a "type I-A" or "type I-B" modification. (If uncertain, use the worksheet provided with the instructions for this form): ☐ Type I-A ☒ Type I-B
(3)	Identify, either below or on separate paper, each written permit condition that will require amendment to effect the proposed modification and provide draft language for the same. [Check box if response is provided on separate paper ☐]
	NO PERMIT CONDTIONS WILL REQUIRE AMENDMENT, SEE AMENDMENT TO THE CLOSURE PLAN POST CLOSURE PLAN
(4)	Identify, below, each "last approved plan of record" identified in the permit which will be affected by the proposed modification and will therefore require amendment/revision:

Check here if affected	TYPE OF PLAN	DES APPROVAL DATE	WMD LOG # (Find this number on your copy of the approval)
☐	Facility design plans/specifications		
☐	Facility operating plan		
☒	Facility closure plan	8/12/2002	
☐	Facility financial assurance plan		
☐	Other plan (specify):		

(5)	Submit, on separate paper, the proposed amendments/revisions for each document identified pursuant to (4) above, based on the below listed instructions. (Note: The revisions may be presented in the form of replacement pages ready for substitution into the last approved plan of record, each page being clearly marked to show the date of revision. In the event there is no last approved plan of record for any of the following, you must prepare and submit a full plan, including the proposed modification(s), in accordance with the applicable cited Rules.)	
	☐	Facility design plans must be prepared in accordance with Env-Sw 1103.05.
	☐	Facility operating plans must be prepared in accordance with Env-Sw 1105.11.
	☒	Facility closure plans must be prepared in accordance with Env-Sw 1106.04.
	☐	Financial assurance plans must be prepared as specified in Env-Sw 1400 and must include all related draft financial assurance documents required to effect the proposed modification.
(6)	In order for DES to approve the proposed modification, the agency must be able to conclude from the information provided in this application that the proposed modification meets all applicable requirements of the Rules. Therefore, for any aspect of the proposed modification where it may not be self-evident that the proposed change meets all applicable requirements of the Rules, you should explicitly provide such information. Provide your response below and/or use separate paper as necessary. (Check box if response is attached on separate paper ☒)	
	THE PROPOSED MODIFICATIONS ARE NOT PROPOSED TO ALTER OR IMPACT THE EXISTING CAPPING SYSTEM	

SECTION IV. SCHEDULE

Provide a proposed schedule for implementing the modification. Use separate paper if necessary. (Check box if response is attached on separate paper ☒)

SECTION V. STATEMENT OF NEED

Provide a statement of need describing why the proposed change is necessary or desirable. Use separate paper if necessary. (Check box if response is attached on separate paper ☒)

SECTION VI. IMPACT EVALUATION

On separate paper, identify all impacts, both positive and adverse, which the proposed modification will have, including each of the below listed considerations.

(1) The effect the modification will have on facility function, capacity, life expectancy, service type and service area.

(2) The effect the modification will have on the environment, public health and safety.

(3) The effect the modification will have on the state's ability to achieve the goals and objectives specified in RSA 149-M:2, namely achieving a 40% minimum weight reduction in the solid waste stream on a per capita basis by the year 2000 and avoiding the disposal of recyclable materials in a lined landfill with a leachate collection system.

(4) The effect the modification will have on establishing and maintaining integrated waste management systems consistent with the hierarchy of waste management methods in RSA 149-M:3 [the methods, in descending order of preference as specified in RSA 149-M:3, are: source reduction; recycling and reusing; composting; waste-to-energy technologies (including incineration), incineration without resource recovery; and landfilling].

(5) Consistency with the state solid waste management plan and the applicable district plan, pursuant to RSA 149-M:12,I(b). If necessary, contact the P&DRS at (603) 271-2925 for plan information.

SECTION VII. PUBLIC BENEFIT DEMONSTRATION

Provide a "demonstration of public benefit" based on the below listed instructions. Check which one of the listed instructions applies to your particular application.

☐	**For a type I-A modification of a standard permit**, provide a "demonstration of public benefit" in accordance with RSA 149-M:11 and in conformance with the provisions of Env-Sw 1005.05. Prepare and submit the demonstration on separate paper.
☐	**For a type I-A modification of an emergency permit or a research and development permit, or a permit-by-notification**, there is a presumption of public benefit, provided that the proposed modification meets all requirements of the Rules. Therefore, you may skip this section and go to Section VIII.
☒	**For a type I-B modification**, there is a presumption of public benefit, provided that the proposed modification meets all requirements of the Rules. Therefore, you may skip this section and go to Section VIII.

SECTION VIII. OTHER PERMITS

Complete the following table to identify and provide the status of all other permits or approvals necessary to effect the proposed modification.

Type of Permit/Approval Required	Date the Application was/will be Submitted	Status/Comments
NA		

SECTION IX. LEGAL NOTICES

Submit proof of having provided certain legal notifications and filings, as follows:

(1) You must send by certified mail, or deliver in hand, a complete copy of this application to the host municipality, host solid waste management district and other affected entities, with a "notice of filing," as specified by Env-Sw 303.

(2) For a type I-A modification, you must send by certified mail, or deliver in hand, a "notice of filing" to each owner of property abutting the facility site, as specified by Env-Sw 303. If the applicant/permittee or the owner of the facility site owns any abutting parcel of land, the "notice of filing" must be sent to the owner(s) of the next parcel(s) not owned by the permittee/applicant or facility site owner.

(3) You must also provide a "notice of filing" to the New Hampshire Department of Justice/Office of the Attorney General (NH DoJ/AGO) if, pursuant to Section X(2) of this form, you are required to submit business and personal disclosure information.

(4) You must attach to this application "proof" that notification has been provided as required by (1) through (3) above. Therefore, attach a copy of the notice(s) of filing and the signature(s) of all required recipients, acknowledging receipt.

SECTION X. CERTIFICATION OF COMPLIANCE/COMPLIANCE REPORT

All applications for permit modification must be submitted with either certification of compliance or a compliance report, as follows:

(1) If you are ABLE to certify that each of the statements numbered (1) - (8) below are true, do so by your signature.

(2) If you are UNABLE to certify that each of the statements numbered (1) - (8) below are true, you must:

- ❒ Prepare and submit a separate Compliance Report as specified by Env-Sw 303.15; and
- ❒ If the proposed modification involves a change in organizational structure, or a change in individuals/entities holding 10% or more of the permittee's debt or equity, or a change in officers, directors, partners or key employees, none of which constitutes a change in operational control of the facility or a change in ownership per Env-Sw 315.02(f), also submit completed "business and personal disclosure forms" for each non-compliant individual and entity involved in the change. Obtain the required forms from the P&DRS at (603) 271-2925. Submit the completed forms, with the notice of filing referenced by Section IX(3) of this form and a copy of the Compliance Report, direct to the New Hampshire Department of Justice/Office of Attorney General, Environmental Protection Bureau, 33 Capitol Street, Concord, NH 03301-6397. [Note: Copies of the completed disclosure forms should NOT be attached to this application when it is submitted to DES or to the host municipality, host solid waste management district and other effected entities, pursuant to Section IX(1) above. Only the NH DoJ/AGO should receive copies of the disclosure forms].

COMPLIANCE STATEMENT

The applicant shall certify that each of the statements listed in (1)-(8) below are true for each of the following individuals and entities:

- ☒ **The applicant, and**
- ☒ **The facility owner, and**
- ☒ **The facility operator, and**
- ☒ **All individuals and entities holding 10% or more of the applicant's debt or equity, and**
- ☒ **All of the applicant's officers, directors, and partners, and**
- ☒ **All individuals and entities having managerial, supervisory or substantial decision making authority and responsibility for the management of the facility operations or the activity(s) for which approval is being sought.**

(1)	No individual or entity listed above has been convicted of or plead guilty or no contest to a felony in any state or federal court during the 5 years before the date of the application.
(2)	No individual or entity listed above has been convicted of or plead guilty or no contest to a misdemeanor for a violation of environmental statutes or rules in any state or federal court during the 5 years before the date of the application.
(3)	No individual or entity listed above has owned or operated any hazardous or solid waste facility which has been the subject of an administrative or judicial enforcement action for a violation of environmental statutes or rules during the 5 years before the date of the application.

(4)	No individual or entity listed above has been the subject of any administrative or judicial enforcement action for a violation of environmental statutes and rules during the 5 years before the date of the application;	
(5)	All hazardous and solid waste facilities owned or operated in New Hampshire by any individual or entity listed above are in compliance with either.	
	(a)	All applicable environmental statutes, rules, and DES permit requirements; or
	(b)	A DES approved schedule for achieving compliance therewith.
(6)	All individuals and entities listed above are in compliance with all civil and criminal penalty provisions of any outstanding consent agreement, settlement, or court order to which DES is a party.	
(7)	All individuals and entities listed above have paid, or are in compliance with the payment schedule for any administrative fine assessed by DES.	
(8)	All individuals and entities listed above are in compliance with all terms and conditions under every administrative order, court order or settlement agreement relating to programs implemented by DES.	

Signature of th e permittee/applicant certifying the above statements are true:

Permittee/Applicant Name (Print Clearly or Type) Hillsboro Town Solar, LLC

Permittee/Applicant Signature _____

Date March 2nd 2015

SECTION XI. PERMITTEE/APPLICANT SIGNATURE REQUIREMENTS

The perm ittee/applicant must sign the following statement prior to submitting this application. All copies of the application filed with DES must bear the permittee,s/applicant,s ORIGINAL signature. If the permittee/applicant is not an individual, an individual duly authorized by the permittee/applicant shall sign the application.

To the best of my knowledge and belief, the information and material submitted herewith is correct and complete. I understand that any approval granted by DES based on false and/or incomplete information shall be subject to revocation or suspension, and that administrative, civil or criminal penalties may also apply. I certify that this application is submitted on a complete and accurate form, as provided by DES, without alteration of the text.

Permittee/Applicant Name (Print Clearly or Type) Hillsboro Town Solar, LLC

Permittee/Applicant Signature _____

Date March 2nd 2015

SECTION XII. PROPERTY OWNER SIGNATURE

If the permittee and property owner are not the same, the property owner must also sign this form as follows. All copies of the application filed with D ES must bear the property owner,s ORIGINAL signature. If the property owner is not an individual, an individual duly authorized by the property owner shall sign the application.

(1)	I hereby affirm that the permittee/applicant has the legal right to occupy and use the property on which the subject facility is or will be located for the purposes specified in this application.
(2)	I hereby affirm that I shall grant access to the property for closure and post-closure monitoring of the subject facility and site as required by RSA 149-M and the New Hampshire Solid Waste Rules (Env-Sw 100 - 300 and Env-Sw 400 - 2000), as amended.

Property Owner Name (Print Clearly or Type) _____

Property Owner Signature _____

Date _____

(4)	No individual or entity listed above has been the subject of any administrative or judicial enforcement action for a violation of environmental statutes and rules during the 5 years before the date of the application;	
(5)	All hazardous and solid waste facilities owned or operated in New Hampshire by any individual or entity listed above are in compliance with either.	
	(a)	All applicable environmental statutes, rules, and DES permit requirements; or
	(b)	A DES approved schedule for achieving compliance therewith.
(6)	All individuals and entities listed above are in compliance with all civil and criminal penalty provisions of any outstanding consent agreement, settlement, or court order to which DES is a party.	
(7)	All individuals and entities listed above have paid, or are in compliance with the payment schedule for any administrative fine assessed by DES.	
(8)	All individuals and entities listed above are in compliance with all terms and conditions under every administrative order, court order or settlement agreement relating to programs implemented by DES.	

Signature of th e permittee/applicant certifying the above statements are true:

Permittee/Applicant Name (Print Clearly or Type) Hillsboro Town Solar, LLC

Permittee/Applicant Signature

Date March 2nd 2015

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To the best of my knowledge and belief, the information and material submitted herewith is correct and complete. I understand that any approval granted by DES based on false and/or incomplete information shall be subject to revocation or suspension, and that administrative, civil or criminal penalties may also apply. I certify that this application is submitted on a complete and accurate form, as provided by DES, without alteration of the text.

Permittee/Applicant Name (Print Clearly or Type) Hillsboro Town Solar, LLC

Permittee/Applicant Signature

Date March 2nd 2015

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(1)	I hereby affirm that the permittee/applicant has the legal right to occupy and use the property on which the subject facility is or will be located for the purposes specified in this application.
(2)	I hereby affirm that I shall grant access to the property for closure and post-closure monitoring of the subject facility and site as required by RSA 149-M and the New Hampshire Solid Waste Rules (Env-Sw 100 - 300 and Env-Sw 400 - 2000), as amended.

Property Owner Name (Print Clearly or Type) Town of Hillsborough

Property Owner Signature Paula Bruno

Date 3-5-15