



CMA ENGINEERS, INC.  
CIVIL/ENVIRONMENTAL ENGINEERS

35 Bow Street  
Portsmouth, New Hampshire  
03801-3819

Phone: 603/431-6196  
Fax: 603/431-5376

E-mail: [info@cmaengineers.com](mailto:info@cmaengineers.com)  
Web Site: [www.cmaengineers.com](http://www.cmaengineers.com)

April 7, 2015

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

**RE: Laconia Disposal Gardens Landfill  
Type 1-B Modification to Solid Waste Management Facility Permit Application  
DES Site #198709021**

Dear Coordinator:

On behalf of the City of Laconia, we are submitting herewith the Type 1-B Modification to Solid Waste Management Facility Permit Application for the Laconia Disposal Gardens Landfill, located on Route 11B in Laconia, NH.

The Type I-B Permit Modification Application requests eliminating landfill gas monitoring at the two on-site landfill gas wells. This request is based on the long term record of stable conditions at the closed landfill. No landfill gases have been detected at the wells since they were installed in 2004.

We appreciate your review and coordination. Should you have any questions, please do not hesitate to contact us.

Very truly yours,  
CMA ENGINEERS, INC.

Jodie Bray Strickland, P.E.  
Project Engineer

Enclosure



Waste Management Division

<b>For Office Use Only:</b>	
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: Laconia Disposal Gardens Landfill
(2)	Functional classification: <input type="checkbox"/> collection/storage/transfer <input type="checkbox"/> processing/treatment <input checked="" type="checkbox"/> landfill
(3)	Mailing address: 27 Bisson Avenue, Laconia, NH 03246
(4)	Permit number: DES Site #198709021
(5)	Location, by street address and municipality: Route 11B, Laconia, NH 03246

### SECTION II. PERMITTEE IDENTIFICATION

(1)	Permittee/applicant name: City of Laconia		
(2)	Mailing address: 27 Bisson Avenue, Laconia, NH 03246		
(3)	Telephone number: (603) 528-6379		
(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: Paul Moynihan	(b) Title: Director of Public Works	
	(c) Mailing address:		
	(d) Telephone number:	(e) E-Mail: publicworks@city.laconia.nh.us	

### 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 <b>BRIEF</b> description of the proposed modification. [Check box if response is provided on separate paper <input type="checkbox"/>		
	The proposed modification is to eliminate landfill gas monitoring at the two on-site landfill gas wells.		
(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): <input type="checkbox"/> Type I-A <input checked="" type="checkbox"/> 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 <input type="checkbox"/>		
	No permit conditions will be affected.		
(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:		
	<b>Check here if affected</b>	<b>TYPE OF PLAN</b>	<b>DES APPROVAL DATE</b>
	<input type="checkbox"/>	Facility design plans/specifications	
	<input type="checkbox"/>	Facility operating plan	
	<input type="checkbox"/>	Facility closure plan	
	<input type="checkbox"/>	Facility financial assurance plan	
	<input checked="" type="checkbox"/>	Other plan (specify): Post closure monitoring	
			<b>WMD LOG #</b> (Find this number on your copy of the approval)

(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.)
	<input type="checkbox"/> Facility design plans must be prepared in accordance with Env-Sw 1103.05.
	<input type="checkbox"/> Facility operating plans must be prepared in accordance with Env-Sw 1105.11.
	<input type="checkbox"/> Facility closure plans must be prepared in accordance with Env-Sw 1106.04.
(6)	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.
	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 <input type="checkbox"/> )

<b>SECTION IV. SCHEDULE</b>
Provide a proposed schedule for implementing the modification. Use separate paper if necessary. (Check box if response is attached on separate paper <input checked="" type="checkbox"/> )

<b>SECTION V. STATEMENT OF NEED</b>
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 <input checked="" type="checkbox"/> )

<b>SECTION VI. IMPACT EVALUATION</b>
On separate paper, identify all impacts, both positive and adverse, which the proposed modification will have, including each of the below listed considerations.
<ol style="list-style-type: none"> <li>(1) The effect the modification will have on facility function, capacity, life expectancy, service type and service area.</li> <li>(2) The effect the modification will have on the environment, public health and safety.</li> <li>(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.</li> <li>(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].</li> <li>(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&amp;DRS at (603) 271-2925 for plan information.</li> </ol>

<b>SECTION VII. PUBLIC BENEFIT DEMONSTRATION</b>
Provide a "demonstration of public benefit" based on the below listed instructions. Check which one of the listed instructions applies to your particular application.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input checked="" type="checkbox"/> 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

### 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 the permittee/applicant certifying the above statements are true:**

Permittee/Applicant Name (Print Clearly or Type) Paul Moynihan, P.E., Director of Public Works

Permittee/Applicant Signature *Paul Moynihan*

Date 3/20/15

**SECTION XI. PERMITTEE/APPLICANT SIGNATURE REQUIREMENTS**

The permittee/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) Paul Moynihan, P.E., Director of Public Works

Permittee/Applicant Signature *Paul Moynihan*

Date 3/20/15

**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 DES 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 \_\_\_\_\_



**Type I-B Modification to Solid Waste Management Facility Permit  
Laconia Disposal Gardens Landfill- NH Route 11B  
Supporting Information  
March 2015**

**Section IV. Schedule**

The proposed schedule for implementing the modification would begin immediately in March of 2015.

**Section V. Statement of Need**

The landfill was closed/capped in 1990. Twenty five years have passed and the record indicates stable conditions. Landfill gas concentrations have been below detection levels of <2% of the lower explosion level at the two landfill gas monitoring wells on site (GMW-1 and GMW-2) since they were installed in 2004. Therefore, it is appropriate to eliminate landfill gas monitoring.

**Section VI. Impact Evaluation**

- (1) The proposed modification will not have any impact on the facility function, capacity, life expectancy, service type, or service area.
- (2) The proposed modification will not have any impact on the environment, public health, or safety.
- (3) The proposed modification will not have any impact on the state's ability to achieve the goals and objectives specified in RSA 149-M:2.
- (4) The proposed modification will not have any impact on establishing and maintaining integrated waste management systems consistent with the hierarchy of waste management methods in RSA 149-M:3.
- (5) The proposed modification will remain in accordance with the state solid waste management plan and the applicable district plan, pursuant to RSA 149-M:12,I(b).