

2/23/2024

New Hampshire Department of Environmental Services  
Type II Modification to Solid Waste Management Facility Permit  
1.5 MW (AC) Solar Array – 9 Cross Road, Exeter, New Hampshire

**Prepared For (Applicant):**

Town of Exeter  
10 Front St.  
Exeter, New Hampshire  
Dave Sharples  
dsharples@exeternh.gov

**Existing Permit Number:** DES-SW-SP-1992-001

**Site Number:** 123456789

**Project Name:** Solid Waste Bureau Trial Project

**Project Number:** 35797 Special Projects 10/26/2015

**Prepared By:**

ReVision Energy Inc.  
758 Westbrook St.  
South Portland, ME  
Nate Niles  
nniles@revisionenergy.com



Waste Management Division

**For Office Use Only:**

WMD Log #: \_\_\_\_\_  
 Date Rec'd.: \_\_\_\_\_  
 No. of Copies: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
 Check # \_\_\_\_\_  
☐ No Fee Required

APPLICATION FORM FOR

# **Type II Modification To Solid Waste Management Facility Permit**

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

## **SECTION I. FACILITY IDENTIFICATION**

- (1) Facility name: Exeter Municipal Landfill
- (2) Functional Classification: ☐ Collection/Storage/Transfer ☐ Processing/Treatment ☒ Landfill
- (3) Mailing address:
- (4) Permit number: DES-SW-SP-1992-001
- (5) Location, by street address and municipality: 9 Cross Road, Exeter, NH

## **SECTION II. PERMITTEE IDENTIFICATION**

- (1) Permittee/applicant name: Town of Exeter
- (2) Mailing address: 10 Front Street, Exeter, NH 03833
- (3) Telephone number: 603-773-6102
- (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: Dave Sharples (b) Title: Town Planner
  - (c) Mailing address: 10 Front Street, Exeter, NH 03833
  - (d) Telephone number: 603-773-6102 (e) E-mail: dsharples@exeternh.gov

## **SECTION III. DESCRIPTION OF PROPOSED MODIFICATION**

**Provide a complete description of the proposed modification by answering each of the following questions. Use additional paper as necessary.**

- (1) Identify the type of final plans being submitted for approval. (Check one that applies. If more than one applies, submit a separate application for each):
 

<input type="checkbox"/> Final design/construction plans for non-landfill facility	<input type="checkbox"/> Final closure plan for non-landfill facility
<input type="checkbox"/> Final design/construction plans for landfill:	<input type="checkbox"/> Final closure/capping plans for lined landfill
<input type="checkbox"/> Initial Phase <input type="checkbox"/> Subsequent Phase	<input type="checkbox"/> Final closure/capping plans for unlined landfill
<input type="checkbox"/> Final operating plan	<input checked="" type="checkbox"/> Final financial assurance plan
- (2) Provide a **BRIEF** description of the proposed modification/requested approval:  
 Evidence of financial assurance (LOGO) for post-closure costs, including solar decommissioning costs
- (3) Identify, below, the preliminary plans approved in the permit which provide the basis for the final plans being submitted with this application:

Check one	TYPE OF PRELIMINARY PLAN	DES Approval Date	WMD Log #
<input type="checkbox"/>	Facility design plans/specifications		
<input type="checkbox"/>	Facility operating plan		
<input type="checkbox"/>	Facility closure plan		
<input checked="" type="checkbox"/>	Facility financial assurance plan	Pending	
<input type="checkbox"/>	Other plan (specify):		

INSTRUCTIONS  
for obtaining a

# Type II 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>.

Use the attached form to obtain a "type II" permit modification. A "type II" permit modification is the regulatory mechanism by which final plans (for construction, operation, closure or financial assurance) are approved and attached to a solid waste facility permit as a condition of the permit.

All requested information must be provided as indicated on the attached form. Do **NOT** skip any question, unless instructed to do so. Do **NOT** mark any question "not applicable." If you need more space 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 (see table below). Make checks or money orders payable to "TREASURER, State of New Hampshire."

Final Design/Construction Plans for a Non-Landfill Facility	NO FEE
Final Design/Construction Plans for a Landfill	Initial Phase: NO FEE Subsequent Phases: FEE is calculated based on capacity & life expectancy of phase; refer to Env-Sw 310.08(a) for formula or contact P&DRS for assistance
Final Operating Plans	NO FEE
Final Closure/Capping Plans for a Non-Landfill Facility or an Unlined Landfill	NO FEE
Final Closure/Capping Plans for a Lined Landfill	FEE is calculated based on capping area; refer to Env-Sw 310.08(b) for formula or contact P&DRS for assistance
Final Financial Assurance Plans	NO FEE

Your application will be processed by DES in accordance with Env-Sw 304 and Env-Sw 305.

(4)	Submit the proposed final plans for which approval is being sought. The plans must be prepared based on the preliminary plans identified in (3) above and according to the below listed instructions. When appropriate, final plans may be presented in the form of replacement pages ready for substitution into the related approved preliminary plans, with each page being clearly marked to show the date of revision. Mark the submitted/attached plans as "Attachment III(4)".
<input type="checkbox"/>	Facility design/construction 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
<input type="checkbox"/>	Financial assurance plans must be prepared as specified in Env-Sw 1400 and must include all related financial assurance documents required to effect the plan

#### SECTION IV. CERTIFICATION OF COMPLIANCE/COMPLIANCE REPORT

If you are able to certify that each of the following statements is true, do so by your signature. If you are unable to certify that each of the following statements is true, you must prepare and submit a separate Compliance Report as specified by Env-Sw 303.15.

#### 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 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) Town of Exeter Dave Sharples

Permittee/Applicant Signature 

Date 2/15/2024

OR

Circle the untrue statement(s) and attach a Compliance Report, pursuant to Env-Sw 303.15

## SECTION V. 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) Town of Exeter Dave Sharples

Permittee/Applicant Signature 

Date 2/15/21

## SECTION VI. PROPERTY OWNER SIGNATURE

If the permittee/applicant 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 an 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, as amended.

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

Property Owner Signature \_\_\_\_\_

Date \_\_\_\_\_



## LOCAL GOVERNMENT (LOGO) FINANCIAL TEST For Inactive or Capped Municipal Landfills



NHDES, Waste Management Division, SWMB  
PO Box 95, Concord, NH 03302-0095  
(603) 271-2925 or [solidwasteinfo@des.nh.gov](mailto:solidwasteinfo@des.nh.gov)  
<https://www.des.nh.gov>

RSA 149-M/Env-Sw 1405.02

**2024** LOCAL GOVERNMENT FINANCIAL TEST FOR THE TOWN/CITY OF Exeter, New Hampshire  
for fiscal year ending 12/31/2022.

1. Annual revenue\* for this fiscal year was \$ 39,519,971.
2. Total estimated post-closure costs for the 30-year monitoring period \$ 717,493.92.
3. Does the Town/City have a current bond rating? **Yes or No** NO

3a. If yes, who is it rated by:

☐

Moody's

☐

Standard and Poor's

3b. What is the bond rating \_\_\_\_\_?

4. Is the Town/City currently part of a bond issue through the New Hampshire Municipal Bond Bank?  
**Yes or No** YES

5. Is the Town/City currently in default on any outstanding general obligation bond or bond issued by the New Hampshire Municipal Bond Bank? **Yes or No** NO

**Note: If you answered Yes to question #3 and/or #4 please continue with question #6. If you answered No to both question #3 and #4 please answer the following before proceeding to question #6:**

5a. Total Cash and Securities<sup>†</sup> for this fiscal year was \$ \_\_\_\_\_.

5b. Total Expenditures for this fiscal year was \$ \_\_\_\_\_.

5c. Annual Debt Service for this fiscal year was \_\_\_\_\_.

5d. Cash and Securities / Total Expenditures = \_\_\_\_\_. (Must be  $\geq .05$  to pass)

5e. Annual Debt Service / Total Expenditures = \_\_\_\_\_. (Must be  $\leq .20$  to pass)

6. Has the Town/City operated at a deficit equal to five percent or more of total annual revenues in each of the past two fiscal years? **Yes or No** NO

7. Are the Town/City financial statements prepared in conformity with Generally Accepted Accounting Principles? **Yes or No** YES

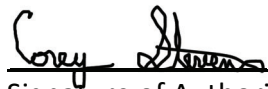
8. What audit opinion did the Town's/City's latest audited annual financial statements receive? **Qualified or Unqualified.** If qualified, please explain The Town anticipates an unqualified opinion of it's 12/31/2022

financial statements. The audit and financials are currently being completed by the Town's auditors, Marcum.

The Town received an unqualified opinion for the year ending 12/31/2021 as well.

## 9. Signature

The undersigned representative certifies that by formal action of the governing body he/she has been authorized to file this document on behalf of the Town/City. Furthermore, the undersigned representative certifies that the Town/City as part of the Facility's public record maintains a copy of this form as well as the documentation necessary to complete this form.



Signature of Authorized Representative

February 14, 2024

Date

Corey Stevens, Finance Director

Printed or Typed Name and Title of Authorized Representative

\* The sum of General, Special Revenue, Debt Service, and Capital Projects Funds, "Total Operating Revenues" of Enterprise Funds, "Total Non-Operating Revenues" of Enterprise Funds, if positive, and "Total Non-Operating Revenues" of Internal Service Funds, if positive, for the Town/City.

† The sum of cash, cash equivalents, and current investments in the General, Special Revenue, Debt Service, Enterprise, and Internal Service Funds. Items excluded are accounts receivable, retirement assets, real property, fixed assets, and other non-current assets as well as any assets in Capital Projects Funds for the Town/City.