



**NHDES Waste Management Division
29 Hazen Drive; PO Box 95
Concord, NH 03302-0095**



**Certified Mail Receipts Transmittal
Granite State Landfill
Douglas Drive
Dalton, NH 03598
NHDES Site #: 123456789
Project Type: SW-LNDFILL
Project Number: TBD
Permit: DES-SW-SP-XX-XXX (TBD)**

Prepared For:
Granite State Landfill, LLC
1855 VT Route 100
Hyde Park, VT 05655
Phone Number (802) 651-5454
RP Contact Name: John Gay
RP Contact Email: john.gay@casella.com

Prepared By:
CMA Engineers, Inc.
35 Bow Street
Portsmouth, NH 03801
Phone Number: (603) 431-6196
Contact Name: Adam Sandahl, P.E.
Contact Email: asandahl@cmaengineers.com

Date of Report: January 3, 2024

Cover Sheet for Reports Template - Revised December 2020



January 3, 2024

Ms. Mary Daun, P.E.
Solid Waste Management Bureau, Waste Management Division
New Hampshire Department of Environmental Services
29 Hazen Drive, P.O. Box 29
Concord, NH 03302-0095

**Re: Granite State Landfill, LLC
Standard Permit for Solid Waste Landfill
Certified Mail Receipts Transmittal
CMA #1101**

Dear Ms. Daun:

This letter provides a follow-up to the December 8, 2023 letter that transmitted received certified mail receipts for the Granite State Landfill project. We have received the following new receipts which are enclosed:

- Bethlehem Map 406 Lot 39-99 (NE Renewable Power Bethlehem LLC)
- Whitefield Map 252 Lot 1 (Timothy Joyce)

Five receipts were not returned:

- Bethlehem Map 406 Lot 3 (83 Airport Rd Solar, LLC)
- Bethlehem Map 406 Lot 6 (Bryan)
- Bethlehem Map 506 Lot 54 and Map 405 Lot 55 (Dupont)
- Littleton Map 25 Lot 10 (Pierce)
- Whitefield Map 243 Lot 20 (Avgerakis/McLure)

We have confirmed with each municipality (through Horizons Engineering) that the addresses provided are correct. We understand that the notice is hand-delivered to each address and if the owner is not present, the letter is held at the Post Office until it can be retrieved. The Post Office then sends notices to the resident requesting that the letter be picked up at the Post Office. These letters have not been retrieved, as far as we know.

Should you have any questions, please do not hesitate to contact us.

Very truly yours,

CMA ENGINEERS, INC.



Adam J. Sandahl, P.E., BCEE
Project Manager

Cc: Joe Gay, GSL (via email)
Jaime Colby, NHDES-WMD (via email)
NHDES Onestop

Enclosures: Certified Mail Receipts (NE Renewable Power & Joyce)

7020 2450 0001 3064 9207

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$



Sent To
NE Renewable Power Bethlehem – c/o Paul Scoff
Street and Apt. No., or PO Box No.
185 International Drive
City, State, ZIP+4®
Portsmouth, NH 03801

PS Form 3800, April 2015 PSN 7530-02-000-5047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
NE Renewable Power Bethlehem

c/o Paul Scoff

185 International Drive

Portsmouth NH 03801



9590 9402 8469 3186 6709 30

2. Article Number (Transfer from service label)
7020 2450 0001 3064 9207

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]*

C. Date of Delivery 12-21-2023

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

7020 2450 0001 3064 9177

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

El Paso, TX 79924

OFFICIAL USE

Certified Mail Fee	\$4.35
Extra Services & Fees (check box, add fee to total postage)	\$7.55
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$0.66
Total Postage and Fees	\$8.56



Sent To: Timothy Joyce
 Street and Apt. No., or PO Box No.: 6020 Row Avenue
 City, State, ZIP+4®: El Paso, TX 79924

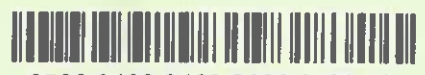
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Timothy Joyce
 6020 Row Avenue
 El Paso, TX 79924



9590 9402 8469 3186 6709 78

2. Article Number (Transfer from service label)
 7020 2450 0001 3064 9177

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent Addressee

B. Received by (Printed Name)
 Tim Joyce

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt