

**PERMITTING AND COMPLIANCE DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE SECTION
PO BOX 200901
HELENA, MT 59620-0901
Phone: (406) 444-5300
Fax: (406) 444-1374**

TO: Prospective Licensees of a Minor Compost Facility

The enclosed checklist and license application form is for anyone wishing to operate a minor compost facility. Please number or label the attachments or enclosures that you have included with your application form and note those which are included. Remember to return the checklist with your application.

Licensing is required for a minor compost facility that receives feedstock from more than one source. To obtain a license as a minor compost facility, **all** of the following requirements must be met:

- 1) Has two acres or less of active working area.
- 2) Accepts less than 5,000 cubic yards of compost feedstock annually.
- 3) Produces less than 2,500 cubic yards of finished compost annually.
- 4) Does not accept sewage sludge, biosolids, or septage.

A facility that does not meet all of the requirements for minor composters is a major composter. Major composters must also be licensed.

The licensing of this solid waste management system is a quick and easy process. **Minor Composter Licenses are issued free of charge.** The Department will review each submitted application to ensure that it is complete. **Unless all the needed enclosures are included, it is unlikely that your license application will be considered complete.** If additional information is needed, the Department will notify the applicant through a **Request for More Information** that will specify what additional information is required.

All solid waste management facilities in Montana must be licensed. Licensing of minor composters is done primarily so that the Department can monitor efforts to achieve legislative waste reduction goals. In addition, it provides the Department and the citizens with information on where these activities are being conducted. This facilitates information transfer on waste management alternatives.

Under Montana statutes, the department has continuing authority to inspect solid waste management systems. Inspections may be conducted only during reasonable hours and only after presentation of appropriate credentials identifying the inspector as a duly authorized employee of the department. [See Section 75-10-205, MCA.]

Thank you for your cooperation. If we can be of any assistance in this process, please contact the Solid Waste Section at the number listed above.

DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE MANAGEMENT AND REMEDIATION DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE PROGRAM
P.O. BOX 200901
HELENA, MT 59620-0901
PHONE: 406-444-5300
FAX: 406-444-1374

MINOR COMPOSTER FACILITY LICENSE APPLICATION

Section 1 – GENERAL INFORMATION	
<p><i>Applicant Name:</i> _____</p> <hr/> <p><i>Business Name:</i> _____</p> <hr/> <p><i>Applicant Title:</i> _____</p> <hr/>	<p><i>Business Mailing Address:</i> _____</p> <hr/> <p><i>City:</i> _____ <i>Zip:</i> _____</p> <p><i>Phone:</i> _____</p> <p><i>Fax:</i> _____</p> <p><i>Email:</i> _____</p>
Section 2 – SITE LOCATION INFORMATION	
<p><i>Proposed Site Location/Physical Address:</i> _____</p> <hr/>	
<p><i>Site Legal Description (Location):</i> (Section, Township, and Range [to nearest 1/4 Section])</p>	
<p><i>Latitude/Longitude:</i> _____</p>	
<p><i>Is applicant listed above the owner of the facility property</i> (circle one): YES NO <i>(Attach proof of ownership. If applicant is not the legal landowner, provide current landowner information below and complete Landowner Certification in Section 4)</i></p>	
<p><i>Landowner Name:</i> _____</p>	
<p><i>Landowner Mailing Address:</i> _____</p>	
<p><i>City:</i> _____ <i>State:</i> _____ <i>Zip:</i> _____</p>	
<p><i>Landowner Phone Number:</i> _____</p>	
<p><i>Total acreage of proposed facility:</i> _____ <i>Total acreage available for composting:</i> _____ (limited to 2 acres)</p>	

Section 3 –ATTACHMENTS

1. Site Operation and Maintenance Plan:

An Operation and Maintenance plan (O&M) must be included that provides provisions for each of the following items:

- (a) Schedule of Operation
- (b) Site access controls;
- (c) Types and sources of raw materials to be composted, including a description of the source, quality, and quantity of the feedstock;
- (d) Daily traffic flow and procedures for unloading trucks
- (e) Procedures for operation during wind, heavy rain, snow, or freezing conditions;
- (f) List of equipment available for use;
- (g) Description of any seed material or compost starter used
- (h) Description of the ultimate use for the stabilized compost;
- (i) Method of aeration;
- (j) Method of removal from the site and a plan for the disposal of stabilized compost that cannot be used in the expected manner;
- (k) Description of personnel required and their responsibilities;
- (l) Surface water run-on and run-off control;
- (m) Calculation of 24-hour, 25-year storm run-off event;
- (n) Description of any monitoring that will occur involving the composting process or the site;
- (o) A contingency plan that outlines steps taken in the event (i) unapproved materials are delivered to the site, (ii) odors are detected, (iii) groundwater contamination is identified, or (iv) other undesirable conditions are noted.
- (p) For windrow systems, a detailed description of the windrow construction;
- (q) For in-vessel systems, a process flow diagram that details the entire process

2. Site Maps:

The following maps must be included that provide the following information:

- (a) A site map that delineates the boundary lines of:
 - (i) Composting area in relation to property boundary;
 - (ii) Composting facility drainage with contour intervals no greater than 5-feet, including run-on and run-off controls, ditches, and swales;
 - (iii) Direction of prevailing winds;
 - (iv) Location of access roads and on-site roads;
 - (v) Location of property boundaries and names/addresses of all contiguous landowners;
 - (vi) Location of water supply wells, buildings, residences, surface water bodies, and drainage swales within 1,000-feet of the site; and,
 - (vii) Identification of all current and future facility buildings.
- (b) A vicinity map of 1:24,000 scale that delineates the following areas within one-mile of the facility boundaries, including:
 - (i) Zoning and land use;
 - (ii) Residences;
 - (iii) Surface waters;
 - (iv) Access roads, bridges, railroads, airports;
 - (v) Historic sites and other manmade or natural features relating to the project.

3. Other information:

- (a) If existing structures on the site are 50 years old or older, attach a copy of the cultural resource file search completed for the site. The search is conducted by the State Historic Preservation Office (SHPO). SHPO charges a fee for this search. A copy of the "File Search Request Form" may be accessed at <http://mhs.mt.gov/Portals/11/shpo/docs/FSRF.xlsx>
- (b) Attach a copy of the Montana Natural Heritage Program's (NHP) database information on sensitive, threatened, or endangered species or habitats on and within one-mile of the facility boundary. The NHP database may be accessed at: <http://mtnhp.org/>

Section 4 –CERTIFICATION

APPLICANT CERTIFICATION – OWNER SIGNATURE

I am the party responsible for operation of this proposed facility. I certify that the above described solid waste management system will be constructed and operated in accordance with Sections 75-10-201 through 75-10-233, Montana Code Annotated (MCA), the rules adopted pursuant thereto, and in accordance with conditions which have or may be imposed in the license. I have personally examined and am familiar with the information in this application and all attached documents. To the best of my knowledge, information, and belief, the submitted information is accurate and complete.

Applicant printed name

Applicant Signature

Date

LOCAL PLANNING AND ZONING CERTIFICATION

(To be signed by appropriate local government official having knowledge of local zoning ordinances)

I hereby certify that the site of the planned solid waste management system is in accordance with local governmental zoning and ordinances and there are no restrictions prohibiting operation of the facility at this location.

(Printed name of local official)

(Title)

(Signature of local official)

(Date)

HEALTH OFFICER CERTIFICATION

I, _____ am the Health Officer or Designated Representative of the County. I certify that the site of the proposed solid waste management system meets the physical requirements of Montana laws and rules governing solid waste management and any applicable local health requirements.

Signature: _____ *Date:* _____

Title: _____

LANDOWNER CERTIFICATION

I am the: *(check one)*

Property Owner

Designated Representative of the Property Owner

(Provide verification of status as representative)

By signing below, I state that I am the owner or the representative of the owner of the property described in this application (“the Property”) and that I am authorized to make the acknowledgements and consent as provided in this paragraph. I affirm that I or the owner that I represent obtained or had the opportunity to obtain the advice of independent legal counsel regarding the potential risks and liabilities from the use of the Property as a solid waste management system. I acknowledge that I or the owner I represent have been informed and are aware of the uses and activities that are ongoing or proposed for the Property and consent to those uses and activities. Furthermore, I understand that issuance by the State of Montana of a license to operate a solid waste management system on the Property and the terms and conditions of any such license do not relieve or insulate the owner of the Property from any liability, duty, or responsibility arising under the Montana Solid Waste Management Act, as that act may be amended from time to time, or any other environmental law.

Property Owner Signature: _____ Date: _____

(attach a copy of the deed or other document that verifies the site owner)

