



WASTE MANAGEMENT AND REMEDIATION DIVISION
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU
SOLID WASTE SECTION
PO BOX 200901
HELENA, MT 59620-0901
Phone: (406) 444-5300
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TO: Prospective Applicants of a Class III Solid Waste Management System License

The enclosed application is for anyone wishing to apply for a Class III Solid Waste Management System (SWMS) license. Please number or label the required attachments or enclosures with your application form and check-off those from Section IV that are included.

Facilities licensed as Class III SWMS's may accept only Group III waste [Administrative Rules of Montana 17.50.504(2)(b)]. Group III wastes include wood wastes and non-water soluble solids, such as brick, dirt, rock, rebar-free concrete, brush, lumber, and vehicle tires [ARM 17.50.503(1)(b)]. The facility may accept clean, untreated wood waste and brush for burning under the stipulations of a conditional Air Quality Open Burning Permit. However, facilities approved to burn untreated wood waste may not dispose of the ash on-site.

The licensing of an SWMS is not a quick and easy process. Be prepared for this process to take as long as a year to work through the various stages involved. The Department will review the application to ensure that it is complete. Unless all the necessary attachments are included, it is unlikely that your application for a license will be considered complete. If additional information is required, the Department will notify the applicant with a "Notice of Deficiency – Request for More Information" letter that will specify the additional information required.

Upon receipt of the application, the Department will provide written notification to the local county health officer that an application for an SWMS has been received. The Department will send an invoice for the license review fee to the applicant and the licensing process will be suspended until the license review fee has been received. Once the license application has been determined to be complete, the Department will prepare an Environmental Assessment (EA). The EA is a written analysis of a proposed licensing action to determine if an Environmental Impact Statement (EIS) is required and whether or not licensure of the proposed facility may have a significant impact on the human and natural environment. Once the EA is completed, a copy will be mailed to the adjacent landowners, local county environmental health officials, and interested persons. The Department will also submit a public notice for publication in an area newspaper notifying the public of the availability of the EA and the commencement of the 30-day comment period.

The Department is required to accept comments on the proposed project from the public for a period of 30-days following the public notice and the completion of the EA. A public meeting may also be held during the public comment period in order to discuss the proposed project with the public.

At the close of the comment period, comments that were received are reviewed and a final licensing decision is made. The decision may be to approve the license request, deny the request, or request additional information in order to respond to comments.

If the Department decides to issue a license, it will be sent to the local county Health Officer for validation. The Health Officer in the county where the proposed facility will be located must validate it. **For this reason, it is important for the applicant to keep the local health authorities informed during the licensing process and to provide them copies of the application materials.**



**CLASS III SOLID WASTE MANAGEMENT SYSTEM
LICENSE APPLICATION**

SECTION I – APPLICANT INFORMATION

Applicant Name:

Applicant Mailing Address:

Applicant Phone:

Applicant Fax:

Applicant E-mail Address:

This application is for:

- New Class III SWMS Expansion of an existing facility (if so, facility license number: _____)
- Resource Recovery or Processing Facility
- Other (please explain)

Are you the owner of the property where the facility is located? Yes No

If yes, attach a copy of the deed or other document that verifies you are the site owner.

If no, provide the name, address, and signature of the owner/lessor who holds title to the property, attach a copy of the lease/rental agreement, and complete the Landowner Certification in Section V.

Name: _____

Mailing Address: _____

SECTION II – FACILITY INFORMATION

Facility Name:

Facility Mailing Address:

Facility Phone:

Facility Fax:

Facility 9-1-1 Address:

Facility Legal Location

(i.e., Section, Township, Range; describe to the nearest quarter-quarter section)

Facility Lat/Long:

SECTION II (CONTINUED)

Facility Geocode Location:

General description of facility location:

Total acreage of proposed site: _____ Acreage usable for the solid waste system: _____

SECTION III – FACILITY CAPACITY, SERVICE AREA, AND WASTE ACCEPTANCE

Total Disposal Capacity:

Service Area:

Population to be served by the solid waste system:

Describe the estimated life of the facility and attach a description of the method used to make this determination:

(For facility expansions, provide the information pertinent to the additional life the expansion provides to the existing facility)

Waste Type(s) Accepted:

Will any special or unusual wastes* be accepted? Yes No

*(*wastes that require special handling or present unique environmental hazards)*

If yes, describe the wastes:

Do you plan to accept household quantities of hazardous wastes and/or hazardous wastes from conditionally exempt generators? Yes No

(Note: these types and quantities of waste may be legally accepted at state licensed "Class IV" landfills, however, additional conditions must be met before such acceptance may occur)

Does the facility plan to burn untreated wood waste? Yes No

If yes, what is the total acreage of the burn-site? _____

If yes, attach the plan that describes:

- a) The type of material to be burned.
- b) What will be done with the ash.
- c) How often the ash will be removed from site.
- d) How burn pile contaminants will be identified and removed.

What is the proposed opening date for this facility? _____

SECTION V - CERTIFICATIONS

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)

ZONING CERTIFICATION

I hereby certify that the site of the planned solid waste management system is in accordance with local government zoning and ordinances (to be signed by appropriate local government official having knowledge of local zoning ordinances).

Printed Name: _____

Signature: _____ Title: _____

Representing: _____ 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: _____

APPLICANT CERTIFICATION

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.

Applicant Printed Name: _____

Applicant Signature: _____

Title: _____ Date: _____