



SOLID WASTE MANAGEMENT SYSTEM LICENSE RENEWAL APPLICATION FORM

ADMINISTRATIVE INFORMATION

Facility Solid Waste License # _____ Facility Category/Class/Type: _____

Facility Name: _____

Facility Physical Address: _____

Facility Mailing Address: _____

County: _____

Facility Phone: _____

Facility Owner/Licensee: _____

Facility Contact Name and Title: _____

Facility Contact Address: _____

Contact Phone: _____ Fax: _____

Email: _____

Location of facility operating records: _____

SERVICE AREA, SYSTEM CAPACITY, AND ANNUAL DISPOSAL

Service Area (areas served by your facility or system): _____

Population of Service Area: _____

What is the total volume of solid waste present on-site as of December 31.

_____ tons OR _____ yds³

ANNUAL DISPOSAL

For facilities that operate scales, provide your annual tonnage based on scale records for the previous calendar year _____ Tons

For facilities that do not operate scales, provide your annual volume based on waste records for the previous calendar year (Attach copies of the waste measurement records - monthly summaries are acceptable)

_____ #Compacted Cubic Yards #Cubic Yards x 700 ÷ 2000 = _____ Tons
e.g. packer truck

_____ #Uncompacted Cubic Yards #Cubic Yards x 300 ÷ 2000 = _____ Tons

Do you accept wastes generated outside of Montana. Yes No
 If so, were quarterly imported waste fees submitted to the Department? Yes No
 If you accept out of state wastes, during the previous calendar year, what was the total tonnage accepted? _____
 Where was the out-of-state waste generated? (use additional sheets if necessary)

City	State	County
City	State	County

FOR FACILITIES THAT ACCEPT TIRES:

Number of tires accepted during the previous calendar year for disposal..... _____
 Number of tires accepted during the previous calendar year for storage..... _____
 Number of tires accepted during the previous calendar year for recycling..... _____
 Disposal fee per tire \$ _____

FINANCIAL ASSURANCE

If you are required to maintain Financial Assurance (FA) for closure, post-closure care, and/or corrective action activities, the annual updates to the FA cost estimates, required per ARM 17.540, are due by **April 1st**.

Are you required to maintain FA? Yes No
 Has the annual cost estimate update been completed? Yes No
 Have you submitted this annual cost estimate update to the Department? Yes No
 If not, by what date will you submit the update? _____

(Required)

Inflation Multiplier: The total amount of FA must be adjusted annually for inflation for each mechanism selected to provide adequate landfill FA as required [ARM 17.50.540]. The annual inflation multiplier is derived from the implicit price deflator (IPD) for gross domestic product (GDP) based on the latest final year-end figure available in time for the submission deadline. The deflator is published by the Bureau of Economic Analysis, U.S. Department of Commerce, and may be found at the webpage <http://www.bea.gov/National/nipaweb/Index.asp> . Please contact the Solid Waste Program for the current inflation multiplier.

MISCELLANEOUS FACILITY INFORMATION

WASTE COLLECTION EVENTS:

Do you plan to hold any of the following events this year?
 Household Hazardous Waste Collection Event Yes No
 Paint Swap Event Yes No
 Electronics Waste Collection Event Yes No
 Other (please specify): _____

DISPOSAL FEES:

How do you assess fees for disposal of solid waste? (Check all methods that apply)
 Tipping fee at gate \$ _____/ton
 \$ _____/cubic yard
 -and/or-
 Service charge
 Tax assessment
 Annual residential rate \$ _____ Does this rate include residential pickup? Yes No
 Other (please describe) _____

LANDFILL STAFF:

How many employees (FTE) work in your solid waste program? _____
 How many hours of safety training did they receive last year? _____
 Hours of hazardous waste training? _____
 Hours of solid waste operators training? _____

MAILING LISTS

The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting a mailing list of licensed Montana Solid Waste Facilities. However, State law prohibits the Department from providing a mailing list to non-governmental individuals without the operator's permission.

Do you want your facility and contact information included in the publication of a mailing list? Yes No

TRAINING REQUESTS

In order to provide meaningful training for landfill operators, please check your top three training priorities for the next two years.

- Site Health and Safety
- Material Recycling Facilities
- Transfer Stations
- Equipment Maintenance
- Site O&M
 - Asbestos
 - Burn Piles
 - Composting
 - Contaminated Soils
 - Electronic Waste
 - Resource Recovery
 - Waste Screening
 - Groundwater Monitoring and Corrective Action
 - Household Hazardous Waste and CESQG
- Asbestos
- Compliance Inspections
- Debris Management
- Household Hazardous Waste and Electronic Waste Collection Events
- Landfarming
- Landfill Fires
- Landfill Gas
- Leachate Management
- Recycling
- Tires

Other: _____

CERTIFICATION

(An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____

Print Name Here: _____

Title: _____ Date: _____

The completed form must be submitted to the Department by April 1st.

**Send completed form to: MONTANA DEQ
SOLID WASTE SECTION
PO BOX 200901
HELENA, MT 59620-0901**