

**PERMITTING AND COMPLIANCE DIVISION  
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU  
SOLID WASTE SECTION  
PO BOX 200901  
HELENA, MT 59630-0901  
Phone: (406) 444-5300  
Fax: (406) 444-1374**

**TO: Prospective Applicants of a Soil Treatment Facility License**

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

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.**

**SOIL TREATMENT FACILITY LICENSE APPLICATION**

<b>SECTION I – APPLICANT INFORMATION</b>	
Applicant Name:	Contact Name:
Applicant Mailing Address:	
Applicant Phone:	Applicant Fax:
Applicant E-mail Address:	
This application is for: <input type="checkbox"/> Landfarm treatment of petroleum contaminated soils from multiple sites <input type="checkbox"/> Expansion of an existing facility (if so, facility license number: _____) <input type="checkbox"/> Soil Heap treatment system using biopile or compost technology to remediate contaminants <input type="checkbox"/> Other (please explain) _____	
Are you the owner of the property where the facility is located? <input type="checkbox"/> Yes <input type="checkbox"/> 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 phone number of the owner 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: _____ _____	
Phone Number: _____	

<b>SECTION II – FACILITY INFORMATION</b>	
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)**

Property Geocode Location:

General description of facility location:

Total acreage of proposed facility: \_\_\_\_\_ Acreage usable for the STF: \_\_\_\_\_

Has this location previously been used for the treatment of contaminated soils?  Yes  No  
*(If so, attach an explanation on a separate page providing the details of use)*

Total Facility Capacity:

Service Area:

Proposed facility opening date: \_\_\_\_\_

**SECTION III – ATTACHMENTS (PLEASE NUMBER OR LABEL THE ATTACHMENTS)**

**A.** Attach site-specific soil information for the proposed location that includes:

- A soil profile from 1 to 3 feet below the lowest point contaminated soils will be deposited  
*(Below Treatment Zone (BTZ) means the undisturbed natural soil within the treatment cell lying directly beneath the treatment zone)*

Was this determined by:

- Soil Conservation Service Soil Survey
- Soil Scientist Site Visit
- Other (Specify) \_\_\_\_\_

- Results of the measurement of the permeability or conductivity of the BTZ soils.

Was this determined by:

- Laboratory Analysis (Lab \_\_\_\_\_)
- Approximation from Soil Profile
- Percolation Test

If the soils BTZ at the proposed treatment facility do not meet the State of Montana standard for vertical and lateral permeability of at least  $1 \times 10^{-5}$  cm/sec for a depth of 3 feet, it may be necessary to provide design specifications for synthetic treatment cell liners.

Is this included in your application?  Yes  No

**B.** Have background soil samples been taken at the proposed facility?  Yes  No  
*(If yes, attach a copy of the analytical results)*

If No, when will the required sampling take place? \_\_\_\_\_

**SECTION III – (CONTINUED)**

- C.** Attach the proposed facility Operation and Maintenance (O&M) Plan for the Soil Treatment Facility (STF) that includes:
- (a) Days and hours of operation.
  - (b) Fencing and access control.
  - (c) Equipment to be used at the STF.
  - (d) Site supervision.
  - (e) Maintenance of soil storage or stockpile areas.
  - (f) Sludge de-watering procedures, if applicable.
  - (g) Provisions for run-on/run-off control and a copy of the MPDES Permit, if required.
  - (h) Type(s) of waste stream(s) proposed for acceptance at the proposed facility.
  - (i) Provisions for Department-approval prior to acceptance of soils for treatment.
  - (j) Characterization of incoming waste materials before acceptance and remediation that includes:
    - (1) Criteria used to evaluate the incoming waste stream(s);
    - (2) Description of any special or unusual wastes (those that require special handling or present unique environmental concerns) that will be accepted at the landfarm;
    - (3) Description of the analytical methods (specific to each waste stream), or field screening equipment that will be used to characterize the waste before it is accepted at the landfarm;
    - (4) Sampling protocol that will be adhered to for each waste stream during the life of the facility.
  - (k) A copy of the recordkeeping form to track the incoming waste.
  - (l) Description of the methods for determining the BTZ soil characteristics and the frequency of BTZ sampling and analysis.
  - (m) Source of irrigation water for the treatment cell.
  - (n) Provisions for groundwater monitoring, if required.
  - (o) Management of soils under treatment that includes:
    - (1) Projected maximum volume of contaminated soil to be under remediation at one time;
    - (2) Description of how the treatment cells will be segregated to accommodate different waste streams and remediation schedules;
    - (3) Indicate the depth that contaminated soils will be spread;
    - (4) Describe the timing and method of tilling or aerating for the different materials;
    - (5) Provide the sampling schedule that will be used for each type of material under treatment;
    - (6) Describe the method for the collection of treatment zone samples;
    - (7) Provide the analytical method(s) used to monitor soils under treatment;
    - (8) Methods to determine the conditions in the treatment zone to promote bacterial activity (i.e., available nutrients, pH, soil moisture, soil temperature, bacterial count);
    - (9) Describe the criteria used to determine the attainment of treatment;
    - (10) Describe the proposed end-use(s) of the remediated soils.
  - (p) Site Safety Plan.
  - (q) Contingency plan for unforeseen precipitation events or facility design failure.
  - (r) Describe the estimated life of the facility and include the method used to calculate this figure.

**D.** Attach a map that shows the location of the proposed facility in relation to the local population center, adjacent residences, and access roadways.

**E.** Attach a description of adjacent use of land and provide a list of names and mailing addresses of all persons owning land adjacent to and within one-mile of the proposed facility.

**F.** Attach a map that shows the location of wetlands, springs, and natural drainages on and within one-mile of the facility boundary

**G.** Attach a map that shows the locations of public and private water supplies within one-mile of the facility boundary. Attach copies of well logs for these public and private water supplies.

**H.** If the site is located within the 100-year floodplain, attach a copy of the floodplain map.

**SECTION III – (CONTINUED)**

**I.** Attach a map of the proposed facility showing:

- |                                           |                                                             |
|-------------------------------------------|-------------------------------------------------------------|
| a) Fencing.                               | e) Location of building(s), scales, etc...                  |
| b) Access control features.               | f) Location of on-site roadways.                            |
| c) Surface water run-on/run-off controls. | g) Location of on-site disposal area(s) and/or burn site(s) |
| d) Property boundary.                     |                                                             |

**J.** Attach the drainage control plan that describes the measures used to prevent surface water run-on/run-off from entering and/or leaving the treatment areas.

**K.** Attach the geologic and soil information for the proposed site that includes a site geologic map and a soil profile to a depth of twenty (20) feet BTZ.

**L.** Attach a copy of the site hydrogeologic report that includes well-logs and information on groundwater depth, availability, direction of groundwater flow, known or suspected recharge areas, groundwater quality and quantity.

**M.** If seasonally high groundwater is greater than 25-feet but less than 50-feet below ground surface, attach the site groundwater monitoring plan and include the results of groundwater sampling and analysis.

**N.** Attach the facility design plan that includes:

- (a) Technical design specifications.
- (b) Construction plans.
- (c) Detailed site plan that includes:
  - (1) Location and documentation for any soil sample, test pit, boring, or ground water well used to determine site characteristics;
  - (2) Information concerning any material that will be used in a liner or berm including:
    - (i) Liner specifications
    - (ii) Source materials
    - (iii) Monitoring features
    - (iv) Construction details
    - (v) Quality Assurance/Quality Control (QA/QC).

**O.** Attach a copy of the information confirming that the existing bridges and roads will support loaded vehicles and additional traffic. Describe how the site operations affect the existing local transportation networks and traffic flows and any required modifications.

**P.** If underground tanks or lines will be located at the site, attach a copy of the completed EPA form 7530 (11/85, Rev. 2/86), Notification for Underground Storage Tanks and provide your facility ID number:

Facility ID No.: \_\_\_\_\_

**Q.** Attach a Closure Plan that includes the soil specifications for and depth of the final cover, final cover elevations and drainage details, site-specific revegetation requirements, other pertinent details of site closure, post-closure monitoring requirements, and proposed final use of the site upon closure.

**R.** 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/>

**S.** 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/shpo/forms.asp>.

**T.** Attach a copy of the general liability insurance policy in accordance with the requirements in ARM 17.50.1114.

**SECTION IV - CERTIFICATIONS**

***LANDOWNER CERTIFICATION***

I am the: *(check one)*

Property Owner

Designated Representative of the Property Owner   
*(Provide verification of status as representative)*

By signing this form, I hereby certify that I am aware of the proposed solid waste management system. The applicant has my permission to use the site in accordance with the laws and rules of Montana governing solid waste management and any conditions or provisions imposed by the licensing agency. If the owner/operator of the solid waste management system fails to perform in accordance with any provision or provisions of the license issued pursuant to this application, as the landowner, I will be responsible for executing facility closure and post-closure activities pursuant to the requirements of the license and the solid waste laws and rules.

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: \_\_\_\_\_

***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: \_\_\_\_\_