



Montana Department of Environmental Quality
Waste Management and Remediation Division
Waste and Underground Tank Management Bureau
Solid Waste Program
PO Box 200901
Helena, MT 59620-0901

TO: Prospective Applicants of a Solid Waste Management System License

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

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 insure 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 completed application, the Department will provide written notification to the local county health officer that an application for a 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) pursuant to ARM 17.4.607. An EA is a written analysis of a proposed action to determine if an Environmental Impact Statement (EIS) is required and whether or not the action may have a significant impact on the human and natural environment. Once the EA is completed, a copy of the EA will be mailed to 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 will accept written 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 signature. The Health Officer in the county where the proposed facility will be located must sign the license before it becomes valid. **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 II 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: <input type="checkbox"/> New Class II Landfill <input type="checkbox"/> Expansion of an existing facility (if so, facility license number: _____) <input type="checkbox"/> Resource Recovery or Processing Facility <input type="checkbox"/> Large Composter Operation <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 and address of lessor who holds title to the property, attach a copy of the lease or 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 nearest quarter-quarter section):	
Facility Location Geocode:	
General description of facility location:	
Total acreage of proposed site: _____ Acreage useable 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? *(Note: these types and quantities of waste may be legally accepted at state licensed "Class II" landfill facilities.)* Yes No

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

What is the proposed opening date for this facility? _____

SECTION IV – ATTACHMENTS (PLEASE NUMBER OR LABEL THE ATTACHMENTS)

Attach the proposed facility Operation and Maintenance (O&M) Plan.
The O&M Plan should include, at a minimum, a general description of the solid waste management system, the days and hours the site is open, site fencing and access controls, equipment to be used at the site, how on-site traffic will be directed and controlled, the types of waste to be accepted, the maintenance schedule regarding handling and disposal of solid wastes, management of special wastes, provisions for litter control, the proposed use of the land after fill area completed, the person(s) responsible for the operation and maintenance of solid waste management system. The O&M Plan must also indicate what measures will be taken to keep water from entering the waste disposal area. Please refer to the Administrative Rules of Montana (ARM) Section 17, Chapter 50, Sub-chapter 11 for the minimum O&M requirements.

Attach a map that shows the location of the proposed facility, adjacent residences, and access roadways.

Attach a description of adjacent use of land and provide a list of names and mailing addresses of all persons owning land adjacent to the proposed facility.

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

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.

SECTION IV (CONTINUED)

<input type="checkbox"/> If the site is located within the 100-year floodplain, attach a copy of the floodplain map.
<input type="checkbox"/> Attach a map of the proposed facility showing: a) Fencing. d) Location of building(s), scales, tanks, etc... b) Access control features. e) Location of on-site roadways. c) Surface water run-on/run-off controls. f) Location of any surface water or leachate containment structures.
<input type="checkbox"/> Attach the geologic and soil information for the proposed site that includes a site geologic map and a soil profile to a depth ten (10) to twenty (20) feet below the lowest point solid waste will be deposited.
<input type="checkbox"/> Attach a copy of the site hydrogeologic report that includes well-logs and information on groundwater availability, quality, and quantity.
<input type="checkbox"/> Attach the site groundwater monitoring plan or no-migration demonstration documents.
<input type="checkbox"/> If methane monitoring is required, attach the site methane monitoring plan including a map of the proposed methane monitoring well locations and proposed well design/construction
<input type="checkbox"/> Attach the cut and fill plan.
<input type="checkbox"/> 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. If existing bridges and roads require modification as a result of the licensure of the proposed facility, attach a description of the modification plan and timelines.
<input type="checkbox"/> 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? _____
<input type="checkbox"/> Attach a copy of the proposed Financial Assurance in accordance with ARM 17.50.540
<input type="checkbox"/> Attach a closure plan for the landfill that includes: soil specifications for the final cover, final cover elevations and drainage details, site-specific revegetation requirements, other pertinent details of site closure, and proposed final use of the landfill upon completion.
<input type="checkbox"/> Attach a copy of the Montana Natural Heritage Program's (NHP) database information on sensitive, threatened, or endangered species or habitats on and within on-mile of the facility boundary. The NHP database may be accessed at: http://mtnhp.org/
<input type="checkbox"/> 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 .
<input type="checkbox"/> Attach a copy of the proposed deed notation in accordance with the requirements in ARM 17.50.1113.
<input type="checkbox"/> Attach a copy of the general liability insurance policy in accordance with the requirements in ARM 17.50.1114.
<input type="checkbox"/> Is the proposed site located in a Sage Grouse core, habitat, or connectivity area? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of the recommendation letter from DNRC's Sage Grouse Habitat Conservation Program. (To begin the evaluation process with the Sage Grouse Habitat Conservation Program, visit https://sagegrouse.mt.gov/projects/ .)

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: _____