

III. TREATMENT ZONE SEASONAL SAMPLING

- 7. List acreage of site or cells under treatment
- 8. Dates of seasonal sampling April
July
Oct.
- 9. Total number of samples collected and analyzed April
July
Oct.

*****ATTACH SAMPLE RESULTS**

IV. MAINTENANCE

- 10. Date landfarm maintenance samples were performed
Nutrients
Moisture
pH

*****ATTACH SAMPLE RESULTS**

V. AIR QUALITY

- 11. Has the landfarm exceeded 25 tons/year of VOCs? Yes () No ()

VI. BELOW TREATMENT ZONE (BTZ)

- 12. Date BTZ sampled Oct.
- 13. Number of BTZ samples collected and analyzed
- 14. Is there evidence that leaching has occurred by change in the BTZ baseline character?
Yes () No ()
- 15. Was the Waste Management Section notified of the change? Yes () No ()

*****ATTACH SAMPLE RESULTS**

VII. RECORDS

16. Are records being maintained which include all of the following: Yes () No ()
- a. ID/tracking code
 - b. source
 - c. volume
 - d. contaminant
 - e. initial concentration
 - f. treatment cell location
 - g. application date
 - h. treatment schedule and method (i.e. tillage frequency, nutrient additions, moisture enhancement, organic amendments, etc.)
 - i. sample dates
 - j. analyses performed
 - k. analytical results
 - l. final placement, if removed

THE ANNUAL REPORT SHALL BE SENT TO THE DEPARTMENT OF ENVIRONMENTAL QUALITY NO LATER THAN 90 DAYS FOLLOWING THE LAST YEARLY OCTOBER SAMPLING EVENT.

Send to:

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
PERMITTING AND COMPLIANCE DIVISION
WASTE MANAGEMENT SECTION
PO BOX 200901
HELENA, MT 59620-0901**

*****Please Attach Copies of Analytical Results**