



**TO: Prospective Applicants for a Class II Transfer Station Solid Waste Management System License**

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

Facilities licensed as Class II transfer stations can have a combination of structures, machinery, or devices, where Group II and III wastes are taken from collection vehicles (public, commercial, or private) and placed in other transportation units for movement to another solid waste management facility [Administrative Rules of Montana 17.50.404(27)]. There are two sizes of transfer stations: those that accept more than 10,000 tons/year, and those that accept less than 10,000 tons/year.

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.**

If you have any questions, please contact us.



**CLASS II TRANSFER STATION 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 II Transfer Station

Expansion of an existing transfer station (if so, facility license #: \_\_\_\_\_)

Are you the owner of the property where the transfer station 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 and address of lessor who holds title to the property, attach a copy of the lease or rental agreement, and complete the owner certification in Section IV.

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 Facility Waste Holding Capacity: \_\_\_\_\_ How often will wastes be removed? \_\_\_\_\_  
(weekly at a minimum)

Projected annual facility volume:  
(include the calculations used to determine this figure)

Service Area:

Population to be served by the solid waste system:

Waste Type(s) Accepted:

What is the proposed opening date for this facility? \_\_\_\_\_

Does the facility plan to compost on-site?  Yes  No  
(If yes, a small compost operation application is required for this activity and must be submitted with this document.)

If so, acreage of proposed compost area: \_\_\_\_\_

Does the facility plan to burn clean, untreated wood waste?  Yes  No  
(If yes, a Class III solid waste management system application is required and must be submitted with this document)

If so, acreage of proposed burn site: \_\_\_\_\_

Does the facility plan to include salvaging, reuse, or recycling as part of the facility operation?  Yes  No  
(If yes, include a description of these activities in the facility Operation and Maintenance Plan that includes a discussion of the types of materials collected, where the materials will be stored, the location of salvage operations, how often the material will be removed and where it will be taken, and how the area will be monitored.)

Will any 'special or unusual'\* wastes be accepted?  Yes  No  
(\*wastes that require special handling or present unique environmental hazards)  
If yes, provide a description of the wastes along with the hazard and handling details as an attachment.

**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; number of workers on site and description of workers' duties; 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; screening activities for hazardous waste, PCB-waste, or other prohibited wastes; how rodents and insects will be controlled; the maintenance schedule regarding handling and off-site disposal of solid wastes; management of special wastes; provisions for litter control; provisions for methane monitoring if waste is not removed daily; 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, Subchapter 11 for the minimum O&M requirements.

**SECTION IV (CONTINUED)**

- 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.
- If the site is located within the 100-year floodplain, attach a copy of the floodplain map.
- Attach a map of the proposed facility showing:
  - a) Fencing.
  - b) Access control features.
  - c) Surface water run-on/run-off controls.
  - d) Location of building(s), scales, tanks, etc...
  - e) Location of on-site roadways.
  - f) Location of any surface water or leachate containment structures.
- Attach the geologic and soil information for the proposed site that includes a site soils and geologic map.
- Attach a copy of the site hydrogeologic report that includes well-logs and information on groundwater availability, quality, and quantity for wells within one-mile of the proposed site.
- Attach a location map showing all structures and areas for solid waste unloading, loading, baling, compacting, and storage. Also show areas for burning, composting, and recycling if applicable. Include dimensions, elevations and floor plans for these structures and areas, including the general process flow.  
**\* Prior to construction, all designed must be reviewed and approved by the Montana Department of Labor and Industry, Building Codes Bureau (P.O. Box 200517, Helena, MT 59620)**
- Include the design details and specifications for the facility's drainage, septic, and water supply systems.
- 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.
- 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?  
  
\_\_\_\_\_
- Attach a closure plan that includes: Removal of site structures and other appurtenances, closure elevations and drainage details, site-specific revegetation requirements, other pertinent details of site closure, and proposed final use of the site upon completion of closure.
- 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/>
- 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..>
- Attach a copy of the general liability insurance policy ( ARM 17.50.1114).
- Is the proposed site located in a Sage Grouse core, habitat, or connectivity area? Yes  No   
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/.](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: \_\_\_\_\_