



**SOLID WASTE MANAGEMENT SYSTEM  
COMBINED FACILITY  
LICENSE RENEWAL APPLICATION FORM**

**ADMINISTRATIVE INFORMATION**

Facility Solid Waste License # \_\_\_\_\_ Facility Type/Class/Category: \_\_\_\_\_

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: \_\_\_\_\_

**ANNUAL TONNAGE/VOLUME OF MATERIALS ACCEPTED**

Do you landfill waste at your site? Yes  No

If so, tonnage or volume landfilled during the previous calendar year: \_\_\_\_\_  
*(specify units of measure – tons or cubic yards)*

Do you perform open burning at your site? Yes  No

If so, tonnage or volume of material managed by open burning during the previous calendar year: \_\_\_\_\_  
*(specify units of measure – tons or cubic yards)*

Do you compost at your site? Yes  No

If so, provide information on the types of materials composted and the volume of compost produced in the table below:

TYPE OF COMPOSTABLE ACCEPTED	VOLUME OR TONNAGE ACCEPTED FOR COMPOSTING	VOLUME OR TONNAGE OF COMPOST PRODUCED

Please describe the composting method used. \_\_\_\_\_

What is the total volume of compost present on-site as of December 31 of the previous calendar year.

\_\_\_\_\_ tons      OR      \_\_\_\_\_ yds<sup>3</sup>

## FACILITY OPERATIONS

### Fees:

How do you assess fees for accepting materials? (Check all methods that apply)

No fees assessed

Tipping fee at gate \$ \_\_\_\_\_/ton  
\$ \_\_\_\_\_/cubic yard

and/or

Other (please describe) \_\_\_\_\_

### Staff:

How many employees (full time equivalent) 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 mailing lists for 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

## 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: \_\_\_\_\_

## TRAINING REQUESTS

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

Site Health and Safety

Compliance Inspections

Debris Management

Equipment Maintenance

Site O&M Elements:

Leachate Management

Composting  Recycling

Groundwater Monitoring and Corrective Action

Waste Screening

Other: \_\_\_\_\_

**The completed form must be submitted to the Department by April 1<sup>st</sup>.**

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