



SOLID WASTE MANAGEMENT SYSTEM
SOIL TREATMENT FACILITY
LICENSE RENEWAL APPLICATION FORM

ADMINISTRATIVE INFORMATION

Facility Solid Waste License #
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:

LANDFARM MANAGEMENT INFORMATION

Provide the total amount of contaminated soil accepted at the facility for treatment during the previous calendar year.
tons OR yds^3
Provide the total amount of contaminated soils under treatment on-site as of December 31, of the previous calendar year.
tons OR yds^3

PLEASE ATTACH A COPY OF THE FACILITY ANNUAL REPORT

Do you accept contaminated soils for treatment that were generated outside of Montana. Yes No
If so, were quarterly imported waste fees submitted to the Department? Yes No
If you accepted out of state wastes, during the previous calendar year, what was the total tonnage accepted?
Where was the out-of-state waste generated? (use additional sheets if necessary)

City State County

MISCELLANEOUS FACILITY INFORMATION

DISPOSAL FEES:

How do you assess fees for management of contaminated soils? (Check all methods that apply)
Tipping fee at gate \$/ton Service charge \$/ton
\$/cubic yard \$/cubic yard
Other (please describe)

LANDFILL STAFF:

How many employees (FTE) 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 a mailing list of licensed 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

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
- Equipment Maintenance
- Site O&M
 - Landfarming
 - Contaminated Soils
 - Waste Screening
 - Groundwater Monitoring and Corrective Action
- Leachate Management
- Other: _____

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: _____

The completed form must be submitted to the Department by April 1st.

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