FY22 SOLID WASTE MANAGEMENT FACILITY LICENSE RENEWAL APPLICATION  
(July 1, 2021 through June 30, 2022)

SECTION I – GENERAL FACILITY INFORMATION  
(please cross out errors and provide corrected information)

License No.: ______________ Facility Name: ________________________________________________

Category/Class/Type: ________________________________

Service Area: _________________________________________

Facility Address: _______________________________________________________________________

Facility Owner/Licensee: ______________________________

Facility Contact: _____________________________________

Facility Contact Title: _________________________________

Facility Contact Address: _____________________________________________________________

Facility Contact Email: ________________________________

Facility Contact Phone: ________________ Facility Contact Fax: ________________

SECTION II – ANNUAL TONNAGE and WASTE MANAGEMENT INFORMATION  
(Please complete each applicable item for your facility)

* (Remember to attach copies of the tonnage records - monthly summaries are acceptable)

II.1: LANDFILLS

II.1.a. For landfills that OPERATE SCALES, provide your annual tonnage received  
during calendar year 2020 based on scale records  
____________________ Tons

II.1.a.i. How many tons received were landfilled: ________________ Tons

II.1.a.ii. How many tons received were diverted: ________________ Tons

II.1.a.ii.1. How were wastes diverted?

Composted? ________________ Tons   Disposal by Open Burning? ________________

(specify tons or cubic yards)

Off-site recycling ________________ Tons
II.1.b. For landfills that DO NOT OPERATE SCALES, provide your annual volume received during calendar year 2020 based on waste records.

Conversion from Cubic Yards to Tons of Municipal Solid Wastes (MSW):

\[
\text{Compacted Cubic Yards of MSW} \times \frac{700}{2000} = \text{Tons}
\]

\[
\text{Uncompacted Cubic Yards of MSW} \times \frac{300}{2000} = \text{Tons}
\]

Conversion from Cubic Yards to Tons of Loose Wood Wastes:

\[
\text{Cubic Yards of Loose Wood Wastes} \times \frac{300}{2000} = \text{Tons}
\]

Conversion from Cubic Yards to Tons of Concrete Wastes:

\[
\text{Cubic Yards of Concrete Wastes} \times \frac{860}{2000} = \text{Tons}
\]

Conversion from Cubic Yards to Tons of Contaminated Soil:

\[
\text{Cubic Yards of Contaminated Soil} \times \frac{920}{2000} = \text{Tons}
\]

II.1.c. Do you accept out-of-state waste for disposal? Yes ☐ No ☐ (If yes, complete section II.6.)

II.2. Tire-Only Facilities:

Number of tires accepted from out-of-state during 2020 (i.e., imported)............

Number of tires accepted during 2020, including imported, for disposal............

Number of tires accepted during 2020, including imported, for storage............

Reason for Storage:___________________________________________________________

Number of tires accepted during 2020, including imported, for recycling............

Disposal fee per tire $__________

II.3. Composting Operations

II.3.a. Has the design capacity of your facility changed in the last year? Yes ☐ No ☐

II.3.b. What is the composting method used? ___________________________________________

II.3.c. What is the total volume and/or tonnage present on-site as of December 31, 2019?

_________________________ Cubic Yards _____________________________ Tons

II.3.d. Provide information on the types of materials composted and the volume of compost produced:
II.4. **TRANSFER STATION**

II.4.a. Do you landfill wastes on-site? Yes ☐  No ☐

*(If yes, please complete Section II.1.a. or II.1.b. as applicable)*

II.4.b. Where are wastes received at Transfer Station sent for disposal?

______________________________________________

II.5. **SOIL TREATMENT FACILITY – LANDFARMS**

II.5.a. Provide the total amount of contaminated soil **accepted** at the facility for treatment during calendar year 2020.

______________________________________________ Tons or Cubic Yards *(please specify)*

II.5.b. Provide the total amount of contaminated soil **under treatment** as of December 31, 2020.

______________________________________________ Tons or Cubic Yards *(please specify)*

II.5.c. Have you submitted your annual report to DEQ? Yes ☐  No ☐

*(If not, please attach it to this form)*

II.5.d. Do you accept contaminated soils for treatment that were generated **outside** of Montana.

Yes ☐  No ☐

II.5.d.i. If so, were quarterly imported waste fees submitted to the Department? Yes ☐  No ☐

II.5.d.ii. If you accepted out of state wastes, **during calendar year 2020**, what was the total amount accepted?

______________________________________________ Tons or Cubic Yards *(please specify)*

II.5.d.iii. Where was the out-of-state waste generated? *(Use additional sheets if necessary)*

__________________________

City    State     County

II.6. **IMPORTED WASTES**

II.6.a. Do you accept wastes generated **outside** of Montana? Yes ☐  No ☐

II.6.b. If so, were quarterly imported waste fees submitted to the DEQ? Yes ☐  No ☐

II.6.c. If you accepted out of state wastes during **calendar year 2020**, what was the total tonnage accepted?

__________________________ Tons

II.6.d. Where was the out-of-state waste generated?

*(Use additional sheets if necessary)*
SECTION III – FINANCIAL ASSURANCE REQUIREMENTS

III.1. Are you required to maintain FA? Yes □ No □ (If not, skip to the next section)

III.2. If you are required to maintain Financial Assurance (FA) for closure, post-closure care, and/or corrective action activities, the required annual updates to the FA cost estimates (per ARM 17.540) are due by April 1, 2021. The inflation multiplier for the current year update is 1.01646.

   III.2.a. Have the annual cost estimates update been completed? Yes □ No □

   III.2.b. Have the updated cost estimates been submitted to DEQ? Yes □ No □

      III.2.b.i. If not, by what date will you submit the updated cost estimates? ______________________________ (Required)

SECTION IV – MISCELLANEOUS INFORMATION

DEQ 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 DEQ 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 □
SECTION VI - CERTIFICATION

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: ____________________________________________

(An authorized representative of the solid waste system must sign and date the certification.)

Print Name Here: __________________________________________________

Title: ____________________________________________________________

Date: ______________________
