

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY  
PERMITTING AND COMPLIANCE DIVISION  
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU  
SOLID WASTE SECTION**

**BENEFICIAL USE DETERMINATION ANNUAL REPORTING FORM**

*(This completed form and the related information must be submitted by April 1<sup>st</sup> of each calendar year for each by-product subject to the approved Beneficial Use Determination.)*

Report for Calendar Year: \_\_\_\_\_

**BENEFICIAL USE DETERMINATION HOLDER INFORMATION**

Company Name: \_\_\_\_\_

Company Contact Person: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**BY-PRODUCT GENERATOR INFORMATION**

Type of By-Product Beneficially Used: \_\_\_\_\_

Generator/Facility Name: \_\_\_\_\_

Generator Mailing Address: \_\_\_\_\_

Generator Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_ Contact E-mail Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Fax Number: \_\_\_\_\_

Generation Point Physical Location: \_\_\_\_\_

*(Township, Range, and Section, or Latitude and Longitude, are acceptable forms of location information.)*

County: \_\_\_\_\_

Did the process generating the by-product or the raw material feedstock change during the previous calendar year?

No  Yes *(If yes, attach a detailed explanation of the change)*

**BY-PRODUCT USE INFORMATION**

Provide a brief description of the approved use(s), and amount of the by-product utilized for each approved use, during the previous calendar year:

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Use Location(s): \_\_\_\_\_

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*(Township, Range, and Section, or Latitude and Longitude, are acceptable forms of location information. Please attach a separate document if the space above is not adequate.)*

Attach any additional information specified in the approved BUD, including copies of all required analytical reports.

**CERTIFICATION**

To the best of my knowledge and belief, I certify that the information provided with this report, including attachments, is true, accurate, and correct.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_