

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
WASTE MANAGEMENT AND REMEDIATION DIVISION
SOLID WASTE SECTION
PO BOX 200901
HELENA, MT 59620-0901
Phone: 406-444-5300 Fax: 406-444-1374**

LICENSED SOIL TREATMENT FACILITY ANNUAL REPORT FORM

Facility Name: _____ **License No.:** _____

I. FACILITY OPERATION

1. Is prior approval to accept each waste load being obtained from the Department's Solid Waste Program?
 YES NO
2. What is the total acreage under treatment? _____
3. How many treatment cells are in use? _____
4. What is the date and volume of waste that was last accepted? _____
Date *Volume*

II. GROUNDWATER MONITORING

5. Are you required to perform groundwater monitoring? YES NO

6. Please list each well by ID# and/or name and results of measurements/analyses:

	Well ID/name	Well ID/name	Well ID/name
Static water level: <i>unless otherwise approved, measured 3 times/yr (April, July, October)</i>			
date:	_____ ft.	_____ ft.	_____ ft.
date:	_____ ft.	_____ ft.	_____ ft.
date:	_____ ft.	_____ ft.	_____ ft.
Groundwater Analytical Results: <i>(required 2 to 4 times per year)</i>			
date:	-----	-----	-----
TPH			
date:	-----	-----	-----
BTEX			
date:	-----	-----	-----
other (specify):			

(Note: If you have not submitted these results to the Department, attach them to this report.)

III. TREATMENT ZONE SEASONAL SAMPLING

7. Dates of seasonal sampling: (3 times per year) April _____

July _____

Oct. _____

8. Total number of samples collected and analyzed April _____

July _____

Oct. _____

(Note: If you have not submitted these results to the Department, attach them to this report.)

IV. MAINTENANCE

9. Were landfarm maintenance samples collected and analyzed? YES NO

If so, dates of analysis:

Nutrients: _____

Moisture: _____

pH: _____

(Note: If you have not submitted these results to the Department, attach them to this report.)

V. AIR QUALITY

10. Has the landfarm exceeded 25 tons/year of VOC's? YES NO

VI. BELOW TREATMENT ZONE SAMPLING (BTZ)

11. Date BTZ sampled Oct. _____

12. Number of BTZ samples collected and analyzed: _____

13. Is there evidence that leaching has occurred by changes in the BTZ baseline character?

YES NO

14. Was the Solid Waste Section notified in writing of the change? YES NO

If so, date notification provided: _____

(Note: If you have not submitted these results to the Department, attach them to this report.)

VII. RECORDKEEPING

15. Are records being maintained which include all of the following: YES NO
- a. ID/Tracking code
 - b. Source
 - c. Volume
 - d. Contaminant
 - e. Initial concentration
 - f. Treatment cell location
 - g. Application date
 - h. Treatment schedule and method
 - i. Sample dates
 - j. Analyses performed
 - k. Analytical results
 - l. Final placement, if removed

The annual report is due by April 1st of each year.

VIII. 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:** _____