

**WASTE MANAGEMENT AND REMEDIATION DIVISION  
WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU  
SOLID WASTE SECTION  
PO BOX 200901  
HELENA, MT 59620-0901  
Phone: (406) 444-5300  
Fax: (406) 444-1374**

**TO: Prospective Licensees of a Minor Compost Facility**

The enclosed checklist and license application form is for anyone wishing to operate a minor compost facility. Please number or label the attachments or enclosures that you have included with your application form and note those which are included. Remember to return the checklist with your application.

Licensing is required for a minor compost facility that receives feedstock from more than one source. To obtain a license as a minor compost facility, **all** the following requirements must be met:

- 1) Has two acres or less of active working area;
- 2) Accepts less than 5,000 cubic yards of compost feedstock annually;
- 3) Produces less than 2,500 cubic yards of finished compost annually; and
- 4) Does not accept sewage sludge, biosolids, or septage.

If all the requirements above are not met, the facility is a major compost facility. Major compost facilities must be licensed, as well.

The licensing of this solid waste management system is a quick and easy process. **Minor compost facility licenses are issued free of charge.** The Department will review each submitted application to ensure that it is complete. **All enclosures must be included for the application to be considered complete.** If additional information is needed, the Department will notify the applicant through a **Notice of Deficiency** that will specify what additional information is required.

Licensing of minor compost facilities is done primarily so that the Department can monitor efforts to achieve legislative waste reduction goals. In addition, it provides the Department and the citizens with information on where these activities are being conducted.

Under Montana statutes, the Department has authority to inspect solid waste management systems. Inspections may be conducted only during reasonable hours and only after presentation of appropriate credentials identifying the inspector as a duly authorized employee of the Department. [See Section 75-10-205, MCA.]

***Only one minor compost facility will be licensed per property owner unless each facility is at least one mile apart***

Thank you for your cooperation. For assistance, please contact the Solid Waste Section at the number listed above.

**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**WASTE MANAGEMENT AND REMEDIATION DIVISION**  
**WASTE AND UNDERGROUND TANK MANAGEMENT BUREAU**  
**SOLID WASTE PROGRAM**  
**P.O. BOX 200901**  
**HELENA, MT 59620-0901**  
**PHONE: 406-444-5300**  
**FAX: 406-444-1374**

**MINOR COMPOST FACILITY LICENSE APPLICATION**

<b>Section 1 – GENERAL INFORMATION</b>	
<p><i>Applicant Name:</i> _____</p> <p>_____</p> <p><i>Business Name:</i> _____</p> <p>_____</p> <p><i>Applicant Title:</i> _____</p> <p>_____</p>	<p><i>Business Mailing Address:</i> _____</p> <p>_____</p> <p><i>City:</i> _____ <i>Zip:</i> _____</p> <p><i>Phone:</i> _____</p> <p><i>Fax:</i> _____</p> <p><i>Email:</i> _____</p>
<b>Section 2 – SITE LOCATION INFORMATION</b>	
<p><i>Proposed Site Location (directions to site and/or street address of site):</i></p> <p>_____</p> <p>_____</p>	
<p><i>Site Legal Description (Section, Township, and Range [to nearest ¼ Section]):</i></p> <p>_____</p>	
<p><i>Is applicant the owner of the facility property?    YES    NO</i></p>	
<p><i>If NO, provide current landowner information below and complete Landowner Certification in Section 4 (attach Montana Cadastral information (<a href="http://svc.mt.gov/msl/mtcadastral">http://svc.mt.gov/msl/mtcadastral</a>) to verify proof of ownership)</i></p>	
<p><i>Landowner Name:</i> _____</p>	
<p><i>Landowner Mailing Address:</i> _____</p>	
<p><i>City:</i> _____ <i>State:</i> _____ <i>Zip:</i> _____</p>	
<p><i>Landowner Phone Number:</i> _____</p>	
<p><i>Total acreage of proposed facility:</i> _____ <i>Total acreage available for composting:</i> _____</p> <p style="text-align: center;"><i>(limited to 2 acres)</i></p>	

## Section 3 –ATTACHMENTS

### 1. Site Operation and Maintenance Plan:

*An Operation and Maintenance plan (O&M) must be included that provides provisions for each of the following items:*

- (a) **Schedule of Operation** (e.g. days and times the site is open, holidays, etc.):
- (b) **Management of storm water run-off and run-on** onto the operation during peak discharge from a 25-year, 24-hour storm event (e.g. ponds, ditches, etc.) (Rainfall amounts available here: <http://www.wrcc.dri.edu/pcpnfreq/mt25y24.gif>):
- (c) **Management of leachate** generated when precipitation comes in contact with composting materials or feedstock (e.g. berms, ponds, etc.):
- (d) **Controlling on-site and preventing offsite nuisance conditions** (e.g. noise, dust, odors, vectors, and windblown debris):
- (e) **Prevention of water pollution** at and beyond site boundary (e.g. berms, ditches, etc.):
- (f) **Access control** to prevent unauthorized site access illegal dumping (e.g. gates, fences, locks, etc.):
- (g) Description of **personnel required and their responsibilities**:
- (h) Describe **estimated traffic volume, plan for entrance and egress (provide map), and procedures for unloading trucks**:
- (i) Describe **procedures for operation during wind events, heavy rain, snow, or freezing conditions**.
- (j) Description of **method to maintain moisture content**:
- (k) Describe plan for **frequency and temperature regime** (ARM 17.50.1716, Table 3:A):;
- (l) Describe **plan for testing finished compost** for weed seed and pathogen destruction, trace metals, compost stabilization, herbicide residuals, and applicable compost sampling and analysis requirements, as required by ARM 17.50.1716:
- (m) Provide **list of equipment** available for use:
- (n) **Description of windrow construction** (if used) or a **process flow diagram for in-vessel systems** (if used):
- (o) **Location of compost facility records**:
- (p) **Maximum operational capacity**:
- (q) **Description of the types/estimated quantities** of feedstocks, finished compost on-site, and seed material or compost starter (if used):
- (r) Description of **scales or other means to document the quantity of output of finished product**:
- (s) Description of the **finished product use**:
- (t) **Method of aeration** (e.g. turning the pile, forced air through pipes, etc.):
- (u) **Plan for the removal and disposal of solid waste and finished compost** that cannot be used in the expected manner:
- (v) **Plan to correct or remediate delivery of unapproved feedstock, contamination of surface water or ground water, and occurrence of nuisance conditions**:
- (w) Provide a **list of the names and addresses of all contiguous/adjacent property owners** (provide this information on a separate, attached sheet using Montana Cadastral (<http://svc.mt.gov/msl/mtcadastral>))

### 2. Site Maps:

*The following maps must be included that provide the following information:*

- (a) A site map with contours delineating the boundaries of:
  - (i) Composting area, feedstock, compost in production, finished compost, and other stockpiles in relation to the property boundary;
  - (ii) On-site drainage flow paths for leachate or storm water;
  - (iii) Location of access roads and on-site roads;
  - (iv) Location of access roads and on-site roads;
  - (v) Location of property boundaries and names/addresses of all contiguous landowners (using Montana Cadastral (<http://svc.mt.gov/msl/mtcadastral>));
- (b) A vicinity map of 1:24,000 scale that delineates the following areas within one-mile of the facility boundaries (using Montana Cadastral (<http://svc.mt.gov/msl/mtcadastral>), one Section in each direction)

**3. Other information:**

- (a) If existing structures on the site are 50 years old or older, attach a copy of the cultural resource file search completed for the site. The search is conducted by the State Historic Preservation Office (SHPO). SHPO charges a fee for this search. A copy of the “File Search Request Form” may be accessed at <https://mhs.mt.gov/Shpo/CulturalRecords>, **under File Search Requests**
- (b) Attach a copy of the Montana Natural Heritage Program’s (NHP) database information on sensitive, threatened, or endangered species or habitats on and within one-mile of the facility boundary. The NHP database may be accessed at: <http://mtnhp.org/>
- (c) Is the site is located in a Sage Grouse core, habitat, or connectivity area? YES NO
  - (i) If yes, attach a copy of the recommendation letter from DNRC’s Sage Grouse Habitat Conservation Program (<https://sagegrouse.mt.gov/projects/>)

## Section 4 –CERTIFICATION

### APPLICANT CERTIFICATION – OWNER SIGNATURE

I am the party responsible for operation of this proposed facility. I certify that the above described solid waste management system will be constructed and operated in accordance with Sections 75-10-201 through 75-10-233, Montana Code Annotated (MCA), the rules adopted pursuant thereto, and in accordance with conditions which have or may be imposed in the license. I have personally examined and am familiar with the information in this application and all attached documents. To the best of my knowledge, information, and belief, the submitted information is accurate and complete.

\_\_\_\_\_  
*Applicant printed name*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

### LOCAL PLANNING AND ZONING CERTIFICATION

*(To be signed by appropriate local government official having knowledge of local zoning ordinances)*

I hereby certify that the site of the planned solid waste management system is in accordance with local governmental zoning and ordinances and there are no restrictions prohibiting operation of the facility at this location.

\_\_\_\_\_  
*(Printed name of local official)*

\_\_\_\_\_  
*(Title)*

\_\_\_\_\_  
*(Signature of local official)*

\_\_\_\_\_  
*(Date)*

### HEALTH OFFICER CERTIFICATION

I, \_\_\_\_\_ am the Health Officer or Designated Representative of the County. I certify that the site of the proposed solid waste management system meets the applicable local health requirements and basic physical requirements of Montana Solid Waste Management Act.

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

*Title:* \_\_\_\_\_

### LANDOWNER CERTIFICATION

I am the: *(check one)*

Property Owner

Designated Representative of the Property Owner

*(Provide verification of status as representative)*

By signing below, I state that I am the owner or the representative of the owner of the property described in this application (“the Property”) and that I am authorized to make the acknowledgements and consent as provided in this paragraph. I affirm that I or the owner that I represent obtained or had the opportunity to obtain the advice of independent legal counsel regarding the potential risks and liabilities from the use of the Property as a solid waste management system. I acknowledge that I or the owner I represent have been informed and are aware of the uses and activities that are ongoing or proposed for the Property and consent to those uses and activities. Furthermore, I understand that issuance by the State of Montana of a license to operate a solid waste management system on the Property and the terms and conditions of any such license do not relieve or insulate the owner of the Property from any liability, duty, or responsibility arising under the Montana Solid Waste Management Act, as that act may be amended from time to time, or any other environmental law.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(attach a copy of the deed or other document that verifies the site owner)*

