

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY  
 PERMITTING AND COMPLIANCE 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
<b>Static water level:</b> <i>unless otherwise approved, measured 3 times/yr (April, July, October)</i>			
date:	_____ ft.	_____ ft.	_____ ft.
date:	_____ ft.	_____ ft.	_____ ft.
date:	_____ ft.	_____ ft.	_____ ft.
<b>Groundwater Analytical Results:</b> <i>(required 2 to 4 times per year)</i>			
date:	-----	-----	-----
<b>TPH</b>	-----	-----	-----
date:	-----	-----	-----
<b>BTEX</b>	-----	-----	-----
date:	-----	-----	-----
<b>other (specify):</b>	-----	-----	-----

**(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 1<sup>st</sup> 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:** \_\_\_\_\_