



**FY26 SOLID WASTE MANAGEMENT FACILITY LICENSE RENEWAL APPLICATION**  
(July 1, 2025 through June 30, 2026)

**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 2024** 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

Other (please specify) \_\_\_\_\_ Tons

**II.1.b.** For landfills that **DO NOT OPERATE SCALES**, provide your **annual volume received during calendar year 2024** based on waste records

**Conversion from Cubic Yards to Tons of MUNICIPAL SOLID WASTES (MSW):**

\_\_\_\_\_ #**Compacted** Cubic Yards of MSW      #Cubic Yards x 700 ÷ 2000 = \_\_\_\_\_ Tons  
(e.g. packer truck)

\_\_\_\_\_ #**Uncompacted** Cubic Yards of MSW      #Cubic Yards x 300 ÷ 2000 = \_\_\_\_\_ Tons

**Conversion from Cubic Yards to Tons of LOOSE WOOD WASTES:**

\_\_\_\_\_ #Cubic Yards of Loose Wood Wastes      # Cubic Yards x 300 ÷ 2000 = \_\_\_\_\_ Tons

**Conversion from Cubic Yards to Tons of CONCRETE WASTES:**

\_\_\_\_\_ #Cubic Yards of Concrete Wastes      # Cubic Yards x 860 ÷ 2000 = \_\_\_\_\_ Tons

**Conversion from Cubic Yards to Tons of CONTAMINATED SOIL:**

\_\_\_\_\_ #Cubic Yards of Contaminated Soil      # Cubic Yards x 920 ÷ 2000 = \_\_\_\_\_ 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 2024 (i.e., imported)..... \_\_\_\_\_

Number of tires accepted during 2024, **including imported**, for disposal..... \_\_\_\_\_

Number of tires accepted during 2024, **including imported**, for storage..... \_\_\_\_\_

Reason for Storage: \_\_\_\_\_

Number of tires accepted during 2024, 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, 2024?  
\_\_\_\_\_ Cubic Yards      \_\_\_\_\_ Tons

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

FEEDSTOCK	VOLUME OR TONNAGE ACCEPTED FOR COMPOSTING	VOLUME OR TONNAGE 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 2024.  
 \_\_\_\_\_ Tons or Cubic Yards *(please specify)*

II.5.b. Provide the total amount of contaminated soil **under treatment** as of December 31, 2024.  
 \_\_\_\_\_ 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 2024**, 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 2024**, what was the total tonnage accepted?  
 \_\_\_\_\_ Tons

II.6.d. Where was the out-of-state waste generated?  
*(Use additional sheets if necessary)*

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City State County

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City State County

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City State County

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### 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, 2024**.

**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)**

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### 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

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### 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:** \_\_\_\_\_