

FY27 SOLID WASTE MANAGEMENT FACILITY LICENSE RENEWAL APPLICATION

(July 1, 2026 through June 30, 2027)

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 2025** 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 2025** 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 2025 (i.e., imported)..... _____

Number of tires accepted during 2025, including imported, for disposal..... _____

Number of tires accepted during 2025, including imported, for storage..... _____

Reason for Storage: _____

Number of tires accepted during 2025, 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, 2025?

_____ 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 2025.

Tons or Cubic Yards (please specify)

II.5.b. Provide the total amount of contaminated soil **under treatment** as of December 31, 2025.

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 2025, 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 2025**, what was the total tonnage accepted?

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

City	State	County
City	State	County
City	State	County

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, 2025**.

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)

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

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: _____