



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?

_____ Tons

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: _____