

**MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
PERMITTING AND COMPLIANCE DIVISION
WASTE MANAGEMENT SECTION
PO BOX 200901
HELENA, MT 59620-0901
Phone: (406) 444-5300
Fax: (406) 444-1374**

**TO: APPLICANTS FOR SOLID WASTE MANAGEMENT SYSTEM LICENSE
TRANSFER**

Enclosed is an application to transfer a Montana Solid Waste Management System License. This application must be completed to transfer the license required by Section 75-10-221, MCA. The application includes a checklist for your use to insure that the application is complete before it is returned to us. Please return this checklist with your application. If the application is incomplete, we will notify you with a Standardize Request for additional information letter.

When the application is complete the Department will prepare and send out a public notice for circulation in the area of the facility. You will receive a copy of the notice. We are required to accept comments from the public for a period of thirty (30) days following the public notice, allowing concerned parties the chance to comment upon the proposed decision of the Department. After these comments are received, the Department will make a final decision on the license transfer or may request additional information to respond to comments. Normally, if the Department agrees to transfer a license, a new license in the name of the transferee will be sent to the applicant within several weeks. We will try to keep you advised of our progress during this process.

Once a license has been transferred and re-issued, it must be validated by the health officer in the county where the facility is located.

If we may be of service completing the application, please contact us.

CHECKLIST FOR LICENSE TRANSFER

Please number or label the attachments or enclosures that you have included with your application form and note below those which are included. (Note: Unless all the needed enclosures are included, it is unlikely that your application will be considered complete.) Please return this form with your application.

- 1) Copy of lease or rental agreement (if lease, lessee or lessor will change because of transfer, from item #4).
- 2) Operation and maintenance plan (from item #6). If operation and maintenance plan is not affected by transfer, please write "N/A" in the space provided.
- 3) Financial assurance for closure and post-closure (from item #8).
- 4) Indication of insurance and statement regarding liability coverage (from item #10).

Signature of Transferee _____

Date of Completion _____

LICENSE TRANSFER APPLICATION

1) Name of transferor:

Name of facility:

New name of facility:

Address of facility:

Name of transferee:

Address of transferee:

Facility telephone:

Other telephone:

2) This application is for a:

Solid waste landfill

Transfer station

Resource recovery or processing facility

Other (please specify)

3) a) Legal description of location:

b) General description of facility location:

4 If transferor is not the owner of the property, give name and address of lessor who holds title to the property and attach a copy of the lease or rental agreement. Copy attached:

Yes () No ()

Lessor Name:

Lessor Address:

LICENSE TRANSFER APPLICATION

5. Does the facility have any other permits with the Department that will require transfer?

- a) Air Quality Permit Yes () No ()
- b) Storm Water Permit Yes () No ()
- c) Ground Water Permit Yes () No ()
- d) Other Yes () No ()

We will notify them for you.

6. Will the operation and maintenance plan be changed? () Yes () No If yes, attach the operation

and maintenance plan. Include days and hours site open, fencing and access control, equipment to be used at site, how traffic will be directed and controlled, general description of solid waste management system, maintenance schedule regarding handling and disposal of solid wastes, provisions for litter control, types of waste to be accepted, proposed use of the land after fill area completed, person(s) responsible for the operation and maintenance of solid waste management system. The operation and maintenance plan must explain what measures will be taken to insure that drainage is properly handled to keep water from entering the waste burial area. Please refer to the Administrative Rules of Montana (ARM) 17.50.510 and 17.50.511 for minimum operation and maintenance requirements.

Is the Plan attached? Yes () No ()

7. Will the design of the facility be changed? Yes () No ()

8. Financial assurance for closure and post-closure care is required at Class II and Class IV landfills. Financial assurance must be in name of transferee prior to effective date of transfer.

Financial assurance attached? () No ()

9. What is the proposed transfer date for this facility?

10. Provide name and address of insurer of facility and/or attach copy of your general liability insurance policy. Provide a statement regarding the limits of the policy for sudden and non-sudden liability coverage. Statement of coverage attached?

Yes () No ()

Name of Insurer:

Address:

LICENSE TRANSFER APPLICATION

11. I hereby certify that the site of the planned solid waste management system is in accordance with local government zoning and ordinances (to be signed by appropriate local government official having knowledge of local zoning ordinances if the operation and maintenance plan or location of facility is affected by transfer).

Signature: _____ Title: _____

Representing: _____ Date: _____

I am a party responsible for operation of this proposed facility after transfer of the solid waste license. 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.

Signature: (to be signed by the applicant) _____

Title: _____ Date: _____