

WASTE MANAGEMENT AND REMEDIATION DIVISION, SOLID WASTE SECTION
PO BOX 200901 HELENA, MT 59620-0901 Phone: (406) 444-5300 Fax: (406)
444-1374

RECYCLING COLLECTION FACILITY LICENSE APPLICATION *

Name of Facility: _____

Mailing Address: _____

Facility Address (if different): _____

Facility Telephone: _____ **Fax:** _____

Name of Applicant: _____

Title: _____

Mailing Address: _____

Telephone: _____ **Fax:** _____ **E-Mail:** _____

General Description of Facility Location: _____

Size of Facility: _____

Latitude/Longitude of Site: _____

Are you the owner of the Property? Yes ☐ No ☐

If no, provide the name and contact information for the owner who holds title to the property, attach a copy of the lease/rental agreement, and complete the Landowner Certification.

Name: _____

Address: _____

Phone Number: _____ **Email Address:** _____

Lease Agreement Attached? _____

Include MAPS that show the following:

- **GENERAL VICINITY MAP:** Map of the proposed facility in relation to the local population center. Indicate adjacent residences and access roadways. <https://www.google.com/maps/>
- **FACILITY/SITE MAP** showing:
 - a) Location of on-site buildings.
 - b) Gates and fences, including entrance and exit.
 - c) Location of on-site roadways.
 - d) Emergency evacuation routes.
 - e) Areas where recyclables are screened, collected, processed, and stored.
 - f) Location of surface water features on the facility property, if any. (i.e. streams, ditches, ponds, etc.)
 - g) Location of wells on property
 - h) Surface water run-on/run-off controls (such as berms, ditches, etc.)

Does any portion of the recycling operation takes place outdoors? YES ☐ NO ☐

If “yes” describe how you will control water run-on and run-off.

Determine if this site is located within a 100-year floodplain? YES ☐ NO ☐

(This information is available from the County Floodplain Coordinator)

Submit a copy of your Business Plan that includes the following:

- a) Days and hours the facility is open.
- b) Types of recyclable material collected.
- c) Where and how will the recyclable materials be sorted and stored.
- d) Amount of recyclable material stored on site.
- e) How often will recyclable materials be removed.
- f) Where the recyclable materials will be transported.
- g) List and describe the equipment used to manage the recyclable materials.
- h) If the site is open to the public, how will access to the site be controlled and traffic be directed.
- i) Emergency evacuation procedures and emergency contact information.
- j) Fire prevention and suppression plans.
- k) How the site will be cleaned and all recyclable materials and wastes be removed when the facility closes.

Provide proof of General Liability Insurance Policy in accordance with ARM 17.50.1114.

Is the building housing the recycling operation 50 years old or more? YES ☐ NO ☐

If YES, will the building be modified cosmetically or structurally?

If YES, please contact the Montana Historical Preservation Office for guidance.

<http://mhs.mt.gov/shpo/forms.asp>.

Recycling facilities that will manage construction & demolition waste, asphalt, appliances, e-waste, mercury-containing equipment, or batteries must complete this section.

Soil Characterization Information

Obtain and attach soil information for this proposed location.

Ground Water Information

Include the well logs for the section where your property is located and also include the well logs for all the adjoining sections. What depth is the first water table encountered? _____ feet

Sources for obtaining soil and ground water information can be found in the in “Instructions for Completing a Recycling collection Facility License Application” #11.

ZONING CERTIFICATION

To be signed by appropriate local government official having knowledge of local zoning ordinances:

I hereby certify that the site of the planned solid waste management system is in accordance with local governmental zoning ordinances.

Signature: _____ Title: _____

Printed Name: _____ Representing: _____

Date: _____

HEALTH OFFICER CERTIFICATION

I, _____ am the Health Officer or Designated Representative of the County. I certify that the site of the proposed solid waste management system meets the physical requirements of Montana laws and rules governing solid waste management and any applicable local health requirements.

Signature: _____ Date: _____

Title: _____

APPLICANT CERTIFICATION

To be signed by applicant:

I am the party responsible for operation of this proposed recycling facility. I certify that this recycling facility will be operated in the manner described in the submitted Business Plan.

Signature: _____ ☐ Title: _____ ☐

Printed Name: _____ Representing: _____

Date: _____

LANDOWNER CERTIFICATION

I am the: *(check one)*

Property Owner

Designated Representative of the Property Owner
(Provide verification of status as representative)

As landowner I am the party ultimately responsible for the property and understand that issuance by the State of Montana of a license to operate a recycling facility under the Montana Solid Waste Management Act does not relieve or insulate the owner of the Property from any liability, duty, or responsibility arising under law, including environmental law.

Property Owner Signature: _____ Date: _____