



**SOLID WASTE MANAGEMENT SYSTEM
COMPOST OPERATION
LICENSE RENEWAL APPLICATION FORM**

ADMINISTRATIVE INFORMATION

Facility Solid Waste License # _____

Facility Name: _____

Facility Physical Address: _____

Facility Mailing Address: _____

County: _____

Facility Phone: _____

Facility Owner/Licensee: _____

Facility Contact Name and Title: _____

Facility Contact Address: _____

Contact Phone: _____ Fax: _____

Email: _____

Location of facility operating records: _____

SYSTEM CAPACITY

Has the design capacity of your facility changed in the last year? Yes No

What is the total volume of compost present on-site as of December 31 of the previous calendar year.

_____ tons OR _____ yds³

ANNUAL TONNAGE/VOLUME OF COMPOSTABLES ACCEPTED – TONNAGE/VOLUME OF COMPOST

(Attach copies of the waste measurement records - monthly summaries are acceptable)

Provide information on the types of materials composted and the volume of compost produced in the table below:

TYPE OF COMPOSTABLE ACCEPTED	VOLUME OR TONNAGE ACCEPTED FOR COMPOSTING	VOLUME OR TONNAGE OF COMPOST PRODUCED

Please describe the composting method used. _____

FACILITY OPERATIONS

Fees:

How do you assess fees for accepting compostable materials? (Check all methods that apply)

No fees assessed

Tipping fee at gate \$ _____/ton
\$ _____/cubic yard

and/or

Other (please describe) _____

Staff:

How many employees (full time equivalent) work in your solid waste program? _____

How many hours of safety training did they receive last year? _____

Hours of hazardous waste training? _____

Hours of solid waste operators training? _____

Mailing Lists

The Department is periodically contacted by research organizations, sales personnel, and members of the general public requesting mailing lists for Montana Solid Waste Facilities. However, State law prohibits the Department 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

CERTIFICATION

(An authorized representative of the solid waste system must sign and date the certification.)

I, the undersigned, hereby certify that the foregoing information is true and correct to the best of my knowledge and belief.

Authorized Signature: _____

Print Name Here: _____

Title: _____ Date: _____

TRAINING REQUESTS

In order to provide meaningful training for solid waste management system operators, please check your top three training priorities for the next two years.

Site Health and Safety

Compliance Inspections

Debris Management

Equipment Maintenance

Site O&M Elements:

Leachate Management

Composting Recycling

Groundwater Monitoring and Corrective Action

Waste Screening

Other: _____

The completed form must be submitted to the Department by April 1st.

**Send completed form to: MONTANA DEQ
SOLID WASTE SECTION
PO BOX 200901
HELENA, MT 59620-0901**