

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

**LICENSED SOIL TREATMENT FACILITY ANNUAL REPORT FORM**

**Facility Name:** \_\_\_\_\_ **License No.:** \_\_\_\_\_

**I. FACILITY OPERATION**

1. Is prior approval to accept each waste load being obtained from the Department's Solid Waste Program?  
☐ YES ☐ NO
2. What is the total acreage under treatment? \_\_\_\_\_
3. How many treatment cells are in use? \_\_\_\_\_
4. What is the date and volume of waste that was last accepted? \_\_\_\_\_  
Date Volume

**II. GROUNDWATER MONITORING**

5. Are you required to perform groundwater monitoring? ☐ YES ☐ NO

6. Please list each well by ID# and/or name and results of measurements/analyses:

	Well ID/name	Well ID/name	Well ID/name
<b>Static water level:</b> <i>unless otherwise approved, measured 3 times/yr (April, July, October)</i>			
date:	_____ ft.	_____ ft.	_____ ft.
date:	_____ ft.	_____ ft.	_____ ft.
date:	_____ ft.	_____ ft.	_____ ft.
<b>Groundwater Analytical Results:</b> <i>(required 2 to 4 times per year)</i>			
date:			
<b>TPH</b>			
date:			
<b>BTEX</b>			
date:			
<b>other (specify):</b>			

**(Note: If you have not submitted these results to the Department, attach them to this report.)**

### III. TREATMENT ZONE SEASONAL SAMPLING

7. Dates of seasonal sampling: (3 times per year) April \_\_\_\_\_

July \_\_\_\_\_

Oct. \_\_\_\_\_

8. Total number of samples collected and analyzed April \_\_\_\_\_

July \_\_\_\_\_

Oct. \_\_\_\_\_

(Note: If you have not submitted these results to the Department, attach them to this report.)

### IV. MAINTENANCE

9. Were landfarm maintenance samples collected and analyzed? ☐ YES ☐ NO

If so, dates of analysis:

Nutrients: \_\_\_\_\_

Moisture: \_\_\_\_\_

pH: \_\_\_\_\_

(Note: If you have not submitted these results to the Department, attach them to this report.)

### V. AIR QUALITY

10. Has the landfarm exceeded 25 tons/year of VOC's? ☐ YES ☐ NO

### VI. BELOW TREATMENT ZONE SAMPLING (BTZ)

11. Date BTZ sampled Oct. \_\_\_\_\_

12. Number of BTZ samples collected and analyzed: \_\_\_\_\_

13. Is there evidence that leaching has occurred by changes in the BTZ baseline character?

☐ YES ☐ NO

14. Was the Solid Waste Section notified in writing of the change? ☐ YES ☐ NO

If so, date notification provided: \_\_\_\_\_

(Note: If you have not submitted these results to the Department, attach them to this report.)

## VII. RECORDKEEPING

15. Are records being maintained which include all of the following: ☐ YES ☐ NO

- a. ID/Tracking code
- b. Source
- c. Volume
- d. Contaminant
- e. Initial concentration
- f. Treatment cell location
- g. Application date
- h. Treatment schedule and method
- i. Sample dates
- j. Analyses performed
- k. Analytical results
- l. Final placement, if removed

The annual report is due by April 1<sup>st</sup> of each year.

## VIII. 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: \_\_\_\_\_