



# WASTE TRACKING FORM

## GALLATIN SOLID WASTE MANAGEMENT DISTRICT

GALLATIN COUNTY LOGAN LANDFILL

PO Box 461, Three Forks, MT 59752

Phone (406)284-4029

Fax (406)582-2491

### **Contractor/Consultant Information**

Name of Company \_\_\_\_\_

Address of Contractor \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

### **Source of Waste**

Name of Company/Residence \_\_\_\_\_

Address of Source \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

Type of Establishment (*home, restaurant, garage, industry, car wash, etc*) \_\_\_\_\_

### **Waste Hauler Information**

Company Name \_\_\_\_\_ Hauler ID#/Permit# \_\_\_\_\_

Address/Phone \_\_\_\_\_

Truck Capacity \_\_\_\_\_ (yards, gal, etc) Truck License # \_\_\_\_\_

### **Waste Description**

Description of Waste \_\_\_\_\_

Is waste a hazardous waste? Yes No

Has waste been sampled? Yes No

If the waste is or contains asbestos, is it Non-Friable or Friable ?

*Please attach documentation if it is a **non-friable** asbestos.*

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

#### **GSWMD Office Use Only**

Fee \$ \_\_\_\_\_ per \_\_\_\_\_ (tons, gallons, yards, etc.)

Amount \$ \_\_\_\_\_ Paid OR Bill to \_\_\_\_\_

Amount (volume) \_\_\_\_\_ (tons, gallons, yards, etc.)

Waste Placement: Cell C&D Other

Waste Acceptance approved by \_\_\_\_\_ Date \_\_\_\_\_

Waste Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Analytical Data Attached? Yes No