



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