



**GALLATIN COUNTY SOLID WASTE MANAGEMENT DISTRICT**  
Gallatin County Landfill at Logan, Montana

PO Box 461, Three Forks, MT 59752 PHONE: (406) 582-2492 FAX: (406) 582-2491

**WASTE TRACKING FORM**

**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... \_\_\_\_\_  
\_\_\_\_\_

**Waste Hauler Information**

Company Name \_\_\_\_\_ Hauler ID # or Permit # \_\_\_\_\_  
Address/Phone \_\_\_\_\_  
Truck Capacity \_\_\_\_\_ (yards, gal) Truck License Number \_\_\_\_\_

**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 \_\_\_ Friable \_\_\_  
Please attach documentation it is non-friable asbestos  
Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

**Gallatin County Solid Waste Management District Information**

Fee \$ \_\_\_\_\_ per \_\_\_\_\_ (tons, gallons, yards.)  
Billing: Credit Card  On Account  Check  Cash   
Amount \$ \_\_\_\_\_ Paid  
Amount (volume) \_\_\_\_\_ (tons, gallons, yards...)  
Waste Placement: cell \_\_\_ C&D \_\_\_ Other \_\_\_  
Waste Acceptance Approved By \_\_\_\_\_ Date \_\_\_\_\_  
Waste Received By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Analytical Data Attached? Yes \_\_\_ No \_\_\_