

Section 4
SITE CERTIFICATION/APPROVAL

LANDFARM OPERATOR CERTIFICATION

I, Laura Obert, Broadwater County Commission Chair, certify that the information contained on this form is accurate to the best of my knowledge. I acknowledge the impacts to public health and the environment resulting from the landfarming of contaminated soil at this site are the responsibility of the landfarm operator, and potentially the owner of the landfarm site property.

Signature Laura Obert Date 4-21-20

Title Chair, Broadwater County Commission

PROPERTY OWNER SIGNATURE

By signing below, I state that I am the owner or the representative of the owner of the property described in this application ("the Property") and that I am authorized to make the acknowledgements and consent as provided in this paragraph. I affirm that I or the owner that I represent obtained or had the opportunity to obtain the advice of independent legal counsel regarding the potential risks and liabilities from the use of the Property as a solid waste management system. I acknowledge that I or the owner I represent have been informed and are aware of the uses and activities that are ongoing or proposed for the Property and consent to those uses and activities. Furthermore, I understand that issuance by the State of Montana of a license to operate a solid waste management system on the Property and the terms and conditions of any such license do not relieve or insulate the owner of the Property from any liability, duty, or responsibility arising under the Montana Solid Waste Management Act, as that act may be amended from time to time, or any other environmental law.

Signature _____ Date _____

Title _____

HEALTH OFFICER CERTIFICATION

I, _____, am the Health Officer or Designated Representative of the County. I certify that this one-time landfarm location is suitable for this purpose.

Signature _____ Date _____

Title _____

A copy of this document MUST be retained for your records. Make a copy for your records and return the ORIGINAL signed document to the Department of Environmental Quality at the above listed address.



WORKER'S COMPENSATION RISK RETENTION GROUP

CONTACT INFORMATION

County Broadwater
Address 515 Broadway
City, State, Zip Townsend, MT 59644
Telephone 406-~~980~~

COVERAGE

Effective Dates **07/01/2020 - 07/01/2021**

EMPLOYER'S LIABILITY

Bodily Injury by Accident, Each Accident	
Bodily Injury by Disease, Each Employee	
Bodily Injury by Disease, Policy Limit	

CODE	DESCRIPTION	PAYROLL
7704	Firemen, Fire Patrol, Municipal, Fireman & Drive	
7720	Police/Detective/Patrol (ST 7722 - 7/88)	
8743	Municipal: Professional or Administrative	
8810	Clerical/Lib/Museum/Comp Prog (ST 8811 - 7/88)	
8824	Retirement, Care, Nursing & Convalescent Center	
9016	Amuse Park/Dog Show/Horse Show/Skating Rinks	
9410	Municipal: Administrative or Non-Professional	
9420	Municipal: All Other Employees & Drivers	

I have reviewed the above referenced payroll exposure provided by MACo Workers Compensation Trust and request to receive a quote from Montana State Fund as part of the MACo Work Comp Risk Retention Group with Seitz Insurance Agency as the designated agent.

PayneWest Servicing Agent Kevin McCutcheon

By Laura Obert Date 4-22-20

Name/Title Laura Obert - Chair Telephone 406-980-2050
Broadwater County Commission

