

Instructions for Completing Compost Facility Annual Report Form

The Division of Waste Management and Radiation Control is not currently able to accept e-mailed form submissions. The attached form must be printed, signed as required by R315-310-2(4) of the Utah Administrative Code and mailed to the Division. Annual reports must be received by the Division on or before March 1, 2016 and should contain data for the calendar year 2015.

Complete all applicable sections of the form and save it. When printing, please print only the form pages. The instruction page should not be printed and mailed.

Completed forms should be mailed to:

Scott Anderson, Director
Division of Waste Management and Radiation Control
P.O. Box 144880
Salt Lake City, Utah 84114-4880

Additional copies for the form can be obtained on the Division web page at <http://www.deq.utah.gov/forms/waste/index.htm>

COMPOST FACILITY ANNUAL REPORT
For Calendar year 2015

Administrative Information (Please enter all the information requested below - type or print legibly)

Facility Name: _____
Facility Mailing Address: _____
(Number & Street, Box and/or Route)
City: _____ Zip Code: _____
County: _____

Owner

Name: _____ Phone No.:(____) _____
Mailing Address: _____
(Number & Street, Box and/or Route)
City: _____ State: Utah Zip Code: _____
Contact's Name: _____ Title: _____
Contact's Mailing Address: _____
Phone No.:(____) _____ Contact's Email Address: _____

Operator *(Complete this section only if the operator is not an employee of the Owner shown above)*

Name: _____ Phone No.:(____) _____
Mailing Address: _____
(Number & Street, Box and/or Route)
City: _____ State: Utah Zip Code: _____
Contact's Name: _____ Title: _____
Contact's Mailing Address: _____
Phone No.:(____) _____ Contact's Email Address: _____

Facility Status

Currently in Operation Closed - Date: _____
(The "Closed - Date" is the date that all material was removed from the site)

Annual Totals

Food Scraps received in reporting period: _____ Tons Cubic Yds

Yard Trimmings received in reporting period: _____ Tons Cubic Yds
(grass and wood chips)

Agricultural Organics received in reporting period: _____ Tons Cubic Yds
(livestock, manure, food waste)

Compost Feed Stock received in reporting period: _____ Tons Cubic Yds

Biosolids received in reporting period: _____ Tons Cubic Yds

Food Processing Residuals received in reporting period: _____ Tons Cubic Yds

Sewage Sludge received in reporting period: _____ Tons Cubic Yds

Drywall received in reporting period: _____ Tons Cubic Yds

Other Compostables received in reporting period: _____ Tons Cubic Yds

Total Waste received in reporting period: _____ Tons Cubic Yds
(Summarize amounts from lines above)

Product removed: _____ Tons Cubic Yds

Has facility operated according to approved plan of operation Yes No
If no please contact the Solid Waste Section at 801/536-0200

Signature: _____ **Date:** _____

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: _____ Title: _____