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)
<table>
<thead>
<tr>
<th><strong>Annual Totals</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food Scraps</strong> received in reporting period:</td>
<td>☐ Tons ☐ Cubic Yds</td>
</tr>
</tbody>
</table>
| **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:** __________________________