Instructions for Completing Landfill Annual Report Form

The Division of Solid and Hazardous Waste 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 T. 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
LANDFILL ANNUAL REPORT
For Calendar year 2015

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

Facility Name: ____________________________________________
Facility Mailing Address: ____________________________________________
City: __________________________________ Zip Code: ______________________
County: ___________________________ Permit No.: ______________________

Owner
Name: ___________________________ Phone No.: (___)
Mailing Address: ____________________________________________
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: ____________________________________________
City: ___________________________ State: Utah Zip Code: ______________________
Contact's Name: ___________________________ Title: ___________________________
Contact's Mailing Address: ____________________________________________
Phone No.: (____) Contact's Email Address: ___________________________

Facility Type and Status
☐ Class I ☐ Class IIb ☐ Class V
☐ Class II ☐ Class IVa ☐ Class VI
☐ Class IIIa ☐ Class IVb

Facility operates separate cells for C/D and municipal waste. Yes ☐ No ☐
If facility was permanently closed during the year enter date closed: ____________

Annual Disposal

<table>
<thead>
<tr>
<th>Waste Type</th>
<th>In-State</th>
<th>Out-of-State</th>
<th>Total</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal</td>
<td></td>
<td></td>
<td></td>
<td>Tons Cubic Yards</td>
</tr>
<tr>
<td>Industrial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C/D(^1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^1\)C/D waste includes all waste going to a Class IV or VI landfill cell

Conversion Factor Used
☐ None ☐ From rules ☐ Site Specific Conversion (please list): ___________________________

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Recycling

Material Recycled: __________________________ Tons ☐ Cubic Yds. ☐
(Material recycled should not be included in disposed tons reported. Report compost on separate form. Circle tons or yards)

Utah Disposal Fee

Disposal Fee Required to be Paid to State Yes ☐ No ☐ (If yes please show fees paid below)

<table>
<thead>
<tr>
<th></th>
<th>Municipal</th>
<th>Industrial</th>
<th>C/D</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

(Municipal, Industrial and C/D are fees paid by Commercial Facilities. Annual fee is paid by facilities operated by a municipality)

Landfill Capacity

Current Landfill Remaining Capacity

<table>
<thead>
<tr>
<th>Tons:</th>
<th>Cubic Yards:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years:</th>
<th>Acres:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Acres Currently Open:</th>
<th>Acres Currently Closed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Financial Assurance

Current Closure Cost Estimate: __________________________

Current Post-Closure Cost Estimate: __________________________

Current Amount or Balance in Mechanism: __________________________

(If facility permit has been renewed if balance does not equal or exceed total for closure and post-closure care please contact the Division)

Current Financial Assurance Mechanism: __________________________

(i.e. Bond, Trust Fund, Corporate or government Test etc.)

Mechanism Holder and Account Number: __________________________

(i.e. Name of Bond Company, Bank etc. Account number)

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement.

Note: Facilities using “Local Government Financial Test” or the “Corporate Financial Test” must provide the information required in R315-309-8(4) or R315-309-9(3) each year.

Other Reports and Information

Ground Water Monitoring: Class I and V landfills only. Check if exempt ☐

Explosive Gas Monitoring: Class I, II and V landfills only. Check if exempt ☐

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Does the facility have a landfill gas collection system Yes ☐ No ☐ If yes please briefly describe use of gas, e.g., flared or used for electricity generation. __________________________

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: __________________________