Instructions for Completing Landspreading 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 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
LANDSPREADING 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: ____________________________ Permit No.: ____________________________

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 ☐ Facility Closed During Year - Date: ____________________________
   (The "Date" is the date that all compost was removed from the closed site)

Annual Totals
Waste spread in reporting period: ☐ Tons or ☐ Cubic yards or ☐ Gallons: ____________________________
Has facility operated according to approve plan of operation ☐ Yes ☐ No
   If no please contact the solid waste section at 801-536-0200

Signature: ____________________________ Date: ____________________________

Print name: ____________________________ Title: ____________________________
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)).