Instructions for Completing Recycling 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.
# RECYCLING FACILITY ANNUAL REPORT

For Calendar year 2015

## Administrative Information

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

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Facility Mailing Address:</th>
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<tbody>
<tr>
<td></td>
<td>(Number &amp; Street, Box and/or Route)</td>
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<tr>
<td></td>
<td>City:</td>
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<td>County:</td>
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</table>

**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)

Has facility operated according to approve plan of operation

- [ ] Yes
- [ ] No

If no please contact the solid waste section at 801-536-0200
### Annual Material Received

#### Beginning Inventory
Material on site at beginning of reporting period: ___________ □ Tons □ Yards

#### Paper
- **Paper (All Mixed) Material received in reporting period:** ______ □ Tons □ Yards
- **White Office Paper (high grade – not included above):** ______ □ Tons □ Yards
- **Mixed Paper (newsprint, etc. – not included above):** ______ □ Tons □ Yards
- **Phonebooks (not included above) received:** ______ □ Tons □ Yards

- **Cardboard (& Paperboard) received in reporting period:** ______ □ Tons □ Yards
- **Paperboard (not included above) received:** ______ □ Tons □ Yards
- **Cardboard (not included above) received:** ______ □ Tons □ Yards

**Total Paper Material** received in reporting period: ________ □ Tons □ Yards
(Summarize all paper categories above)

#### Plastics
- **#1 & #2 Mixed Plastic Material received:** ___________ □ Tons □ Yards
- **PET#1 Material received (not included above):** ___________ □ Tons □ Yards
- **HDPE #2 – Mixed Material received (not included above):** ______ □ Tons □ Yards
- **HDPE #2 Natural (not included in HDPE Mixed above) received:** ______ □ Tons □ Yards
- **HDPE #2 Colored (not included in HDPE Mixed above) received:** ______ □ Tons □ Yards
- **All Others #3 through #7 received:** ___________ □ Tons □ Yards

**Total Plastics Material** received in reporting period: ________ □ Tons □ Yards
(Summarize all plastics categories above)

#### Glass
- **Mixed Glass Material received in reporting period:** ________ □ Tons □ Yards
- **Amber Glass Material received (not included above):** ______ □ Tons □ Yards

**Total Glass Material** received in reporting period: ________ □ Tons □ Yards
(Summarize all glass categories above)

#### Metals
- **Residential Aluminum Cans received in reporting period:** _____ □ Tons □ Yards
- **Residential Steel/Tin Cans (food containers) received:** ______ □ Tons □ Yards
- **White Goods received in reporting period:** ___________ □ Tons □ Yards
- **Auto Scrap/Shred Material received in reporting period:** ___________ □ Tons □ Yards
- **Industrial Non-Ferrous Material received:** ___________ □ Tons □ Yards
- **Industrial Ferrous Material received in reporting period:** ___________ □ Tons □ Yards
- **Other Industrial Steel received in reporting period:** ___________ □ Tons □ Yards

**Total Metals Material** received in reporting period: ________ □ Tons □ Yards
(Summarize all metals categories above)
### Electronics
Mixed Electronics Material received in reporting period: ___________ Tons ______ Yards
Monitors and TVs received (not included above): ___________ Tons ______ Yards

**Total Electronics Material** received in reporting period: ___________ Tons ______ Yards

### Textiles
Carpet received in reporting period: ___________ Tons ______ Yards
Other Textiles (clothing, etc. not included above) received: ___________ Tons ______ Yards

**Total Textiles Material** received in reporting period: ___________ Tons ______ Yards
(Summarize all textiles categories above)

### Carpet Padding
Total Carpet Padding Material received in reporting period: ___________ Tons ______ Yards

### Other
Total Other Material received in reporting period: ___________ Tons ______ Yards

### Total Material Received
Total Material received in reporting period: ___________ Tons ______ Yards
(Summarize total amounts of paper, plastics, glass, etc. received above)

### Total Material Recycled
Material removed for Recycling during period: ___________ Tons ______ Yards
Please list destination facilities:

<table>
<thead>
<tr>
<th>Facility 1</th>
<th>Address</th>
<th>Contact Name</th>
<th>Contact Title</th>
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### Total Waste Disposed
Waste disposed during period: ___________ Tons ______ Yards

### Ending Inventory
Material on site at end of reporting period: ___________ Tons ______ Yards

**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:** ___________________________