Instructions for Completing Tire Storage 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
TIRE STORAGE 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 compost was removed from the site)

Annual Waste Tire Activity

Number of waste tires received in reporting period: ______________________
Number of waste tires removed in reporting period: ______________________
Current number of waste tires at facility: ______________________
Tons of waste tires currently stored at the facility: ______________________
Tons or tires allowed by permit: ______________________
## Financial Assurance

<table>
<thead>
<tr>
<th>Current Clean-up Cost:</th>
<th>Current Financial Assurance Mechanism:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ie. Bond, Trust Fund, etc.)</td>
<td>(ie. Name of Bond Company, Bank etc.)</td>
</tr>
</tbody>
</table>

**Financial Assurance Mechanism Holder:**

**Clean-up Cost:** Clean-up costs are based on $150.00 per ton of tires. The tons that the must be covered are the total tons of tires allowed by the permit.

**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:** __________________________