Instructions for Completing Transfer Station 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 Solid and Hazardous Waste
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
TRANSFER STATION 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 waste was removed from the site)

Utah Disposal Fees Paid (See Utah Code Annotated 19-6-119(3))

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

Municipal $ ____________________________
Industrial $ ____________________________
C/D$ ____________________________
### Waste Received

<table>
<thead>
<tr>
<th>Waste Type</th>
<th>Disposed</th>
<th>Landfill Used</th>
<th>Total</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tons</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cubic Yards</td>
</tr>
<tr>
<td>Municipal</td>
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<td></td>
</tr>
<tr>
<td>Industrial</td>
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</tr>
<tr>
<td>C/D¹</td>
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<td></td>
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</tr>
</tbody>
</table>

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1 C/D waste consists of construction and demolition waste, yard waste, dead animals, tires, and some contaminated soils.

### 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)

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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: __________________________