

DESIGN CAPACITY REPORT

DATE: \_\_\_\_\_

State of Utah

Department of Environmental Quality

Division of Air Quality

PO. Box 144820

Salt Lake City, UT 84114-4820

Telephone: (801) 536-4000

Initial

Amended

1. Landfill Name \_\_\_\_\_

2. Landfill Owner/Operator Name:

Contact Name:

Street:

Title:

City, State, Zip:

Telephone:

Fax:

3.  Please check if mailing address for this landfill is the same as the mailing address given above. If different mailing address for this landfill, please complete the following:

Site Address:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Location information:

County:

5. Year landfill began accepting waste

Latitude:

UTM East:

Longitude:

UTM North:

Year landfill closed \_\_\_\_\_

6. Total design capacity of landfill \_\_\_\_\_

Mg

7. Has a modification been made since

Estimate Code \_\_\_\_\_

Tons

May 30, 1991?

yd<sup>3</sup>

Attach permit and map specifying capacity or calculations \_\_\_\_\_

m<sup>3</sup>

Yes

No

8. Is this landfill a major source by Title V definition?  Yes  No

10. Name (type or print) \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_