

SW191

Print Form

Division of
Solid and Hazardous Waste

SOLID WASTE COMPOST FACILITY ANNUAL REPORT

For Calendar year 2012

FEB 08 2013

2013-001764

Administrative Information (Please enter all the information requested below)

Facility Name: Central Valley Water Reclamation Facility

Facility Mailing Address: 800 West Central Valley Rd.

(Number & Street, Box and/or Route)

City: Salt Lake City Zip Code: 84119

County: Salt Lake County

Owner

Name: Central Valley W.R.F. Board Phone No.: (801)973-9100

Owner Mailing Address: 800 West Central Valley Rd.

(Number & Street, Box and/or Route)

City: Salt Lake City State: Utah Zip Code: 84119

Contact Name: Thomas A. Holstrom Contact Title: General Manager

Contact's Mailing Address: Same

Phone No.: (801)973-9100 Contact's Email Address: holstromt@cvwrf.org

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: N/A Phone No.: _____

Owner Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____ State: Utah Zip Code: _____

Contact Name: _____ Contact Title: _____

Contact's Mailing Address: _____

Phone No.: _____ Contact's Email Address: _____

Facility Status

Currently in Operation

Facility Closed during the year

Date Closed: _____

Annual Totals

Food Scraps received in reporting period: _____ Tons Cubic Yards

Yard Trimmings received in reporting period: 20,680.00 Tons Cubic Yards
(grass and wood chips)

Agricultural Organics received in reporting period: _____ Tons Cubic Yards
(livestock, manure, food waste)

Compost Feed Stock received in reporting period: _____ Tons Cubic Yards

Biosolids received in reporting period: 10,859.00 Tons Cubic Yards

Food Processing Residuals received in reporting period: _____ Tons Cubic Yards

Sewage Sludge received in reporting period: _____ Tons Cubic Yards

Drywall received in reporting period: _____ Tons Cubic Yards

Other Compostables received in reporting period: _____ Tons Cubic Yards

Product removed in reporting period: _____ Tons Cubic Yards

Has facility operated according to approved plan of operation? Yes No
If no please contact the Solid Waste Section at 801/536-0200

Signature: _____ Date : 2-7-13
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)).

Type Name: Thomas A. Holstrom Title: General Manager