

**LANDFILL ANNUAL REPORT**  
For Calendar year 2012

SW318  
Division of  
Solid and Hazardous Waste

JAN 11 2013

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

Facility Name: David Madson Landfill 2013-001223  
 Facility Mailing Address: \_\_\_\_\_  
(Number & Street, Box and/or Route)  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 County: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Owner

Name: David Madson Phone No.: (435) 528 3661  
 Mailing Address: Box 457 Mayfield UT  
(Number & Street, Box and/or Route)  
 City: Mayfield State: Utah Zip Code: 84643  
 Contact's Name: David Title: owner  
 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 Type and Status**

- |                                     |   |                                   |
|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Class I    | <input type="checkbox"/> Class IIIb           | <input type="checkbox"/> Class V  |
| <input type="checkbox"/> Class II   | <input checked="" type="checkbox"/> Class IVa | <input type="checkbox"/> Class VI |
| <input type="checkbox"/> Class IIIa | <input type="checkbox"/> Class IVb            |                                   |

Facility operates separate cells for C/D and municipal waste. Yes  No   
 If facility was permanently closed during the year enter date closed: \_\_\_\_\_

**Annual Disposal**

Total tons received at facility for disposal:

Waste Type	Waste Origin		Total	Measurement	
	In-State	Out-of-State		Tons	Cubic Yards
Municipal	_____	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Industrial	<u>1880</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
C/D <sup>1</sup>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup>C/D waste includes all waste going to a Class IV or VI landfill cell

**Conversion Factor Used**

None  From rules  Site Specific Conversion (please list): \_\_\_\_\_

**Recycling**

Material Recycled: 0 Tons  Cubic Yds.   
(Material recycled should not be included in disposed tons reported. Report compost on separate form. Circle tons or yards)

**Utah Disposal Fee**

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

Municipal \$ \_\_\_\_\_ C/D \$ \_\_\_\_\_  
Industrial \$ \_\_\_\_\_ Annual \$ \_\_\_\_\_

(Municipal, Industrial and C/D are fees paid by Commercial Facilities. Annual fee is paid by facilities operated by a municipality)

**Landfill Capacity**

Current Landfill Remaining Capacity

Tons: \_\_\_\_\_  
Years: \_\_\_\_\_

Cubic Yards: \_\_\_\_\_  
Acres: \_\_\_\_\_

Acres Currently Open: \_\_\_\_\_ Acres Currently Closed: X

**Financial Assurance**

Current Closure Cost Estimate: 10,000

Current Post-Closure Cost Estimate: \_\_\_\_\_

Current Amount or Balance in Mechanism: \_\_\_\_\_  
(If facility permit has been renewed if balance does not equal or exceed total for closure and post-closure care please contact the Division)

Current Financial Assurance Mechanism: \_\_\_\_\_  
(ie. Bond, Trust Fund, Corporate or government Test etc.)

Mechanism Holder and Account Number: \_\_\_\_\_  
(ie. Name of Bond Company, Bank etc. Account number)

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement.

Note Facilities using "Local Government Financial Test" or the "Corporate Financial Test" must provide the information required in R315-309-8(4) or R315-309-9(3) each year.

**Other Reports and Information**

Ground Water Monitoring: Class I and V landfills only. Check if exempt

Explosive Gas Monitoring: Class I, II and V landfills only. Check if exempt

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Does the facility have a landfill gas collection system Yes  No  If yes please briefly describe use of gas, e.g., flared or used for electricity generation. \_\_\_\_\_

Signature: David Madson Date: 1-8-2013

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: David Madson Title: owner