

SOLID WASTE LANDFILL ANNUAL REPORT
For Calendar year 2010

SW173
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Administrative Information (Please enter all the information requested below, type or print legibly)

Facility Name: Escalante City
 Facility Mailing Address: PO Box 189
 City: Escalante Zip Code: 84726
 County: Garfield Permit No.: 9501R1

UTAH DIVISION OF
SOLID & HAZARDOUS WASTE
2011.00356

Owner
 Name: Escalante City Phone No.: (435) 826-4644
 Mailing Address: PO Box 189
 City: Escalante State: Utah Zip Code: 84726
 Contact's Name: Vickie Schul Koski Title: City Recorder MMC
 Contact's Mailing Address: PO Box 189, Escalante, UT, 84726
 Phone No.: (435) 826-4644 Contact's Email Address: escalante@scinet.net

Operator (Complete this section only if the operator is not an employee of the Owner shown above)
 Name: _____ Phone No.: (____) _____
 Mailing Address: _____
 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	<u>All</u>		<u>414</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Industrial	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
C/D ¹	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

¹C/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: 129 tons 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: _____

Cubic Yards: _____

Years: _____

Acres: _____

Acres Currently Open: _____

Acres Currently Closed: _____

Financial Assurance

Current Closure Cost Estimate: \$9628.-

Current Post-Closure Cost Estimate: \$10,494.-

Current Amount or Balance in Mechanism: \$20,122.-

(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: Corporate

(ie. Bond, Trust Fund, Corporate or government Test etc.)

Mechanism Holder and Account Number: PTIF Acct. # 2175 \$24,054.84

(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: Vicki L. Schulkoski Date: 2/7/11

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: Vicki L. Schulkoski Title: City Recorder, MMC