

LANDFILL ANNUAL REPORT

For Calendar year 2012

MAR 14 2013
2013-002423

Administrative Information (Please enter all the information requested below)

Facility Name: Niels Fugal Sons Company Land Recovery

Facility Mailing Address: P.O. Box 650
(Number & Street, Box and/or Route)

City: Pleasant Grove Zip Code: 84062

County: Utah Permit Number: 9614R1

Owner

Name: Niels Fugal Sons Company Phone No.: (801)785-3152

Owner Mailing Address: 1005 South Main Street
(Number & Street, Box and/or Route)

City: Pleasant Grove State: Utah Zip Code: 84062

Contact Name: Travis Carpenter Contact Title: Asset Manager

Contact's Mailing Address: P.O. Box 650

Phone No.: (801)785-3152 Contact's Email Address: travis.carpenter@fugal.com

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

Name: _____ 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 Type and Status

- | | | | |
|-------------------------------------|---|-----------------------------------|--|
| <input type="checkbox"/> Class I | <input type="checkbox"/> Class IIIb | <input type="checkbox"/> Class V | <input type="checkbox"/> Facility Closed during the year
Date Closed: _____ |
| <input type="checkbox"/> Class II | <input type="checkbox"/> Class IVa | <input type="checkbox"/> Class VI | |
| <input type="checkbox"/> Class IIIa | <input checked="" type="checkbox"/> Class IVb | | |

Annual Disposal (Tons received at the facility for disposal)

Waste Type	Waste Origin		Total	Measurement	
	In-State	Out-of-State		Tons	Cubic Yards
Municipal	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
C/D*	8,732.00	_____	8,732.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*C/D waste includes all waste going to a Class IV or VI landfill cell

Conversion Factor Used

- None Used Site Specific From Rules List Site Specific Conversion: _____

RecyclingMaterial Recycled: 0.00Reported in Tons Cubic Yards **Utah Disposal Fee**Disposal fee required to be paid to State Yes No (If yes please show fees paid below)

Municipal: _____ Industrial: _____ C/D: _____ Annual: _____

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

Current Landfill Remaining CapacityTons: _____ Cubic Yards: 24,736.00 Acre: _____ Years: _____

Acres Currently Open: _____ Acres Currently Closed: _____

Financial AssuranceCurrent Closure Cost Estimate: \$2,000,000.00Current Post-Closure Cost Estimate: \$2,000,000.00Current Amount or Balance in Mechanism: \$70,000,000.00

(If facility permit has been renewed and if balance does not equal or exceed total for closure and post-closure care please contact the Division)

Current Financial Assurance Mechanism: Bond

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

Current Financial Assurance Mechanism Holder: Liberty Mutual Insurance Company

(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 to be Submitted with Annual Report****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 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.

Training Report: A report of all training programs or procedures completed by facility personnel during the year.**Signature:**Date: 3-14-2013

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)).

Type Name: Travis CarpenterTitle: Asset Manager

LIBERTY MUTUAL INSURANCE COMPANY

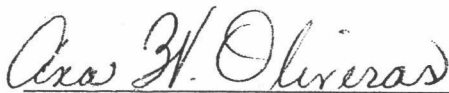
450 Plymouth Road; Plymouth Meeting, PA 19462

VERIFICATION CERTIFICATE
TO VERIFY THAT A CONTINUOUS FORM OF
BOND OR POLICY
HAS NOT BEEN CANCELLED

This is to certify that Bond No. 016042830, issued by the undersigned
and on behalf of Niels Fugal Sons Company, LLC,
in favor of the UDEQ Division of Solid and Hazardous Waste and effective
as of February 1, 2011 is a continuous instrument covering an indefinite term is now in
full force and effect and will continue in full force and effect until cancelled or released.

Signed, sealed and dated this 12th day of March 2012.

Liberty Mutual Insurance Company



Ana W. Oliveras, Attorney-in-Fact

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

LIBERTY MUTUAL INSURANCE COMPANY
BOSTON, MASSACHUSETTS
POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS: That Liberty Mutual Insurance Company (the "Company"), a Massachusetts stock insurance company, pursuant to and by authority of the By-law and Authorization hereinafter set forth, does hereby name, constitute and appoint ANA W. OLIVERAS, ALL OF THE CITY OF SUNRISE, STATE OF FLORIDA

, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations in the penal sum not exceeding SEVENTY MILLION AND 00/100 DOLLARS (\$ 70,000,000.00) each, and the execution of such undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company in their own proper persons.

That this power is made and executed pursuant to and by authority of the following By-law and Authorization:

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

By the following instrument the chairman or the president has authorized the officer or other official named therein to appoint attorneys-in-fact:

Pursuant to Article XIII, Section 5 of the By-Laws, David M. Carey, Assistant Secretary of Liberty Mutual Insurance Company, is hereby authorized to appoint such attorneys-in-fact as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

That the By-law and the Authorization set forth above are true copies thereof and are now in full force and effect.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of Liberty Mutual Insurance Company has been affixed thereto in Plymouth Meeting, Pennsylvania this day of 27th day of September 2011



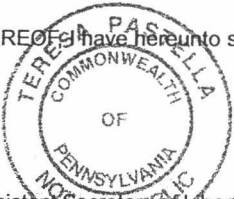
LIBERTY MUTUAL INSURANCE COMPANY

By David M. Carey
David M. Carey, Assistant Secretary

COMMONWEALTH OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 27th day of September, 2011, before me, a Notary Public, personally came David M. Carey, to me known, and acknowledged that he is an Assistant Secretary of Liberty Mutual Insurance Company; that he knows the seal of said corporation; and that he executed the above Power of Attorney and affixed the corporate seal of Liberty Mutual Insurance Company thereto with the authority and at the direction of said corporation.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at Plymouth Meeting, Pennsylvania, on the day and year first above written.



Notarial Seal
Teresa Pastella, Notary Public
Plymouth Twp., Montgomery County
My Commission Expires Mar. 28, 2013
Member, Pennsylvania Association of Notaries

By Teresa Pastella
Teresa Pastella, Notary Public

CERTIFICATE

I, the undersigned, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy, is in full force and effect on the date of this certificate; and I do further certify that the officer or official who executed the said power of attorney is an Assistant Secretary specially authorized by the chairman or the president to appoint attorneys-in-fact as provided in Article XIII, Section 5 of the By-laws of Liberty Mutual Insurance Company.

This certificate and the above power of attorney may be signed by facsimile or mechanically reproduced signatures under and by authority of the following vote of the board of directors of Liberty Mutual Insurance Company at a meeting duly called and held on the 12th day of March, 1980.

VOTED that the facsimile or mechanically reproduced signature of any assistant secretary of the company, wherever appearing upon a certified copy of any power of attorney issued by the company in connection with surety bonds, shall be valid and binding upon the company with the same force and effect as though manually affixed.

IN TESTIMONY, WHEREOF, I have hereunto subscribed my name and affixed the corporate seal of the said company, this 12th day of March, 2012



By Gregory W. Davenport
Gregory W. Davenport, Assistant Secretary

currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.