

JAN 22 2013
2013-001461

LANDFILL ANNUAL REPORT

For Calendar year 2012

Administrative Information (Please enter all the information requested below)

Facility Name: Panguitch City Landfill

Facility Mailing Address: P.O. Box 75
(Number & Street, Box and/or Route)

City: Panguitch Zip Code: 84759

County: Garfield Permit Number: 9608

Owner

Name: Panguitch City Phone No.: 435-676-8585

Owner Mailing Address: P.O. Box 75
(Number & Street, Box and/or Route)

City: Panguitch State: Utah Zip Code: 84759

Contact Name: Lori Talbot Contact Title: City Manager

Contact's Mailing Address: P.O. Box 75 Panguitch Utah 84759

Phone No.: 435-676-8585 Contact's Email Address: lori.panguitchcity@gmail.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 |
| <input type="checkbox"/> Class II | <input checked="" type="checkbox"/> Class IVa | <input type="checkbox"/> Class VI | Date Closed: _____ |
| <input type="checkbox"/> Class IIIa | <input 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*	<u>600 Estimated</u>	_____	<u>510</u>	<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: _____

Recycling

Material Recycled: 60 Ton - Metal

Reported 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 Capacity

Tons: 2000 ton +/- Cubic Yards: _____ Acre: 6 AC Years: 10

Acres Currently Open: 6 AC Acres Currently Closed: 2 Closed / 2 Leased

Financial Assurance

Current Closure Cost Estimate: \$22,369.84

Current Post-Closure Cost Estimate: \$15,978.45

Current Amount or Balance in Mechanism: \$38,348.29

(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: PTIF Acct #6036

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

Current Financial Assurance Mechanism Holder: PTIF Acct #6036

(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: Lori Talbot

Date: 01-17-2013

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: Lori Talbot

Title: City Manager