

IRON COUNTY SOLID WASTE

PO BOX 743 • 3127 N. IRON SPRINGS ROAD • CEDAR CITY, UT 84721-0743 • OFFICE 435-865-7015 • FAX 435-586-5192

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UTAH DIVISION OF
SOLID & HAZARDOUS WASTE

2009.00651

February 18th, 2008

Dennis Downs, Director
Utah Division of Solid and Hazardous Waste
P.O. Box 144880
Salt Lake City, Utah 84114-4880

Enclosed you will find the year end reports for the following landfills.

Iron County Municipal Landfill, Iron Springs
Iron County Class VI B Construction and Demolition Landfill, Parowan.

The final cover design for the Iron County landfills has been addressed in the current re-permit documents that have been approved, there has been no changes made to the final cover designs of the Iron Springs Landfill or the Parowan Class VIb landfill. The final closure amounts and post closure amounts were increased by 3% for inflation in the 2007 yearend report, this should be sufficient since all work will be done by county forces and the Iron County Engineering Dept. The closure fund yearly budgeted amount is \$81,000.00 a year and is on deposit with State Bank of Southern Utah, Surplus budget funds carried over at the end of each year are also deposited into the account. The current account balance is \$2,130,227.14 all questions concerning the financial assurance needs to be obtained by contacting Gene Adams, Iron County Auditor at 435-477-8331.

The Iron County Solid Waste department conducted its own safety trainings since none were available through the local SWANA chapter in 2008, they were done in the monthly safety trainings and covered a wide range of topics

Methane gas is checked for quarterly and to date none has been detected.

A separate Asbestos Disposal Area has been permitted through the Utah Air Quality Division; to date 140.13 Tons has been disposed of in this area. Inspections have been conducted by Air Quality staff and everything was good. A copy of inspections is included.

The ground water statistics report is being prepared by Klienfelder Inc and it will be submitted when they have completed it.

A handwritten signature in cursive script that reads "Kenneth Alan Wade".

Kenneth Alan Wade
Iron County Solid Waste Supervisor

SOLID WASTE LANDFILL ANNUAL REPORT

For Calendar year 2008 or most recent fiscal year

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

Facility Name: Iron County C&D Landfill, Parowan Ut
 Facility Mailing Address: P.O. Box 743
(Number & Street, Box and/or Route)
 City: Cedar City, Utah Zip Code: 84721
 County: Iron

Owner

Name: Parowan City Phone No.: (435)477-1032
 Mailing Address: 1 South Main
(Number & Street, Box and/or Route)
 City: Parowan State: Utah Zip Code: 84761
 Contact's Name: Mayor Title: _____
 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: Iron County Phone No.: (435)865-7015
 Mailing Address: P.O. Box 743
(Number & Street, Box and/or Route)
 City: Cedar City State: Utah Zip Code: 84720
 Contact's Name: Kenneth A Wade Title: Supervisor/Manager
 Contact's Mailing Address: P.O. Box 743 Cedar City, Utah 84721
 Phone No.: (435)865-7015 Contact's Email Address: ironco@netutah.com

Facility Type and Status

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

C/D cell not operated under a separate permit number. 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 type="checkbox"/>
Industrial	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
C/D ¹	4685.23	_____	4685.23	X	<input type="checkbox"/>

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

Conversion Factor Used

- No conversion factors used
- Conversion factor from rules (R315-302-2(4)(c)) used
- Site specific conversion used Please list: _____

Recycling

Material Recycled: Metals included in Cedar landfill amounts, _____ Tons/Cub

ic 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

Fee Paid	Municipal	\$ _____	C/D	\$ _____
	Industrial	\$ _____	Annual	\$ _____

Landfill Capacity

Current Landfill Remaining Capacity

Tons: _____
Years: 9 _____

Cubic Yards: _____
Acres: _____

Financial Assurance

Current Closure Cost Estimate: \$104,418.70

Current Post-Closure Cost Estimate: \$27,129.70

Current Amount or Balance in Mechanism: \$2,130,227.14

(If balance does not equal or exceed total for closure and post-closure care please contact the Division)

Current Financial Assurance Mechanism: Local Gov. Test

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

Mechanism Holder and Account Number: State Bank of Southern Utah

(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 Required Reports

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.

Signature: *Kenneth A Wade* Date: *2-18-2009*

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: *Kenneth A Wade* Title: *Supervisor*

FUND : 57 -SOLID WASTE LANDFILL

PERIOD TO USE: Jan-2008 THRU Dec-2008

DEPT : N/A

ACCOUNTS: 2621-000-000 THRU 2621-000-000

POST DATE TRAN # REFERENCE PACKET-----DESCRIPTION----- VEND INV/JE # NOTE -----AMOUNT----- BALANCE-----

2621-000-000 LANDFILL CLOSURE RESERVE
B E G I N N I N G B A L A N C E 2,032,434.95CR

Table with columns: DATE, TRAN #, REFERENCE, DESCRIPTION, VEND, INV/JE #, AMOUNT, BALANCE. Rows include monthly interest earned entries from 1/31/08 to 12/31/08, ending with an account total.

000 ERRORS IN THIS REPORT!

Summary table with columns: REPORT TOTALS, DEBITS, CREDITS. Rows: BEGINNING BALANCES, REPORTED ACTIVITY, ENDING BALANCES.