

SW 239

# LANDFILL ANNUAL REPORT

For Calendar year 2012

MAR - 1 2013  
2013-00 2170

## Administrative Information (Please enter all the information requested below)

Facility Name: QEP - Red Wash Class IIIb Landfill

Facility Mailing Address: 11002 East 17500 South  
(Number & Street, Box and/or Route)

City: Vernal Zip Code: 84078

County: Uintah Permit Number: 9906

### Owner

Name: QEP Energy Company Phone No.: (435) 781-4300

Owner Mailing Address: 11002 East 17500 South  
(Number & Street, Box and/or Route)

City: Vernal State: Utah Zip Code: 84078

Contact Name: Mark L. Peak Contact Title: Senior Engineer - EHS

Contact's Mailing Address: 1050 17th Street, Suite 500, Denver, CO 80265

Phone No.: (303) 573-3441 Contact's Email Address: mark.peak@qepres.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

- Class I       Class IIIb       Class V       Facility Closed during the year  
 Class II       Class IVa       Class VI      Date Closed: \_\_\_\_\_  
 Class IIIa       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	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Industrial	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C/D*	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<input type="checkbox"/>	<input checked="" 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: 0.00

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: \_\_\_\_\_ Cubic Yards: 1,300.00 Acre: \_\_\_\_\_ Years: \_\_\_\_\_

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

**Financial Assurance**

Current Closure Cost Estimate: \$20,000.00

Current Post-Closure Cost Estimate: \$33,000.00

Current Amount or Balance in Mechanism: \$33,000.00

(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: \_\_\_\_\_

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

Current Financial Assurance Mechanism Holder: \_\_\_\_\_

(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: 2/28/13

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: Jim E. Torgerson

Title: Sr. Vice President - Operations