

FEB 29 2008

UTAH DIVISION OF
SOLID & HAZARDOUS WASTE
08.00984

February 29, 2008

Dennis R. Downs, Director
Utah Division of Solid and Hazardous Waste
288 North 1460 West
Salt Lake City, Utah 84114-4880
Attention: Rob Powers

Re: 2007 Solid Waste Landfill and Compost Facility Annual Reports, Davis Landfill

Dear Mr. Downs:

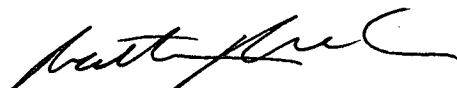
Please find the following documents transmitted with this letter to satisfy the annual reporting requirements of the Utah Administration Code R315-302-2(4) for the Davis Landfill and Green Waste Recycling Facility which are owned and operated by Wasatch Integrated Waste Management District.

- Calendar year 2007 Solid Waste Landfill Annual Report (state form)
- Calendar Year 2007 Solid Waste Compost Facility Annual Report (state form)
- Report of training programs and procedures completed by facility personnel during 2007
- Report of the 2007 Groundwater Monitoring conducted at the Davis Landfill
- Report of the 2007 Explosive Gas Monitoring conducted at the Davis Landfill
- Financial Assurance documentation required by UACR315-309

Please do not hesitate to contact me if you have any questions regarding these submissions.

Sincerely,

Wasatch Integrated Waste Management District



Nathan Rich, P.E.
Executive Director

attachments

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

www.hazardouswaste.utah.gov

SOLID WASTE COMPOST FACILITY ANNUAL REPORT

For Calendar year 2007 or most recent fiscal year

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

Facility Name: Davis Green Waste Recycling Facility
Facility Mailing Address: P. O. Box 900
(Number & Street, Box and/or Route)
City: Layton Zip Code: 84040
County: Davis

Owner

Name: Wasatch Integrated Waste Management District Phone No.: (801) 614-5600
Mailing Address: Same as above
(Number & Street, Box and/or Route)
City: _____ State: _____ Zip Code: _____
Contact's Name: Nathan Rich Title: Executive Director
Contact's Mailing Address: Same as above
Phone No.: () _____ Contact's Email Address: nathanr@wiwmd.org

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

Name: _____ Phone No.: () _____
Mailing Address: _____
(Number & Street, Box and/or Route)
City: _____ State: _____ Zip Code: _____
Contact's Name: _____ Title: _____
Contact's Mailing Address: _____
Phone No.: () _____ Contact's Email Address: _____

Facility Status

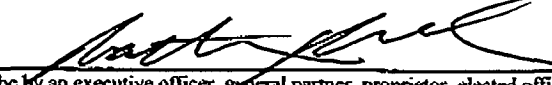
Currently in Operation Closed - Date: _____
(The "Closed - Date" is the date that all material was removed from the site)

Annual Totals

Waste received in reporting period: 8,916.09 Tons Cubic Yds

Product removed: 15,331.62 Tons Cubic Yds

Has facility operated according to approved plan of operation Yes No
If no please contact the Solid Waste Section at 801/538-6170

Signature:  Date: 2-29-08
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: Nathan Rich Title: Executive Director