

Instructions for Completing Incinerator Annual Report Form

The Division of Waste Management and Radiation Control is not currently able to accept e-mailed form submissions. The attached form must be printed, signed as required by R315-310-2(4) of the Utah Administrative Code, and mailed to the Division. Annual reports must be received by the Division on or before March 1, 2016 and should contain data for the calendar year 2015.

Complete all applicable sections of the form and save it. When printing, please print only the form pages. The instruction page should not be printed and mailed.

Completed forms should be mailed to:

Scott T. Anderson, Director
Division of Waste Management and Radiation Control
P.O. Box 144880
Salt Lake City, Utah 84114-4880

Additional copies for the form can be obtained on the Division web page at <http://www.deq.utah.gov/forms/waste/index.htm>

SOLID WASTE INCINERATOR ANNUAL REPORT

For Calendar year 2015

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

Facility Name: _____

Facility Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____ Zip Code: _____

County: _____ Permit No.: _____

Owner

Name: _____ Phone No.: (____) _____

Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____ State: Utah Zip Code: _____

Contact's Name: _____ 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: _____ Phone No.: (____) _____

Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____ State: Utah Zip Code: _____

Contact's Name: _____ Title: _____

Contact's Mailing Address: _____

Phone No.: (____) _____ Contact's Email Address: _____

Facility Type and Status

Large Incinerator
Capacity greater than ten tons per day

Small Incinerator
Capacity is 10 tons per day or less but greater than 250 pounds per week

Permit Not Required
Non-commercial with capacity of 250 pounds or less per week

Currently in Operation Facility Closed During Year - Date: _____

(The " - Date" is the date that all waste and ash were removed from the site)

Waste Incinerated

Total tons received at facility for incineration:

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	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

¹C/D waste includes construction/demolition, yard waste, dead animals, and other waste (see rule R315-301-2(12))

Conversion Factor Used

None From rules Site Specific (please list factors used): _____

Ash Disposal

Tons of ash disposed: _____
Facility at which ash was disposed: _____

Recycling

Material Recycled: _____ Tons Cubic Yds.
(Material recycled should not be included in disposed tons reported. Report compost on separate form. Circle tons or yards)

Fee Paid to the Utah Department of environmental Quality

Disposal Fee Required to be paid to State Yes No (If yes please show fees paid below)

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

Financial Assurance

Current Closure Cost Estimate: _____

Current Post-Closure Cost Estimate: _____

Current Amount or Balance in Mechanism: _____

(If facility permit has been renewed 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.)

Mechanism Holder and Account Number: _____

(ie. Name of Bond Company, Bank etc. Account number)

Financial Assurance: Each facility must recalculate the cost of closure 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

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Signature: _____ **Date:** _____

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: _____ Title: _____