

Instructions for Completing Transfer Station 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 Solid and Hazardous Waste
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>

TRANSFER STATION 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: _____

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 Status

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

Utah Disposal Fees Paid (See Utah Code Annotated 19-6-119(3))

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

Municipal	\$ _____
Industrial	\$ _____
C/D ¹	\$ _____

Waste Received

Waste Type	Disposed	Landfill Used	Total	Measurement	
				Tons	Cubic Yards
Municipal	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
C/D ¹	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

¹ C/D waste consists of construction and demolition waste, yard waste, dead animals, tires, and some contaminated soils.

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)

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: _____