

State of Utah Department of Environmental Quality Division of Solid and Hazardous Mailing Address: PO Box 144880, Salt Lake City, Utah 84114-4880 Hand Delivery: 195 North 1950 West, MASOB 2nd Floor, Salt Lake City Web Page: http://www.usedoil.utah.gov/UsedOilSection.htm Phone: 801-536-0200 Fax: 801-536-0222

Used Oil Off-Specification Burner Annual Report For Facilities in Utah

For: January 1 – December 31, <u>2013</u>

Annual Reports must be submitted to the address at the top of this page by March 1, 2014.

Please call if you have any questions about how to complete this report.

I. General Used Oil Permit Information Section

A. Company Name	B. Utah Used Oil Permit Number: (for example UOP-0123)		
C. Company Mailing Address	D. Permitted Facility's Physical Address		
E. Contact Name and Title for Used Oil Permit	F. Federal EPA ID Number: (for example UTR123456789)		
G. Contact's Phone Number	H. Name of Person Completing Form (if different than person listed in box E)		
I. Contact's Fax Number	Phone Number		
J. Contact's E-mail Address	E-mail Address		
II. Certification Section			

The Company owner or his/her designated representative must sign this form.

I certify under penalty of law this report and all attachments were prepared by me or under my direction or supervision. The information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware there are significant penalties, including the possibility of a fine and imprisonment for knowing violations, for submitting false information.

Name	Title	
Signature	Date	

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III. Off-Specification Used Oil Inventory Sec	ction		Gallons		
A. Beginning Inventory of off-specification used oil at this facility on January 1 of the reporting year.					
B. Total volume of off-specification used oil acquired (docume	ifests).				
C. Total volume of off-specification used oil generated on site company records).					
D . Total volume of off-specification used oil burned (based or method if available).					
E. Average daily volume of off-specification used oil burned	reporting year.				
F. Ending inventory of off-specification used oil at this facility on December 31 of reporting year.					
 G. Compare beginning used oil inventory to ending used oil inventory. 1. Add lines A, B and C from above (beginning off-spec used oil inventory, off-spec used oil acquired and off-spec used oil generated on site). 					
2. Reenter the amount from line D above (Total volume of off-spec oil used oil burned).					
3. Total (subtract line 2 from line 1).					
H. If the total for line G3 is different than line F (Ending inventory of off-specification used oil on December 31), please provide an explanation (attach additional sheets if necessary).					
IV. General Liability Insurance Information Section					
Submit a current ACORD form or equivalent (available from insurance broker) showing General Liability Insurance Coverage OR					
If you do not submit a current ACORD , the following information must be submitted.					
A. Name of Insurance Company on Policy	B. Name of Insurance	e Broker/Agent			
C. Physical Address of Insurance Company	D. Phone Number of Insurance Broker/Agent				
E. Coverage Types and Amounts					
F. Policy Number	G. Effective Date				
H. Policy Date	I. Expiration Date				

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V. Environmental Pollution Liability Insurance for Third-Party Damages Section				
Submit most current Used Oil Financial Form 17.7 (available from insurance broker) showing Third-Party Damages				
Coverage (an example of Form 17.7 is provided)				
	g information must be submitted:			
A. Name of Insurance Company on Policy	B. Name of Insurance Broker/Agent			
C. Physical Address of Insurance Company	D. Phone Number of Insurance Broker/Agent			
E. Coverage Types and Amounts				
F. Policy Number	G. Effective Date			
H. Policy Date	I. Expiration Date			
VI. Financial Assurance Information	for Cleanup and Closure Cost Estima	ates Section		
A. Type of financial assurance mechanism your busi	ness is using for Cleanup and Closure Costs (check	only one):		
□ Letter of Credit* □ Payment Bond*	□ Insurance Policy* □ Trust Fund			
* These mechanisms <u>also</u> require a Standb	-			
Financial Instrument Control No. (unique identifying r	number of document):			
Dollar amount of financial assurance provided by this financial instrument: Instrument Value				
B. Closure Cost Estimate Adjustment: (Complete e	ither Mathed 1 Or Mathed 2 balaw than complete	Section (C)		
Method 1. Inflation Factor Adjustment				
\$ ×	1.015 = \$			
Enter Last Year's Total Closure Cost Estimate (Find this on last year's report under "Total Closure Cost Estimate." Call the Used Oil Program if you are not sure what number to use)	Inflation Factor Total Closure for this			
<u>OR</u>				
Method 2. Recalculated Engineering Closure Cost Estimate Note: This method requires detailed information to be submitted and approved by the Executive Secretary of the Solid and Hazardous Waste Control Board. Also, any change in the facility or process requires a permit modification to be submitted to the Executive Secretary for review and approval.				
RECALCULATED ENGINEERING C	LOSURE COST ESTIMATE: \$ Total Closure C	Cost Estimate		
C. Financial Assurance Closure Cost Estimate Summ				
	liary			
1. Enter Instrument Value (From Section A above)				
2. Enter Total Closure Cost Estimate (From Se	ection B above)			
3. If line C1 (Instrument Value) is less than line C2 (Total Closure Cost Estimate) the Instrument Value must be increased to equal or exceed the newly calculated Total Closure Cost Estimate.				
A written notice from the issuer of the financial mechanism documenting this increase must be included with this Annual Report.				
4. If line C1 (Instrument Value) is equal to or more than line C2 (Total Closure Cost Estimate) the Instrument Value is				
adequate for this year and no changes are needed. \odot				