



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 Processor Annual Report For Processing Facilities in Utah

For: January 1 – December 31, 2013

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 <u>Facility's Physical Address</u>
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.

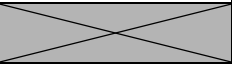
I certify under penalty of law this report and all attachments were prepared by me or under my direction or supervision. The information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware there are significant penalties, including the possibility of a fine and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

Name _____ Title _____

Signature _____ Date _____

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III. Used Oil Processing Information Section

A. Describe in detail the specific procedures/methods used in processing used oil (attach separate sheets if necessary).			
IV. Used Oil Inventory Section			
			Gallons
A. Beginning Inventory of Used Oil and any Used Oil Products at this facility on January 1 of the reporting year (See page 1 under "Used Oil Processor Annual Report" for the reporting year.)			
B. Received Used Oil			
1. Total used oil received from any transporter, including your own company. List the total received from each transporter on a separate line below (attach additional sheets if necessary).			
Name of Transporter	Address/Phone	Facility Type	Gallons
		Total for 1 ►	
2. Total used oil received directly from any generator (Did anyone, other than the transporters listed above, bring used oil to your facility? (for example, an individual delivered a 55-gal drum)			
3. Total Volume of Used Oil Received (add total for 1 and line 2)			
C. Processed Used Oil			Gallons
1. Total volume of used oil processed			
2. Average volume of used oil processed per day (Divide line 1 above by the total # of days you processed used oil last year.)			
3. Total estimated volume of used oil consumed, lost, or spilled during processing			
4. Waste or residues generated, including waste water - List each type of waste on a separate line below (attach additional sheets if necessary).			
Type of Waste	Disposal Method	Disposal Facility Name, Address/Phone	Gallons
		Total for 4 ►	
D. Outgoing Used Oil Products (all sales and transfers)			Gallons
1. Total volume of on-specification used oil burner fuel (including used oil derived diesel)			
2. Total volume of off-specification used oil burner fuel			
3. Total volume of non-fuel used oil derived products (for example lubricating oil or asphalt materials)			
4. Total Volume of Used Oil Products Delivered (add totals for D1, D2, and D3)			
E. Ending Inventory of all Used Oil and any Used Oil Products on December 31			

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V. Used Oil Inventory Balance Section
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A. Reenter amount from Page 2, Section IV. line A (Beginning Inventory of Used Oil and any Used Oil Products at this facility on January 1 of the reporting year)		
B. Reenter amount from Page 2, Section IV. line B3 (Total Volume of Used Oil Received)		
C. Subtotal (add line A and B above and enter amount in far right column)		
D. Reenter amount from Page 2, Section IV. line C3 (Total estimated volume of used oil consumed, lost, or spilled during processing)		
E. Reenter amount from Page 2, Section IV. line D4 (Total Volume of Used Oil Products Delivered)		
F. Subtotal (add line D and E above and enter amount in far right column)		
G. Grand Total (subtract line F Subtotal from line C Subtotal)		

H. If the amount on line **G (Grand Total)** is not zero (0), please provide an explanation (attach additional sheet if necessary).

VI. 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 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

VII. Environmental Pollution Liability Insurance for Third-Party Damages Section

Submit **Used Oil Financial Form 17.7 or 17.9** (available from the Division of Solid & Hazardous Waste website: http://www.hazardouswaste.utah.gov/Used_Oil_Section/UsedOilSection.htm) showing Third-Party Damages Coverage (an example of Form 17.7 and 17.9 is provided)
The following 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

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VIII. Financial Assurance Information for Cleanup and Closure Costs Section

A. Type of financial assurance mechanism your business is using for Cleanup and Closure Costs (check only one):

Letter of Credit* Payment Bond* Insurance Policy* Trust Fund

* These mechanisms **also** require a Standby Trust Agreement

Financial Instrument Control No. (unique identifying number of document): _____

Dollar amount of financial assurance provided by this financial instrument: \$ _____
Instrument Value

B. Closure Cost Estimate Adjustment: (Complete **either** Method 1 **or** Method 2 below then complete Section C)

Method 1. Inflation Factor Adjustment

\$ _____ x **1.015** = \$ _____
 Enter Last Year's Inflation Factor **Total Closure Cost Estimate**
 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)

OR

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 CLOSURE COST ESTIMATE: \$ _____
Total Closure Cost Estimate

C. Financial Assurance Closure Cost Estimate Summary

1. Enter **Instrument Value** (From Section A above)

2. Enter **Total Closure Cost Estimate** (From Section 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. ☺