

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 <u>Transporter</u> Annual Report For Used Oil Collected in or Delivered to 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

Continue to next page

III. Used Oil Collections Section Check http://www.usedoil.utah.gov/UsedOilSe		erials that are considered us	ed oil. Gallons		
A. Total used oil collected from any generator inside Utah.					
B. Total used oil collected from <u>any generator</u> transporters, transfer facilities, or processors					
	C. Total used oil collected from transfer facilities, processors, or other transporters located in Utah. List the total received from each facility or transporter on a separate line below (attach additional sheets if necessary).				
Name of Facility or Transporter	Address/Phone	Facility Type	Gallons		
D. Tatal Valuma of Lload Oil Callected (ada	Ling A. P. and total for C)	Total for C ►			
D. Total Volume of Used Oil Collected (add	I line A, B, and total for C)				
IV. Used Oil Deliveries Section					
A. Total used oil delivered to transfer facilities, processors, businesses, burners, other transporters, etc. <u>located inside Utah</u> . (This includes used oil collected <u>inside and outside Utah from generators</u> , transfer facilities, processors, or other <u>transporters</u> .) List the total delivered to each facility on a separate line below (attach additional sheets if necessary).					
Name of Receiver	Address/Phone	Facility Type	Gallons		
P . Of the total used oil collected in Litch from	apporators, transfor facilities, r	Total for A ►	tors (soo III, Llood		
B. Of the total used oil <u>collected in Utah</u> from generators, transfer facilities, processors, or other transporters (see III. Used Oil Collection Section totals for B and C), how much was delivered to transfer facilities, processors, businesses, burners, other transporters, etc. <u>located outside Utah</u> . List the total delivered to each facility on a separate line below (attach additional sheets if necessary).					
Name of Facility or Transporter	Address/Phone	Facility Type	Gallons		
		Total for D. N.			
C. Total Volume of Used Oil Delivered (add	I total for A and B)	Total for B ►			
		oction			
V. Used Oil Collections and Deliveries Comparison Section					
A. If Used Oil Collections total (III. Used Oil Collections line D) and Used Oil Deliveries total (IV. Used Oil Deliveries line C) are different, please provide explanation (attach additional sheets if needed).					
			Quality		
			Continue to next page		

VI. Used Oil Filter Handling Section					
Volume Estimates: One 55-gallon drum of <i>crushed</i> used oil filters = approximately 400 used oil filters One 55-gallon drum of <i>uncrushed</i> used oil filters = approximately 250 used oil filters One ton of drained used oil filters = approximately 2,350 used oil filters					
		Number In-State	Number Out-of-State		
A. Approximate number of used oil filters collected from gene facilities in Utah.					
B. Approximate number of used oil filters collected from gene facilities outside of Utah and transported to a facility insid					
C. Disposition of collected used oil filters	lity.				
 Quantity transferred to another permitted used oil facility Quantity transferred directly to a waste-to-energy facility 					
3. Quantity transferred directly to a metal foundry for recycling					
4. Quantity disposed at a landfill					
5. Other disposal method					
6. Total number of disposed used oil filters (sum of 1, 2,	3, 4 and 5)				
D. Provide the name(s) of the facility where filters were transferred, and describe how the filters were managed (for example crushed and recycled, shredded, etc.). Attach additional sheets if needed.					
VII. General Liability Insurance Information	Section				
Submit a current ACORD form or equivalent (available f	rom insurance	broker) showing Genera	al Liability Coverage		
	<u>DR</u>				
If you do not submit a current ACORD, the	ne following in	formation must be submi	tted.		
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				
VIII. Environmental Pollution Liability Insurance for Third-Party Damages Section Note: the minimum required insurance coverage is \$1,000,000 per occurrence and \$2,000,000 annual aggregate.					
Submit most current Used Oil Financial Form 17.6 (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 17.6 is provided)					
The following informa	ition must be s	submitted:			
A. Name of Insurance Company on Policy	B. Name of Insurance Broker/Agent				
C. Physical Address of Insurance Company	D. Phone Nu	mber of Insurance Broke	er/Agent		
E. Coverage Types and Amounts					
F. Policy Number	G. Effective Date				
H. Policy Date	I. Expiration Date				