



**STATE OF UTAH
DEPARTMENT OF ENVIRONMENTAL QUALITY**

DIVISION OF WASTE MANAGEMENT & RADIATION CONTROL

**WASTE MANAGEMENT
& RADIATION CONTROL**

P.O. Box 144880, Salt Lake City, Utah 84114-4880

IMPORTANT! Before filling out this form, please read all attached instructions.

| DRUM-TOP LAMP CRUSHER REGISTRATION APPLICATION | |
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| 1. Company Name: | 9. Facility's Physical Address and Phone # (if different than company information): |
| 2. Company's Physical Address: | |
| 3. Company's Mailing Address: | |
| 4. Company Phone #: | 10. Name and Title of Contact Person: |
| 5. Company Owner's Name: | 11. Facility EPA ID #: |
| 6. Property Owner's Name: | 12. Generator Status: LQG SQG CESQG |
| 7. Property Owner's Address: | STATE USE ONLY Registration Number: <input style="width: 100%;" type="text"/> |
| 8. Property Owner's Telephone #: | |
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13. If property is leased, a copy of the lease agreement must be submitted in addition to a letter from the owner of the property addressed to the Director of the Division of Waste Management & Radiation Control explaining that the property owner is aware and approves of the lessee's intent to apply for a Drum-Top Lamp Crusher Registration that will be occurring on the property.
14. Provide a detailed description of the equipment, operation, storage and other activities on the property.
15. Provide a written operating procedure, including frequency of change-out of the filters and maintenance requirements.
16. Provide a description of how filters will be managed in accordance with R315-273-13 or R315-273-33.
17. Provide a description of how spills will be managed in accordance with R315-273-13 or R315-273-33.
18. Provide a Training Plan in accordance with R315-273-13 or R315-273-33.
19. Provide Closure Plan with a detailed written estimate in accordance with R315-273-13 or R315-273-33.

20. Provide demonstration of financial assurance for closure as required by R315-273-13(d)(7) or R315-273-33(d)(7). Financial assurance options can be found at R315-261-143(a) through (e).
21. Provide the following information:
- a. Detailed map of the facility lamp processing equipment and ventilation system.
 - b. Copies of business license and zoning permit, and, if applicable, any other licenses and permits required by federal, state and local government entities.
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The Company owner or designated representative must sign this form.

I certify under penalty of law that the application 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 that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations.

Name _____

Title _____

Signature

Date _____
