

#### **Used Oil Annual Report**For January 1st to December 31st

Annual reports shall be submitted to the Director no later than March 1, of the year following the reported activities.

FY2023

| Select the type(s) of permit(s); then, complete and s   |   |   |
|---|---|---|
| ype of Permit (Select from Dropdown Menu)   |   | Used Oil Permit Number                                    |
| lsed Oil Permittee Full Legal Name (individual person or legal business entit   | ty – no DBAs)   | Permittee EPA ID No (i.e., UTR123456789)                  |
| remitted Facility Principal Place of Business (Street, City, State, Zip Code)   |   | Main Telephone No. (Area code + 7 digits)                 |
|   |   | Annual Report Contact Name                                |
| Mailing Address         (If different than principal place of business address)   |   | Annual Report Contact Telephone No. (Area code + 7 digits |
|   |   | Annual Report Contact Email Address                       |
| ype of Permit (Select from Dropdown Menu)   |   | Used Oil Permit Number                                    |
| Ised Oil Permittee Full Legal Name (individual person or legal business entit   | ty – no DBAs)   | Permittee EPA ID No (i.e., UTR123456789)                  |
| Permitted Facility Principal Place of Business (Street, City, State, Zip Code)  |   | Main Telephone No. (Area code + 7 digits)                 |
|   |   | Annual Report Contact Name                                |
| Mailing Address (If different than principal place of business address)   | Annual Report Contact Telephone No. (Area code + 7 digits |   |
|   |   | Annual Report Contact Email Address                       |
| Type of Permit (Select from Dropdown Menu)  |   | Used Oil Permit Number                                    |
| Jsed Oil Permittee Full Legal Name (individual person or legal business entit   | ty – no DBAs)   | Permittee EPA ID No (i.e., UTR123456789)                  |
| Permitted Facility Principal Place of Business (Street, City, State, Zip Code)  |   | Main Telephone No. (Area code + 7 digits)                 |
|   |   | Annual Report Contact Name                                |
| Mailing Address (If different than principal place of business address)   |   | Annual Report Contact Telephone No. (Area code + 7 digits |
|   |   | Annual Report Contact Email Address                       |
| Ce  | ertification  |   |
| By signing this document, I certify that (i) I am duly authorized to act on beha<br>and correct to the best of my knowledge, information, and belief. I further co<br>Division. | alf of the business; a                                    | • •   |
| hereby certify the forgoing is true and correct.  |   |   |
| Name of Authorized Person Signing Annual Report (printed)   | Title   |   |
| Signature   |   | Date  |

Mail to: State of Utah, Department of Environmental Quality

Division of Waste Management and Radiation Control

P.O. Box 144880

Email to:

Salt Lake City, UT 84114-4880 Phone: (801) 536-0200

dwmrcsubmit@utah.gov

In Person: Sta

State of Utah, Department of Environmental Quality Division of Waste Management and Radiation Control

195 North 1950 West

Multi-Agency State Office Building, 2nd Floor

Salt Lake City, Utah 84116



#### **Used Oil Transporter Annual Report**

|    | Used Oil Collections and Deliverie  | s Summary                              |                               |  |  |
|----|---|--|-------------------------------|--|--|
| A. | Total gallons <u>collected outside Utah</u> , and then transported to a used oil facility in Utah (im totals collected from each facility using the attachment provided with this form.                   |  |                               |  |  |
| В. | Total gallons <u>collected in Utah</u> , and then transported to a used oil facility in Utah. Itemize t from each facility using the attachment provided with this form.                                  | he individual totals collected         |                               |  |  |
| C. | Total gallons <u>collected in Utah</u> , and then transported to a used oil facility outside of Utah (otals collected from each facility using the attachment provided with this form.                    | exports). Itemize the individual       |                               |  |  |
|    | I. Total volume of <u>Collection</u>  | s in gallons from lines A and B        |                               |  |  |
| D. | Total gallons <u>delivered in Utah</u> to other transporters, transfer facilities, processors, burners. Itemize the individual totals delivered to each facility using the attachment provided with t     | • •                                    |                               |  |  |
| E. | Total gallons <u>delivered outside Utah</u> to other transporters, transfer facilities, processors, b facilities (exports). Itemize the individual totals delivered to each facility using the attachment | urners, and other approved             |                               |  |  |
|    | II. Total volume of <u>Deliverie</u>  | s in gallons from lines C and D        |                               |  |  |
| F. | <b>Collection and Deliveries Comparison:</b> If <u>Used Oil Collections</u> total (from I) and <u>Used Oil D</u> using the attachment provided with this form.  | eliveries total (from II) are differen | t, please provide explanation |  |  |
|    | Used Oil Filter Handling  |  | Quantity of Used Oil Filters  |  |  |
|    | me Estimates: One 55-gallon drum of crushed used oil filters = approximate one 55-gallon drum of uncrushed used oil filters = approxim One ton of drained used oil filters = approximately 2,350 use      |  |                               |  |  |
| G. | Approximate number of used oil filters collected from generators or facilities in Utah.   |  |                               |  |  |
| Н. | Approximate number of used oil filters collected from generators or facilities <u>outside Utah</u> <u>Utah</u> .  | and transported to a facility in       |                               |  |  |
| I. | Disposition of collected used oil filters.  | In Utah                                | Outside Utah                  |  |  |
|    | Quantity of filters transferred to another permitted used oil facility.   |  |                               |  |  |
|    | 2. Quantity of filters transferred directly to a waste-to-energy facility.  |  |                               |  |  |
|    | 3. Quantity of filters transferred directly to a metal foundry for recycling.   |  |                               |  |  |
|    | 4. Quantity of filters disposed to a landfill   |  |                               |  |  |
|    | 5. Quantity of filters disposed using other disposal methods  |  |                               |  |  |
|    | Total quantity of disposed Used Oil Filters from lines H.1 thru H.5 ▶   |  |                               |  |  |
| J. | and recycled, shredded, and so  |  |                               |  |  |
|    | Submit the Following Financial Assura   | nce Documents                          |                               |  |  |
|    | Current General Liability Insurance (ACORD) form or equivalent showing General Liabilit   | y Coverage (available from insuran     | ce broker).                   |  |  |
|    | Curren Environmental Pollution Liability Insurance for Third-Party Damages showing Third-Party Damages Coverage (Used Oil Financial Form 17.6).   |  |                               |  |  |



#### **Used Oil Transfer Facility Annual Report**

|    | Used Oil Inventory  |  |                  |       |                          |    |  |
|----|---|--|------------------|-------|--------------------------|----|--|
| A. | Beginning inventory in gallons at this facility on January 1 of   |  |                  |       |                          |    |  |
| В. | Used Oil Received   |  |                  |       |                          |    |  |
|    | Total gallons received from any transporter, including yeach transporter using the attachment provided with the second seco |  | nize the indivi  | dual  | totals received from     |    |  |
|    | Total gallons received directly from any generator (Did oil to your facility? (e.g., an individual delivered a 55-ga  | anyone, other than the                       | transporters it  | tem   | ized on B.1., bring used |    |  |
|    | Total volume received from lines B.1, and B.2 ▶   |  |                  |       |                          |    |  |
| c. | Used Oil Delivered  |  |                  |       |                          |    |  |
|    | Total gallons delivered by any transporter, including yo gallons delivered or transferred to each transporter usi   |  |                  |       |                          | ıl |  |
|    | ·   |  |                  |       | elivered from line C.1 ▶ |    |  |
| D. | Ending inventory in gallons at this facility on December 31 o   | of the reporting year.                       |                  |       |                          |    |  |
| E. | Subtotal (Add beginning inventory from line A to the total re   | eceived from line B).                        |                  |       |                          |    |  |
| F. | Calculated ending inventory in gallons (Subtract line C.1 from  | m line E).                                   |                  | T     | otal Ending Inventory    |    |  |
| G. | Ending Inventory Comparison: If the total for line F (Calculat an explanation using the attachment provided with this form.   |  | different than   |       |                          |    | ecember 31 <sup>st</sup> ), please provide |
|    |   | ollowing Financial A                         | ssurance D       | Ooc   | uments                   |    |  |
|    | Current ACORD form or equivalent (available from insurar  | nce broker) showing Gen                      | eral Liability C | Cove  | rage.                    |    |  |
|    | Current Environmental Pollution Liability showing Third-Pa  | arty Damages Coverage (                      | Used Oil Fina    | ncia  | l Form 17.7 or 17.9).    |    |  |
|    | Cleanup an  | nd Closure Cost Esti                         | mates Info       | rma   | ation                    |    |  |
| Н. | Select the type of financial assurance mechanism your busine Standby Trust Agreement.   | ess is using for Cleanup a                   | nd Closure Co    | st (S | Select one only): *These | m  | echanisms <u>also</u> require a            |
|    | Letter of Credit *  |  | Payment Bor      | nd *  |                          |    |  |
|    | Insurance Policy *  |  | Trust Fund       |       |                          |    |  |
| I. | Financial Instrument Control Number (Unique identifying nur   | mber document)                               |                  |       |                          |    |  |
| J. | J. Dollar amount of financial assurance provided by this financial instrument.  Instrument Value ▶  |  |                  |       |                          |    | \$   |
| к. | K. Closure Cost Estimate Adjustment: (Complete <u>either</u> Method 1 <u>OR</u> Method 2 below then complete section I)   |  |                  |       |                          |    |  |
|    | Method 1: Inflation Factor Adjustment   | \$   | х                |       | 1.037 =                  |    | \$   |
|    |   | Enter Last Year's Tota Closure Cost Estimate |                  |       | Inflation Factor         |    | Total Closure Cost                         |
|    | Method 2: Recalculated Engineering Closure Cost     Estimate  |  |                  | ing ( | Closure Cost Estimate    |    | \$   |
|    | Note: This method requires detailed information to be submitted and approved by the Director. Also, any changes in the facility or process requires a permit modification to be submitted to the Director for review and approval.  |  |                  |       |                          |    |  |

Financial Assurance Cost Estimate Summary: If the Instrument Value <u>from J is less than</u> the Total Closure Cost Estimate <u>from K (either method 1 OR 2)</u> the Instrument Value must be increased to equal or exceed the newly calculated Total Closure Cost Estimate. Within 60 days, submit to the Director a <u>written</u> <u>notice</u> from the issuer of the financial mechanism documenting this increase. If the Instrument Value <u>from J is equal or more than</u> Total Closure Cost Estimate <u>from K (either method 1 OR 2)</u> the Instrument Value is adequate for this year, no changes are needed.



## **Used Oil Processor/Re-refiner Facility Annual Report**

|    | Used Oil Inventory  |  |                |   |   |  |
|----|---|--|----------------|---|---|--|
| A. | Begi  | nning inventory and any used oil products in gallons at this facility on Ja  | nuary 1        | of the reporting year.                              |   |  |
| В. | Used  | l Oil Received   |                | ,   |   |  |
|    | 1.  | Total gallons received from any transporter, including your own compaeach transporter using the corresponding attachment provided with the           | -              |   |   |  |
|    | 2.  | Total gallons received directly from any generator (Did anyone, other to oil to your facility? (e.g., an individual delivered a 55-gallon drum).     | han the        | transporters itemized on B.1., bring used           |   |  |
|    |   |  | Total v        | rolume received from lines B.1, and B.2 ▶           |   |  |
| c. | Used  | d Oil Processed  |                |   |   |  |
|    | 1.  | Total gallons of used oil processed.   |                |   |   |  |
|    | 2.  | Average gallons of used oil processed per day (Divide total in B above oil during the reporting year).   | by the t       | total number of days you processed used             |   |  |
|    | 3.  | Total estimated gallons of used oil <b>consumed, lost, or spilled</b> during pr  | ocessin        | g   |   |  |
|    | 4.  | Total gallons of waste or residues generated, including wastewater. If provided with this form.  | temize e       | each type of waste using the attachment             |   |  |
| D. | Used  | l Oil Produced and Delivered (All <u>sales and transfers</u> )   |                |   |   |  |
|    | 1.  | Total gallons of on-specification used oil burner fuel (Including used oi  | l derive       | d diesel).  |   |  |
|    | 2.  | Total gallons of off-specification used oil burner fuel.   |                |   |   |  |
|    | 3.  | Total gallons of <b>non-fuel derived</b> products (e.g., lubricating oil or aspha  | alt mate       | rials).   |   |  |
|    | 4.  | Total gallons of <u>used oil products delivered</u> (Add lines D.1, D.2, and D.3   | 3).            |   |   |  |
| E. | Endi  | ng inventory in gallons at this facility on December 31 of the reporting v   | <u>/ear</u> .  |   |   |  |
| F. | In S  | torage subtotal (Add beginning inventory from line A to the total used o   | il receiv      | ed from line B).                                    |   |  |
| G. |   | <b>going subtotal</b> (Add total estimated volume of used oil consumed, lost, I volume of Used Oil Products Delivered from line D.4).                | or spille      | d during processing from line C.3 to the            |   |  |
| н. | Calo  | culated Ending inventory in gallons (Subtract line G from line F).   |                |   |   |  |
| I. |   | ng Inventory Comparison: If the total for line H (Calculated ending inve<br>), please provide an explanation using the attachment provided with this |                | different than <b>line E</b> (Ending inventory on D | ecember 31 <sup>st</sup> of the reporting |  |
|    |   | Submit the Following Fina  | ncial <i>i</i> | Assurance Documents                                 |   |  |
|    | C   | urrent ACORD form or equivalent (available from insurance broker) show   | wing Ge        | neral Liability Coverage.                           |   |  |
|    | Current Environmental Pollution Liability showing Third-Party Damages Coverage ( <u>Used Oil Financial Form 17.7 or 17.9</u> ). |  |                |   |   |  |
|    | Cleanup and Closure Cost Estimates Information  |  |                |   |   |  |
| J. |   | ct the type of financial assurance mechanism your business is using for C<br>dby Trust Agreement.  | leanup a       | and Closure Cost (Select one only): *These m        | nechanisms <u>also</u> require a          |  |
|    | L   | etter of Credit *  |                | Payment Bond *                                      |   |  |
|    | l   | nsurance Policy *  |                | Trust Fund  |   |  |
| к. | Fina  | ncial Instrument Control Number (Unique identifying number document  | )              |   |   |  |
| L. | L. Dollar amount of financial assurance provided by this financial instrument.  Instrument Value ▶  \$                          |  |                |   |   |  |

| М. | M. Closure Cost Estimate Adjustment: (Complete <u>either</u> Method 1 <u>OR</u> Method 2 below then complete section I) |   |   |  |  |  |                    |
|----|---|---|---|--|--|--|--------------------|
|    | 1.  | Method 1: Inflation Factor Adjustment                           | \$ x 1.037 =  |  |  |  | \$                 |
|    |   |   | Enter Last Year's Total Closure Cost Estimate  Inflation Factor |  |  |  | Total Closure Cost |
|    | 2.  | <b>Method 2:</b> Recalculated Engineering Closure Cost Estimate | Recalculated Engineering Closure Cost Estimate ▶                |  |  |  | \$                 |

**Note:** This method requires detailed information to be submitted and approved by the Director. Also, any changes in the facility or process requires a permit modification to be submitted to the Director for review and approval.

N. Financial Assurance Cost Estimate Summary: If the Instrument Value <u>from L is less than</u> the Total Closure Cost Estimate <u>from M (either method 1 OR 2)</u> the Instrument Value must be increased to equal or exceed the newly calculated Total Closure Cost Estimate. Within 60 days, submit to the Director a <u>written notice</u> from the issuer of the financial mechanism documenting this increase. If the Instrument Value <u>from L is equal or more than</u> Total Closure Cost Estimate <u>from M (either method 1 OR 2)</u> the Instrument Value is adequate for this year, no changes are needed.



#### **Used Oil Off-Specification Burner Annual Report**

|    | Used Oil Inventory  |                    |                   |              |                |                      |                    |                                 |
|----|---|--------------------|-------------------|--------------|----------------|----------------------|--------------------|---------------------------------|
| A. | A. Beginning inventory of used oil (including off-specification) in gallons at this facility on January 1 of the reporting year.  |                    |                   |              |                |                      |                    |                                 |
| В. | 3. Total gallons of off-specification used oil acquired (Documented on incoming manifests).   |                    |                   |              |                |                      |                    |                                 |
| C. | Total gallons of <u>used oil generated on site</u> (Documented on cor   | mpany records)     | ).                |              |                |                      |                    |                                 |
| D. | Total gallons of $\underline{\text{used oil burned}}$ (including off-specification) (Ba available).   | sed on estimat     | ted consu         | ımption o    | r more         | accurate method      |                    |                                 |
| E. | Average daily gallons of used oil burned (including off-specification)  | ation) as of De    | cember            | 31st of the  | e repoi        | rting year.          |                    |                                 |
| F. | Ending inventory in gallons of used oil (including off-specification  | on) at this facili | ity <u>on De</u>  | cember 3     | 1 of th        | e reporting year.    |                    |                                 |
| G. | In Storage subtotal (Add lines A, B, and C).  |                    |                   |              |                |                      |                    |                                 |
| н. | Burned subtotal (From line D).  |                    |                   |              |                |                      |                    |                                 |
| ı. | Calculated Ending inventory in gallons (Subtract line H from line   | e G).              |                   |              |                |                      |                    |                                 |
| J. | <b>Ending Inventory Comparison:</b> If the total for <b>line I</b> (Calculated year), please provide explanation using the attachment provide   | _                  |                   | fferent th   | an <b>line</b> | F (Ending inventory  | on De              | cember 31st of the reporting    |
|    | Submit the Foll   | lowing Finar       | ncial As          | surance      | e Doc          | uments               |                    |                                 |
|    | Current ACORD form or equivalent (available from insurance  | e broker) show     | ing Gene          | ral Liabilit | ty Cove        | rage.                |                    |                                 |
|    | Current Environmental Pollution Liability showing Third-Part  | ry Damages Cov     | verage ( <u>L</u> | Jsed Oil F   | inancia        | ıl Form 17.7 or 17.9 | ).                 |                                 |
|    | Cleanup and   | Closure Co         | st Estin          | nates In     | form           | ation                |                    |                                 |
| K. | Select the type of financial assurance mechanism your business<br>Standby Trust Agreement.  | is using for Cle   | eanup an          | d Closure    | Cost (S        | Select one only): *T | hese m             | echanisms <u>also</u> require a |
|    | Letter of Credit *  |                    | 1                 | Payment I    | Bond *         |                      |                    |                                 |
|    | Insurance Policy *  |                    |                   | Trust Fund   | d              |                      |                    |                                 |
| L. | Financial Instrument Control Number (Unique identifying numb  | er document)       |                   |              |                |                      |                    |                                 |
| М. | Dollar amount of financial assurance provided by this financial i   | instrument.        |                   |              |                | Instrument Val       | ue ►               | \$                              |
| N. | Closure Cost Estimate Adjustment: (Complete <u>either</u> Method 1  | OR Method 2 b      | below the         | en comple    | ete sec        | tion I)              |                    |                                 |
|    | Method 1: Inflation Factor Adjustment   | \$                 |                   |              | x              | 1.037                | =                  | \$                              |
|    | Enter Last Year's Total Closure Cost Estimate  Inflation Factor Total Closure Cost  |                    |                   |              |                |                      | Total Closure Cost |                                 |
|    | 2. Method 2: Recalculated Engineering Closure Cost Estimate  Recalculated Engineering Closure Cost Estimate ▶  \$   |                    |                   |              |                |                      | \$                 |                                 |
|    | <b>Note:</b> This method requires detailed information to be submitted and approved by the Director. Also, any changes in the facility or process requires a permit modification to be submitted to the Director for review and approval. |                    |                   |              |                |                      |                    |                                 |
| Ο. |   |                    |                   |              |                |                      |                    |                                 |



# **Annual Report – Attachment No.**Collections and Deliveries, Inventory Balance Explanation

| List of Collections and Deliveries (Name of Generator or Facility, and Address) | Gallons |
|---|---------|
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
| Used Oil Inventory Balance Explanation  |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |



## **Annual Report – Attachment No.**Used Oil Filter Handling

| Name of the Facility where Filters Were Transferred to | Describe How the Filters Were Managed             |
|--|---|
|  | (i.e., crushed and recycled, shredded, and so on) |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |



#### **Annual Report – Attachment No.**Waste or Residues, and Wastewater Balance

| Type of Waste or Residue, and Wastewater                    | Gallons |
|---|---------|
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
|   |         |
| Total gallons of Waste or Residue, and Wastewater Generated |         |



#### **Annual Report – Attachment No.** (Extra Page)