

Instructions for Completing Recycling Facility Annual Report Form

Review and complete each section of the form and respond to all questions. If a question does not apply to your facility, please enter "NA" on the line for that question.

Additional copies of the form can be obtained on the Division of Waste Management and Radiation Control's web page at:

<https://deq.utah.gov/waste-management-and-radiation-control/forms-division-of-waste-management-and-radiation-control>

or at

<https://documents.deq.utah.gov/waste-management-and-radiation-control/solid-waste/DSHW-2017-005937.pdf>

Upon completion of the Recycling Facility Annual Report, the form must be delivered electronically, or by the U.S. Postal Service or a commercial carrier. Ensure that copies are signed, and if delivering electronically, they should be scanned after signing or e-signed using a secure digital signature application. Persons signing the report should have authority to sign for the permit holder as designated in UAC R315-310-2(4). Forms that are not signed cannot be accepted.

For electronic delivery, please email to:

dwmrcsubmit@utah.gov

For USPS delivery, use the following:

**Douglas J. Hansen, Director
Division of Waste Management and Radiation Control
P.O. Box 144880
Salt Lake City, Utah 84114-4880**

For commercial carrier delivery, use the following:

**Douglas J. Hansen, Director
Division of Waste Management and Radiation Control
195 N 1950 W
Salt Lake City, UT 84116**

RECYCLING FACILITY ANNUAL REPORT

For Calendar year 2021

Administrative Information (Please enter all the information requested below - type or print legibly)

Facility Name: _____

Facility Mailing Address: _____
(Number & Street, Box and/or Route)

City: _____ Zip Code: _____

County: _____

Owner

Name: _____ Phone No.:(____)

Mailing Address: _____
(Number & Street, Box and/or Route)

City: _____ State: Utah Zip Code: _____

Contact's Name: _____ Title: _____

Contact's Mailing Address: _____

Phone No.:(____) Contact's Email Address: _____

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: _____ Phone No.:(____)

Mailing Address: _____
(Number & Street, Box and/or Route)

City: _____ State: Utah Zip Code: _____

Contact's Name: _____ Title: _____

Contact's Mailing Address: _____

Phone No.:(____) Contact's Email Address: _____

Facility Status

Currently in Operation Closed - Date: _____
(The "Closed - Date" is the date that all material was removed from the site)

Has facility operated according to approved plan of operation Yes No
If no please contact the solid waste section at 801-536-0200

Annual Material Received

Beginning Inventory

Material on site at beginning of reporting period: _____ Tons Yards

Paper

Paper (All Mixed) Material received in reporting period: _____ Tons Yards

White Office Paper (high grade – not included above): _____ Tons Yards

Mixed Paper (newsprint, etc. – not included above): _____ Tons Yards

Phonebooks (not included above) received: _____ Tons Yards

Cardboard (& Paperboard) received in reporting period: _____ Tons Yards

Paperboard (not included above) received: _____ Tons Yards

Cardboard (not included above) received: _____ Tons Yards

Total Paper Material received in reporting period: _____ Tons Yards

(Summarize all paper categories above)

Plastics

#1 & #2 Mixed Plastic Material received : _____ Tons Yards

PET#1 Material received (not included above): _____ Tons Yards

HDPE #2 – Mixed Material received (not included above): _____ Tons Yards

HDPE #2 Natural (not included in HDPE Mixed above) received: _____

Tons Yards

HDPE #2 Colored (not included in HDPE Mixed above) received: _____

Tons Yards

All Others #3 through #7 received: _____ Tons Yards

Total Plastics Material received in reporting period: _____ Tons Yards

(Summarize all plastics categories above)

Glass

Mixed Glass Material received in reporting period: _____ Tons Yards

Amber Glass Material received (not included above): _____ Tons Yards

Total Glass Material received in reporting period: _____ Tons Yards

(Summarize all glass categories above)

Metals

Residential Aluminum Cans received in reporting period: _____ Tons Yards

Residential Steel/Tin Cans (food containers) received: _____ Tons Yards

White Goods received in reporting period: _____ Tons Yards

Auto Scrap/Shred Material received in reporting period: _____ Tons Yards

Industrial Non-Ferrous Material received: _____ Tons Yards

Industrial Ferrous Material received in reporting period: _____ Tons Yards

Other Industrial Steel received in reporting period: _____ Tons Yards

Total Metals Material received in reporting period: _____ Tons Yards

(Summarize all metals categories above)

Electronics

Mixed Electronics Material received in reporting period: _____ Tons Yards
Monitors and TVs received (not included above): _____ Tons Yards

Total Electronics Material received in reporting period: _____ Tons Yards

Textiles

Carpet received in reporting period: _____ Tons Yards
Other Textiles (clothing, etc. not included above) received: _____ Tons Yards

Total Textiles Material received in reporting period: _____ Tons Yards
(Summarize all textiles categories above)

Carpet Padding

Total Carpet Padding Material received in reporting period: _____ Tons Yards

Other

Total Other Material received in reporting period: _____ Tons Yards

Total Material Received

Total Material received in reporting period: _____ Tons Yards
(Summarize total amounts of paper, plastics, glass, etc. received above)

Total Material Recycled

Material removed for Recycling during period: _____ Tons Yards
Please list destination facilities:

Total Waste Disposed

Waste disposed during period: _____ Tons Yards

Ending Inventory

Material on site at end of reporting period: _____ Tons Yards

Signature: _____ **Date:** _____

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: _____ Title: _____