Instructions for Completing Post-Closure Care Annual Report Form

The Division of Waste Management and Radiation Control is not currently able to accept e-mailed form submissions. The attached form must be printed, signed as required by Utah Administrative Code R315-310-2(4), and mailed to the Division. Annual reports must be received by the Division on or before March 2, 2020 and should contain data for the calendar year 2019.

Complete all applicable sections of the form and save it. When printing, please print only the form pages. The instruction page should not be printed and mailed.

Completed forms should be mailed to:

Ty L. Howard, Director  
Division of Waste Management and Radiation Control  
P.O. Box 144880  
Salt Lake City, Utah 84114-4880

Additional copies for the form can be obtained on the Division web page at
or at
POST-CLOSURE CARE ANNUAL REPORT
For Calendar year 2019

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: __________________________ Permit No.: ____________________________

Owner
Name: ___________________________ Phone No.: (____) ____________________
Mailing Address: ___________________________________________________________
(Number & Street, Box and/or Route)
City: ___________________________ State: Utah Zip Code: ________________

Post-Closure Care Provider (if different from Owner above)
Name: ___________________________ Phone No.: (____) ____________________
Mailing Address: ___________________________________________________________
(Number & Street, Box and/or Route)
City: ___________________________ State: Utah Zip Code: ________________

Contact Person
Contact's Name: ___________________________ Title: ___________________________
Contact's Mailing Address: ___________________________________________________
Phone No.: (____) __________________ Contact's Email Address: __________________

Financial Assurance

Current Post-Closure Cost Estimate: __________________________________________
Current Financial Assurance Mechanism: ____________________________
   (ie. Bond, Trust Fund, Corporate or Government Test etc.)
Financial Assurance Mechanism Holder: _______________________________________
   (ie. Name of Bond Company, Bank etc.. If PTIF Account give account number)
Current Amount or Balance in Mechanism: _____________________________________

Financial Assurance: Each facility must recalculate the cost of closure and post-
closure care to account for inflation and design changes each year. The inflation
factor can be found on the Division web page. Facilities that are using a trust
account should include a copy of the most recent account statement.

Note  Facilities using “Local Government Financial Test” or the “Corporate
Financial Test” must provide the information required in R315-309-8(4) or R315-
309-9(3) each year.
**Facility Status**

Date Facility Entered Post-Closure Care: ____________________

Inspections Conducted  ☐ Semiannually  ☐ Quarterly

Cover Repair Required  ☐ Yes  ☐ No
If yes attach a short description of actions required

Storm Water Diversion System Repair Required  ☐ Yes  ☐ No
If yes attach a short description of actions required

Facility Has Operating Leachate Collection System  ☐ Yes  ☐ No

If Facility Has Operating Leachate Collection System was Leachate Pumped During the Year ☐ Yes  ☐ No

Attach a short description of the general condition of the cover and the maintenance required

**Other Required Reports**

Ground Water Monitoring: Each facility required to conduct ground water monitoring must submit a ground water monitoring report, which contains water elevations, sampling results, and statistical analyses. Check if exempt ☐

Explosive Gas Monitoring: Each facility required to conduct gas monitoring must submit a gas monitoring report. Check if exempt ☐

**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:** ____________________