Instructions for Completing Post-Closure Care 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. If an email address is available, please provide it. Closure and post-closure cost estimates must be adjusted to include the 4.2% inflation factor, by multiplying 2021 cost estimates by 1.042.

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


or at


Upon completion of the Post-Closure Care 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
POST-CLOSURE CARE 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: _____________________ 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

➢ Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year [R315-309-2(2)].
➢ Facilities that are using a trust account should include a copy of the most recent account statement.
➢ 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.

Current Post-Closure Cost Estimate: ________________________________

☐ The above post-closure cost estimate includes any required groundwater monitoring; leachate monitoring and treatment; cover stabilization, repair, erosion control, and reseeding as necessary.

☐ The cost estimate uses _____ (year) market pricing for materials and labor, and has been adjusted for inflation each year since. Costs for 2021 must be multiplied by the inflation factor of 1.042.

Comments: __________________________________________________________

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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: ____________________________________________

**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:** ________________________________