

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:

<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-2017-005938.pdf>

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: _____

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:** _____