

# Instructions for Completing Landspreading Facility 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 R315-310-2(4) of the Utah Administrative Code, and mailed to the Division. Annual reports must be received by the Division on or before March 1, 2018 and should contain data for the calendar year 2017.

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:

**Scott T. Anderson, 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 Department of Environmental Quality web page at <https://deq.utah.gov/forms/waste/index.htm#swp> under the Solid Waste Program Forms.

# LANDSPREADING FACILITY ANNUAL REPORT

For Calendar year 2017

## 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: \_\_\_\_\_

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  Facility Closed During Year - Date: \_\_\_\_\_

(The "Date" is the date that all compost was removed from the closed site)

## Annual Totals

Waste spread in reporting period: \_\_\_\_\_

Tons or  Cubic yards or  Gallons:

Has facility operated according to approved plan of operation  Yes  No

If no please contact the solid waste section at 801-536-0200

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: \_\_\_\_\_