

# Instructions for Completing Landfill Annual Report Form

The Division of Solid and Hazardous Waste 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.

# LANDFILL 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 Type and Status

Class I

Class II

Class IIIa

Class IIIb

Class IVa

Class IVb

Class V

Class VI

Facility operates separate cells for C/D and municipal waste. Yes  No

If facility was permanently closed during the year enter date closed: \_\_\_\_\_

## Annual Disposal

Total tons received at facility for disposal:

Waste Type	Waste Origin		Total	Measurement	
	In-State	Out-of-State		Tons	Cubic Yards
Municipal	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
C/D <sup>1</sup>	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup>C/D waste includes all waste going to a Class IV or VI landfill cell

## Conversion Factor Used

None  From rules  Site Specific Conversion (please list): \_\_\_\_\_

**Recycling**

Material Recycled: \_\_\_\_\_ Tons  Cubic Yds.   
(Material recycled should not be included in disposed tons reported. Report compost on separate form. Circle tons or yards)

**Utah Disposal Fee**

Disposal Fee Required to be Paid to State Yes  No  (If yes please show fees paid below)

Municipal \$ \_\_\_\_\_ C/D \$ \_\_\_\_\_  
Industrial \$ \_\_\_\_\_ Annual \$ \_\_\_\_\_

(Municipal, Industrial and C/D are fees paid by Commercial Facilities. Annual fee is paid by facilities operated by a municipality)

**Landfill Capacity**

Current Landfill Remaining Capacity

Tons: \_\_\_\_\_

Cubic Yards: \_\_\_\_\_

Years: \_\_\_\_\_

Acres: \_\_\_\_\_

Acres Currently Open: \_\_\_\_\_

Acres Currently Closed: \_\_\_\_\_

**Financial Assurance**

Current Closure Cost Estimate: \_\_\_\_\_

Current Post-Closure Cost Estimate: \_\_\_\_\_

Current Amount or Balance in Mechanism: \_\_\_\_\_

(If facility permit has been renewed if balance does not equal or exceed total for closure and post-closure care please contact the Division)

Current Financial Assurance Mechanism: \_\_\_\_\_

(ie. Bond, Trust Fund, Corporate or government Test etc.)

Mechanism Holder and Account Number: \_\_\_\_\_

(ie. Name of Bond Company, Bank etc. Account number)

**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.

**Other Reports and Information**

Ground Water Monitoring: Class I and V landfills only. Check if exempt

Explosive Gas Monitoring: Class I, II and V landfills only. Check if exempt

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Does the facility have a landfill gas collection system Yes  No  If yes please briefly describe use of gas, e.g., flared or used for electricity generation. \_\_\_\_\_

**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: \_\_\_\_\_