Instructions for Completing Solid Waste 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 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

LANDFILL 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: ______________________
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 IIIb
- [ ] Class V
- [ ] Class II
- [ ] Class IVa
- [ ] Class VI
- [ ] Class IIIa
- [ ] Class IVb

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:

<table>
<thead>
<tr>
<th>Waste Type</th>
<th>Waste Origin</th>
<th>Total Tons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-State</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Out-of-State</td>
<td></td>
</tr>
</tbody>
</table>

- Municipal
- Industrial
- C&D\(^1\)

\(^1\)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 (See Utah Code Annotated 19-6-119(6) and 19-6-119(7))

2019 Annual Disposal Fee Paid to State

<table>
<thead>
<tr>
<th>Category</th>
<th>Annual Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal, Industrial and C&amp;D</td>
<td>$__________</td>
</tr>
</tbody>
</table>

(Fee for Disposal, Treatment, and Incineration @ $0.21 per ton – Transfer @ $0.11 per ton – Minimum yearly fee @ $500)

### Landfill Capacity

<table>
<thead>
<tr>
<th>Capacity Type</th>
<th>Tons</th>
<th>Cubic Yards</th>
<th>Years</th>
<th>Acres</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Landfill Remaining Capacity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acres Currently Open</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acres Currently Closed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Financial Assurance

<table>
<thead>
<tr>
<th>Assurance Type</th>
<th>Amount or Balance in Mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Closure Cost Estimate</td>
<td></td>
</tr>
<tr>
<td>Current Post-Closure Cost Estimate</td>
<td></td>
</tr>
<tr>
<td>Current Amount or Balance in Mechanism</td>
<td>(If facility permit has been renewed if balance does not equal or exceed total for closure and post-closure care please contact the Division)</td>
</tr>
<tr>
<td>Current Financial Assurance Mechanism</td>
<td></td>
</tr>
<tr>
<td>Mechanism Holder and Account Number</td>
<td>(ie. Name of Bond Company, Bank etc. Account number)</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Monitoring Type</th>
<th>Class</th>
<th>Check if exempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ground Water Monitoring</td>
<td>I and V</td>
<td>☐</td>
</tr>
<tr>
<td>Explosive Gas Monitoring</td>
<td>I, II, and V</td>
<td>☐</td>
</tr>
</tbody>
</table>

**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:** ___________________________