Instructions for Completing Incinerator 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 Incinerator 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.

If delivering electronically, please email reports 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
SOLID WASTE INCINERATOR 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:________________________
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:________________________

Self-Inspections

Will an authorized representative conduct self-inspections of the facility this year, according to R315-301-7? ☐ Yes ☐ No

If yes, provide the following:
Name:_________________________________________ Title:________________________
Email address used for training registration:________________________________________


Facility Type and Status

Large Incinerator ☐ Small Incinerator ☐ Permit Not Required ☐
Capacity greater than ten tons per day Capacity is 10 tons per day or less but greater than 250 pounds per week Non-commercial with capacity of 250 pounds or less per week

☐ Currently in Operation ☐ Facility Closed During Year - Date:________________________
(The "Closed - Date" is the date that all waste and ash were removed from the site)
### Waste Incinerated

Total tons received at facility for incineration:

<table>
<thead>
<tr>
<th>Waste Type</th>
<th>Origin: In-State</th>
<th>Origin: Out-of-State</th>
<th>Total</th>
<th>Tons</th>
<th>Cubic Yards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal</td>
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<tr>
<td>Industrial</td>
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<tr>
<td>C/D</td>
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</tr>
</tbody>
</table>

*C/D waste includes construction/demolition, yard waste, dead animals, and other waste (see rule R315-301-2(12))*

### Conversion Factor Used

- [ ] None  
- [ ] From rules  
- [ ] Site Specific (please list factors used):

### Ash Disposal

- Tons of ash disposed:__________________________
- Facility at which ash was disposed:__________________________

### 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))

2021 Quarterly Disposal Fees  
($0.21 per ton, or $125 quarterly, whichever is greater)  
Disposal Fees Paid for 2021 $ _____  
Disposal Fees Unpaid for 2021 (if any) $ _____

### 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 Closure Cost Estimate: ____________________________

☐ 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 Post-Closure Cost Estimate: ____________________________

☐ 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 Amount or Balance in Mechanism: ____________________________

(If facility has been operating for 10 years or more and 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)

Other Required Reports

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

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: ____________________________