

# Instructions for Completing Incinerator 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 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**

Additional copies for the form can be obtained on the Division 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-2017-005941.pdf>

# SOLID WASTE INCINERATOR 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

Large Incinerator  
Capacity greater than ten tons per day

Small Incinerator  
Capacity is 10 tons per day or less but greater than 250 pounds per week

Permit Not Required  
Non-commercial with capacity of 250 pounds or less per week

Currently in Operation  Facility Closed During Year - Date: \_\_\_\_\_

(The "- Date" is the date that all waste and ash were removed from the site)

## Waste Incinerated

Total tons received at facility for incineration:

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	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup>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))**

2019 Annual Disposal Fee Paid to State

Municipal, Industrial and C&D \$ \_\_\_\_\_ Annual Fee \$ \_\_\_\_\_

C&D

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

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