

# 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:

<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>

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](mailto: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: \_\_\_\_\_

(See Facility Self-Inspection Program at <https://deq.utah.gov/waste-management-and-radiation-control/solid-waste-documents-solid-waste-program>)

## 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 "Closed - 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	Origin: In-State	Origin: Out-of-State	Total	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))**

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: \_\_\_\_\_