

Instructions for Completing Compost Facility 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.

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-2017-005942.pdf>

Upon completion of the Compost Facility 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

COMPOST FACILITY 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: _____

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: _____

Date that training was completed: _____

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

Facility Status

Currently in Operation Closed - Date: _____
(The "Closed - Date" is the date that all material was removed from the site)

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) \$ _____

Annual Totals

Food Scraps received in reporting period: _____ Tons Cubic Yds

Yard Trimmings received in reporting period: _____ Tons Cubic Yds
(grass and wood chips)

Agricultural Organics received in reporting period: _____ Tons Cubic Yds
(livestock, manure, food waste)

Compost Feed Stock received in reporting period: _____ Tons Cubic Yds

Biosolids received in reporting period: _____ Tons Cubic Yds

Food Processing Residuals received in reporting period: _____ Tons Cubic Yds

Sewage Sludge received in reporting period: _____ Tons Cubic Yds

Drywall received in reporting period: _____ Tons Cubic Yds

Other Compostables received in reporting period: _____ Tons Cubic Yds

Total Waste received in reporting period: _____ Tons Cubic Yds
(Summarize amounts from lines above)

Product removed: _____ Tons Cubic Yds

Has facility operated according to approved plan of operation Yes No
If no please contact the Solid Waste Section at 801/536-0200

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: _____