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:


or at


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)

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Facility Mailing Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Number &amp; Street, Box and/or Route)</td>
</tr>
<tr>
<td>City:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>County:</td>
<td></td>
</tr>
</tbody>
</table>

**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 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**

<table>
<thead>
<tr>
<th>Category</th>
<th>Tons</th>
<th>Cubic Yds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Scraps received in reporting period:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yard Trimmings, received in reporting period: (grass and wood chips)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agricultural Organics received in reporting period: (livestock, manure, food waste)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compost Feed Stock received in reporting period:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biosolids received in reporting period:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Processing Residuals received in reporting period:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sewage Sludge received in reporting period:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drywall received in reporting period:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Compostables received in reporting period:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Waste</strong> received in reporting period: (Summarize amounts from lines above)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Product removed:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has facility operated according to approved plan of operation</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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:** ____________________________