Instructions for Completing Landspreading 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-2017-005939.pdf>

Upon completion of the Landspreading 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.

For electronic delivery, please email 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**

**LANDSPREADING FACILITY ANNUAL REPORT**

For Calendar year 2021

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| --- |
| **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:

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 [ ]  Facility Closed During Year - Date:

*(The "Date" is the date that all compost was removed from the closed site)*

|  |
| --- |
| **Annual Totals** |

Waste spread in reporting period:

[ ]  Tons or [ ]  Cubic yards or [ ]  Gallons:

Has facility operated according to approve plan of operation [ ]  Yes [ ]  No

If no please contact the solid waste section at 801-536-0200

|  |
| --- |
| **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) $

**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: