

# Post-Closure Care Report Form (Example only. See Community Portal to report your data.)

## Application Questions

Facility Name

Brian's Backyard Junkpile

Facility Address

City:

Salt Lake City

Zip Code:

84103

Permit Number

2229C

### \* Owner Contact And Address

FIRST NAME	LAST NAME	PHONE	EMAIL	FACILITY OWNER STREET	FACILITY OWNER CITY	FACILITY OWNER ZIPCODE	EDIT/DELETE
Brian	Speer	(801) 536-0219	bspeer@utah.gov	195 N 1950 W	Salt Lake City	84116	

Add a Contact

**\* Post-Closure Care Provider Contact & Address**

FIRST NAME	LAST NAME	PHONE	EMAIL	FACILITY OWNER STREET	FACILITY OWNER CITY	FACILITY OWNER ZIPCODE	EDIT/DELETE
Operator	Bob	(801) 555-1212	operatorbob@notarealaddress.org	350 State Street	Salt Lake City	84111	

[Add a Contact](#)

**\* Contact Person Information**

FIRST NAME	LAST NAME	PHONE	EMAIL	FACILITY OWNER STREET	FACILITY OWNER CITY	FACILITY OWNER ZIPCODE	EDIT/DELETE
Operator	Bob	(801) 555-1212	operatorbob@notarealaddress.org	350 State Street	Salt Lake City	84111	

[Add a Contact](#)

**Financial Assurance**

\* Enter the year in which the market pricing for materials and labor were obtained.

\* Current Post-Closure Cost Estimate ( includes any required groundwater monitoring; leachate monitoring and treatment; cover stabilization, repair, erosion control, and reseeded as necessary)

The cost estimate has been adjusted for inflation each year. The inflation factor can be obtained each year from the Division's main web page under News and Announcements.

**Comments**

None

**\* Current Financial Assurance Mechanism (ie. Bond, Trust Fund, Corporate or government Test etc.)**

Bond

**\* Financial Assurance Mechanism Holder (ie. Name of Bond Company, Bank etc. If PTIF account, give account number)**

American Landfill Trust Co.

**\* Current Amount or Balance in Mechanism**

\$84,000.00

**Facility Status**

**Date Facility Entered Post-Closure Care**

Aug 8, 2022

**Time**

2:31 PM

**\* Inspections Conducted**

Quarterly

**\* Cover Repair Required**

Yes

**\* A short description of actions required**

Minor erosion repair was necessary on the north slope.

**\* Storm Water Diversion System Repair Required**

No ▼

**\* Facility Has Operating Leachate Collection System**

Yes ▼

**\* Was Leachate Pumped During the Year?**

No ▼

**A short description of the general condition of the cover and the maintenance required**

Minor repair was required on the northern slope. There was no leachate generated this year. /

**\* Is your facility exempt from submitting a Ground Water monitoring report?**

No ▼

**\* Is your facility exempt from submitting an Explosive Gas Monitoring report?**

Yes