

# 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: \_\_\_\_\_ 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: \_\_\_\_\_ 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					
Industrial	_____	_____	_____		
C/D	_____	_____	_____		

<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: \_\_\_\_\_