

Instructions for Completing Solid Waste Landfill 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-2017-005940.pdf>

Upon completion of the Solid Waste Landfill 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

LANDFILL 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: _____
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 Type and Status

Class I	Class IIIb	Class V
Class II	Class IVa	Class VI
Class IIIa	Class IVb	

Facility operates separate cells for C/D and municipal waste. Yes No
If facility was permanently closed during the year enter date closed: _____

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)

Annual Disposal

Total tons received at facility for disposal:

Waste Type	Origin: In-State	Origin: Out-of-State	Total	Tons	Cubic Yards
Municipal					
Industrial	_____	_____	_____		
C&D ¹	_____	_____	_____		

¹C&D waste includes all waste going to a Class IV or VI landfill cell

Conversion Factor Used

None From rules Site Specific Conversion (please list): _____

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) \$ _____

Landfill Capacity

Current Landfill Remaining Capacity

Tons: _____
Years: _____

Cubic Yards: _____
Acres: _____

Acres Currently Open: _____ Acres Currently Closed: _____

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 above closure cost estimate includes obtaining, moving, and placing cover material; final grading of cover material; obtaining, moving, and placing topsoil; fertilizing, seeding, mulching; removal of stored materials, buildings, and equipment.

The cost estimate includes modifications as follows (circle or highlight unit)
cubic yards / acres / tons / years capacity opened since last estimate
cubic yards / acres / tons / years capacity to be opened in the coming year
cubic yards / acres / tons / years capacity closed since last estimate
Other: _____

The cost estimate is based on _____ acres / square feet (circle or highlight unit) of landfill area that does not yet have final cover approval from the Director.

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 above post-closure cost estimate includes any required groundwater monitoring; leachate monitoring and treatment; cover stabilization, repair, erosion control, and reseeding as necessary.

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 and Information

Ground Water Monitoring: Class I and V landfills only. Check if exempt

Explosive Gas Monitoring: Class I, II and V landfills only. Check if exempt

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Does the facility have a landfill gas collection system Yes No If yes please
briefly describe use of gas, e.g., flared or used for electricity generation. _____

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: _____