Instructions for Completing Post-Closure Care 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-2017-005938.pdf>

Upon completion of the Post-Closure Care 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**

**POST-CLOSURE CARE 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:

Post-Closure Care Provider (if different from Owner above)

Name:      Phone No.:(   )

Mailing Address:

(Number & Street, Box and/or Route)

City:      State: Utah Zip Code:

Contact Person

Contact's Name:      Title:

Contact's Mailing Address:

Phone No.:(   )      Contact's Email Address:

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| --- |
| **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 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 Financial Assurance Mechanism:

 (ie. Bond, Trust Fund, Corporate or Government Test etc.)

Financial Assurance Mechanism Holder:

 (ie. Name of Bond Company, Bank etc. If PTIF account, give account number)

Current Amount or Balance in Mechanism:

|  |
| --- |
| **Facility Status** |

Date Facility Entered Post-Closure Care:

Inspections Conducted [ ]  Semiannually [ ]  Quarterly

Cover Repair Required [ ] Yes [ ]  No

 If yes attach a short description of actions required

Storm Water Diversion System Repair Required [ ]  Yes [ ]  No

 If yes attach a short description of actions required

Facility Has Operating Leachate Collection System [ ]  Yes [ ]  No

If Facility Has Operating Leachate Collection System

was Leachate Pumped During the Year [ ]  Yes [ ]  No

Attach a short description of the general condition of the cover and the maintenance required

|  |
| --- |
| **Other Required Reports** |

Ground Water Monitoring: Each facility required to conduct ground water monitoring must submit a ground water monitoring report, which contains water elevations, sampling results, and statistical analyses. Check if exempt [ ]

Explosive Gas Monitoring: Each facility required to conduct gas monitoring must submit a gas monitoring report. Check if exempt [ ]

**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:**