

Instructions for Completing Tire Storage 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 for 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-2017-005936.pdf>

Upon completion of the Tire Storage 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

TIRE STORAGE FACILITY 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: _____

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: _____

Facility Status

Currently in Operation

Closed - Date: _____
(The "Closed - Date" is the date that all compost was removed from the site)

Annual Waste Tire Activity

Number of waste tires received in reporting period: _____
Number of waste tires removed in reporting period: _____
Current number of waste tires at facility: _____
Tons of waste tires currently stored at the facility: _____
Tons or tires allowed by permit; _____

Financial Assurance

Current Clean-up Cost: _____

Current Financial Assurance Mechanism: _____
(ie. Bond, Trust Fund, etc.)

Financial Assurance Mechanism Holder: _____
(ie. Name of Bond Company, Bank etc.)

Clean-up Cost: Clean-up costs are based on \$150.00 per ton of tires. The tons that the must be covered are the total tons of tires allowed by the permit.

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: _____