



**WASTE MANAGEMENT  
& RADIATION CONTROL**

**Utah Department of Environmental Quality**

**Division of Waste Management & Radiation Control**

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**Submit Electronically:** Email to [dwmrcsubmit@utah.gov](mailto:dwmrcsubmit@utah.gov)

**Telephone:** 801-536-0200 **FAX:** 801-536-0222

**Used Oil Transfer Facility Annual Report**

**For: January 1 – December 31, 2020**

Annual Reports must be submitted by March 1<sup>st</sup> of the reporting year

**I. General Used Oil Permit Information Section**

<b>A.</b> Company Name	<b>B.</b> Utah Used Oil Permit Number: (Example: UOP-0123)
<b>C.</b> Company Mailing Address	<b>D.</b> Permitted <u>Facility's Physical Address</u>
<b>E.</b> Contact Name and Title for Used Oil Permit	<b>F.</b> Federal EPA ID Number: (for example UTR123456789)
<b>G.</b> Contact's Phone Number	<b>H.</b> Name of Person Completing Form (if different than person listed in box E)  Phone Number  E-mail Address
<b>I.</b> Contact's Mobil Number	
<b>J.</b> Contact's E-mail Address	

**II. Certification Section**

**The Company owner or his/her designated representative must sign this form.**

I certify under penalty of law this report and all attachments were prepared by me or under my direction or supervision. The information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware there are significant penalties, including the possibility of a fine and imprisonment for knowing violations, for submitting false information.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Continue to next page

III. Used Oil Inventory Section			Gallons
<b>A. Beginning Inventory:</b> Used Oil at this facility on <b>January 1 of the reporting year</b> (See page 1 under "Used Oil Transfer Facility Annual Report" for the reporting year.)			
<b>B. Received Used Oil</b>			
1. Total used oil received from any transporter, including your own company. List the total received from each transporter on a separate line below (attach additional sheets if necessary).			
Name of Transporter	Address/Phone	Facility Type	Gallons
		<b>Total for 1 ►</b>	
2. Total used oil received <u>directly from any generator</u> (Did anyone, other than the transporters listed above, bring used oil to your facility? For example, an individual delivered a 55-gal drum.)			
<b>3. Total Volume of Used Oil Received (add total for 1 and line 2)</b>			
<b>C. Outgoing Used Oil</b>			
1. Total used oil shipped by any transporter, including your own company, or transferred by any other means. List the total transferred or delivered to each transporter on a separate line below (attach additional sheets if necessary).			
Name of Transporter	Address/Phone	Facility Type	Gallons
<b>2. Total Volume of Outgoing Used Oil</b>			
<b>D. Ending Inventory of Used Oil at this facility on December 31</b>			
<b>E. Compare beginning used oil inventory to ending used oil inventory</b>			
1. Reenter the amount from line <b>A</b> (Beginning Inventory of Used Oil at this facility on January 1)			X
2. Reenter the amount from <b>B3</b> (Total Volume of Used Oil Received)			X
3. Subtotal (add lines 1 and 2 together)			X
4. Reenter the amount from line <b>C2</b> (Total Volume of Outgoing Used Oil)			X
5. <b>Total</b> (subtract line 4 from the Subtotal on line 3)			X
<b>F. If the total for line E5 is different than line D (Ending Inventory of Used Oil on December 31), please provide an explanation (attach additional sheets if necessary).</b>			

Continue to next page

#### IV. General Liability Insurance Information Section

Submit a current **ACORD** form or equivalent (available from insurance broker) showing General Liability Insurance Coverage

**OR**

If you do not submit a current **ACORD**, the following information must be submitted.

<b>A.</b> Name of Insurance Company on Policy	<b>B.</b> Name of Insurance Broker/Agent
<b>C.</b> Physical Address of Insurance Company	<b>D.</b> Phone Number of Insurance Broker/Agent
<b>E.</b> Coverage Types and Amounts	
<b>F.</b> Policy Number	<b>G.</b> Effective Date
<b>H.</b> Policy Date	<b>I.</b> Expiration Date

#### V. Environmental Pollution Liability Insurance for Third-Party Damages Section

**Submit** the Used Oil Pollution Liability Endorsement Form 17.7 or 17.9 (as applicable) to document current Environmental Pollution Liability insurance coverage.

**Forms are available for download on the Division's website:** <https://deq.utah.gov/division-waste-management-radiation-control>

**Note:** Endorsements may not be submitted electronically. An original signed ("wet signature") hard copy of the Endorsement must be mailed to the Division

<b>A.</b> Name of Insurance Company on Policy	<b>B.</b> Name of Insurance Broker/Agent
<b>C.</b> Physical Address of Insurance Company	<b>D.</b> Phone Number of Insurance Broker/Agent
<b>E.</b> Coverage Types and Amounts	
<b>F.</b> Policy Number	<b>G.</b> Effective Date
<b>H.</b> Policy Date	<b>I.</b> Expiration Date

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**VI. Financial Assurance Information for Cleanup and Closure Cost Estimates Section**

**A. Type of Financial Assurance Mechanism used for Cleanup and Closure Costs (check only one):**

- Letter of Credit\*       Payment Bond\*       Insurance Policy\*       Trust Fund

\* These mechanisms **also** require a Standby Trust Agreement

Financial Assurance Instrument Control No.: \_\_\_\_\_

Dollar Value of Financial Instrument: \$ \_\_\_\_\_

**B. Closure Cost Estimate Inflation Factor Adjustment Calculation:**

$$\begin{array}{rcccl} \$ \underline{\hspace{2cm}} & \times & \underline{1.012} & = & \$ \underline{\hspace{2cm}} \\ \text{Enter Last Year's Total Closure Cost Estimate}^* & & \text{Inflation Factor} & & \text{Total Closure Cost Estimate} \\ & & \text{(Reporting Year 2020)} & & \end{array}$$

\* Use the "Total Closure Cost Estimate" submitted on last years report or call the Division if you are not sure what number to use.