



WASTE MANAGEMENT & RADIATION CONTROL

Utah Department of Environmental Quality

Division of Waste Management & Radiation Control

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Used Oil Processor Annual Report

For: January 1 – December 31, 2020

Annual Reports must be submitted by March 1st of the reporting year

I. General Used Oil Permit Information Section

Form with fields A through J: Company Name, Utah Used Oil Permit Number, Company Mailing Address, Permitted Facility's Physical Address, Contact Name and Title, Federal EPA ID Number, Contact's Phone Number, Name of Person Completing Form, Contact's Mobile Number, 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 \_\_\_\_\_

<b>III. Used Oil Processing Information Section</b>			
A. Describe in detail the specific procedures/methods used in processing used oil (attach separate sheets if necessary).			
<b>IV. Used Oil Inventory Section</b>			<b>Gallons</b>
A. <b>Beginning Inventory</b> of Used Oil and any Used Oil Products at this facility on <b>January 1 of the reporting year</b> (See page 1 under "Used Oil Processor Annual Report" for the reporting year.)			
B. Received Used Oil			
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).			
<b>Name of Transporter</b>	<b>Address/Phone</b>	<b>Facility Type</b>	<b>Gallons</b>
		<b>Total for 1 ►</b>	
2. Total used oil received directly from any generator (Did anyone, other than the transporters listed above, bring used oil to your facility? (for example, an individual delivered a 55-gal drum)			
3. <b>Total Volume of Used Oil Received (add total for 1 and line 2)</b>			
<b>C. Processed Used Oil</b>			<b>Gallons</b>
1. Total volume of used oil processed			
2. Average volume of used oil processed per day (Divide line 1 above by the total # of days you processed used oil last year.)			X
3. Total estimated volume of used oil <b>consumed, lost, or spilled</b> during processing			
4. Waste or residues generated, including waste water - List each type of waste on a separate line below (attach additional sheets if necessary).			
<b>Type of Waste</b>	<b>Disposal Method</b>	<b>Disposal Facility Name, Address/Phone</b>	<b>Gallons</b>
		<b>Total for 4 ►</b>	
<b>D. Outgoing Used Oil Products (all sales and transfers)</b>			<b>Gallons</b>
1. Total volume of <b>on-specification</b> used oil burner fuel (including used oil derived diesel)			
2. Total volume of <b>off-specification</b> used oil burner fuel			
3. Total volume of <b>non-fuel used oil derived products</b> (for example lubricating oil or asphalt materials)			
4. Total Volume of Used Oil Products Delivered (add totals for D1, D2, and D3)			
E. Ending Inventory of all Used Oil and any Used Oil Products on December 31			

<b>V. Used Oil Inventory Balance Section</b>		
<b>A.</b> Reenter amount from Page 2, Section IV. line A (Beginning Inventory of Used Oil and any Used Oil Products at this facility on <b>January 1 of the reporting year</b> )		X
<b>B.</b> Reenter amount from Page 2, Section IV. line B3 ( <b>Total Volume of Used Oil Received</b> )		X
<b>C. Subtotal</b> (add line A and B above and enter amount in far right column)	X	
<b>D.</b> Reenter amount from Page 2, Section IV. line C3 (Total estimated volume of used oil <b>consumed, lost, or spilled</b> during processing)		X
<b>E.</b> Reenter amount from Page 2, Section IV. line D4 (Total Volume of Used Oil Products Delivered)		X
<b>F. Subtotal</b> (add line D and E above and enter amount in far right column)	X	
<b>G. Grand Total</b> (subtract line F Subtotal from line C Subtotal)		
<b>H.</b> If the amount on line <b>G (Grand Total)</b> is not zero (0), please provide an explanation (attach additional sheet if necessary).		
<b>VI. General Liability Insurance Information Section</b>		
Submit a current <b>ACORD</b> form or equivalent (available from insurance broker) showing General Liability Insurance Coverage		
<b>OR</b>		
If you do not submit a current <b>ACORD</b> , 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	
<b>VII. Environmental Pollution Liability Insurance for Third-Party Damages Section</b>		
<b>Submit</b> the Used Oil Pollution Liability Endorsement Form 17.7 or 17.9 (as applicable) to document current Environmental Pollution Liability insurance coverage.		
<b>Forms are available for download on the Division's website:</b> <a href="https://deq.utah.gov/division-waste-management-radiation-control">https://deq.utah.gov/division-waste-management-radiation-control</a>		
<b>Note:</b> 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	

**VIII. 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.