



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 Off-Specification Burner 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

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

III. Off-Specification Used Oil Inventory Section		Gallons
A. Beginning Inventory of off-specification used oil at this facility on January 1 of the reporting year.		
B. Total volume of off-specification used oil acquired (documented on incoming manifests).		
C. Total volume of off-specification used oil generated on site (documented on manifests or other company records).		
D. Total volume of off-specification used oil burned (based on estimated consumption or more accurate method if available).		
E. Average <b>daily volume</b> of off-specification used oil burned as of December 31 of reporting year.		
F. Ending inventory of off-specification used oil at this facility on December 31 of reporting year.		
G. Compare beginning used oil inventory to ending used oil inventory. 1. Add lines <b>A</b> , <b>B</b> and <b>C</b> from above (beginning off-spec used oil inventory, off-spec used oil acquired and off-spec used oil generated on site).		X
2. Reenter the amount from line <b>D</b> above (Total volume of off-spec oil used oil burned).		X
3. <b>Total</b> (subtract line 2 from line 1).		X
H. If the total for line <b>G3</b> is different than line <b>F</b> (Ending inventory of off-specification used oil on December 31), please provide an explanation (attach additional sheets if necessary).		
<b>IV. 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.		
A. Name of Insurance Company on Policy	B. Name of Insurance Broker/Agent	
C. Physical Address of Insurance Company	D. Phone Number of Insurance Broker/Agent	
E. Coverage Types and Amounts		
F. Policy Number	G. Effective Date	
H. Policy Date	I. Expiration Date	

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

Submit most current **Used Oil Financial Form 17.7** (available from insurance broker) showing Third-Party Damages Coverage. 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

## 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:

\$ \_\_\_\_\_ X **1.012** = \$ \_\_\_\_\_

Enter Last Year's Total Closure Cost Estimate\*

Inflation Factor  
(Reporting Year 2020)

Total Closure Cost Estimate

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