

Mail to:
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Division of Solid and Hazardous Waste
P.O. Box 144880
Salt Lake City, Utah 84114-4880

www.hazardouswaste.utah.gov

SOLID WASTE INJECTION WELL ANNUAL REPORT

For Calendar year 2007 or most recent fiscal year

Administrative Information (Please enter all the information requested below)

Facility Name: _____

Facility Mailing Address: _____

(Number & Street, Box and/or Route)

City: _____ State: _____ 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

Facility Currently in Operation

Facility Operation suspended Expected Date Operations will Begin: _____

Facility Closed

If facility was permanently closed during the year enter date closed: _____

Annual Disposal

Tons or gallons of waste received for injection during period:

Waste Origin		Total	Measurement	
In-State	Out-of-State		Tons	Gallons
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Financial Assurance

Current Closure Cost Estimate: _____

Current Post-Closure Cost Estimate: _____

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: _____

Financial Assurance: Each facility must recalculate the cost of closure to account for inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement.

Note 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.

Other Required Reports

Ground Water Monitoring: Each facility that is required to monitor ground water must submit a ground water monitoring report that contains water elevations, sampling results, and statistical analyses. Check box if facility is exempt from ground water monitoring

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

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:** _____