



Utah Department of Environmental Quality

Division of Waste Management & Radiation Control

Mailing Address: PO Box 144880, Salt Lake City, Utah 84114-4880
 Hand Delivery: 195 North 1950 West, MASOB 2nd Floor, Salt Lake City

Web Page: <http://www.deq.utah.gov/ProgramsServices/programs/waste/usedoil/index.htm>

Phone: 801-536-0200 Fax: 801-536-0222

Used Oil Transfer Facility Annual Report For Transfer Facilities in Utah

For: January 1 – December 31, 2015

Annual Reports must be submitted to the address at the top of this page by March 1.

Please call if you have any questions about how to complete this report.

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) |
| I. Contact's Fax Number | Phone Number |
| J. Contact's E-mail Address | 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 _____

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| III. Used Oil Inventory Section | | | Gallons |
|--|---------------|----------------------|---------|
| A. Beginning Inventory of Used Oil at this facility on January 1 of the reporting year (See page 1 under "Used Oil Transfer Facility 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). | | | |
| Name of Transporter | Address/Phone | Facility Type | Gallons |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Total for 1 ► | |
| 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. Total Volume of Used Oil Received (add total for 1 and line 2) | | | |
| C. Outgoing Used Oil | | | |
| 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 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2. Total Volume of Outgoing Used Oil | | | |
| D. Ending Inventory of Used Oil at this facility on December 31 | | | |
| E. Compare beginning used oil inventory to ending used oil inventory | | | |
| 1. Reenter the amount from line A (Beginning Inventory of Used Oil at this facility on January 1) | | | X |
| 2. Reenter the amount from B3 (Total Volume of Used Oil Received) | | | X |
| 3. Subtotal (add lines 1 and 2 together) | | | X |
| 4. Reenter the amount from line C2 (Total Volume of Outgoing Used Oil) | | | X |
| 5. Total (subtract line 4 from the Subtotal on line 3) | | | |
| 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). | | | |

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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.

| | |
|--|---|
| 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 **Used Oil Financial Form 17.7 or 17.9** (available from the Division) showing Third-Party Damages Coverage

Examples of Forms 17.7 and 17.9 are provided on the Division of Solid & Hazardous websites:

http://www.deq.utah.gov/forms/waste/docs/2015/02Feb/Form_17_7.pdf

and

http://www.deq.utah.gov/forms/waste/docs/2015/02Feb/Form_17_9.pdf

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 |

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

A. Type of financial assurance mechanism your business is using 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 Instrument Control No. (unique identifying number of document): _____

Dollar amount of financial assurance provided by this financial instrument: \$ _____
Instrument Value

B. Closure Cost Estimate Adjustment: (Complete **either** Method 1 **or** Method 2 below then complete Section C)

Method 1. Inflation Factor Adjustment

| | | | | | | |
|--|----------------------------------|---------------------------------------|---|---------------------------------------|---------------------|---------------------------------------|
| \$ _____ Enter Last Year's Total Closure Cost Estimate (Find this on last year's report under "Total Closure Cost Estimate." Call the Used Oil Program if you are not sure what number to use) | 1.01% Inflation Factor | = | \$ _____ Total Closure Cost Estimate for this year | | | |
| <p>Example: $(64,595.72 \times .0101) + (64,595.72) = 65,248.14$ Total Closure Cost Estimate for this year 2015</p> <table style="width: 100%; font-size: x-small; border-collapse: collapse;"> <tr> <td style="text-align: center;">Last Year's Total Closure Cost Est</td> <td style="text-align: center;">Inflation Factor</td> <td style="text-align: center;">Last Year's Total Closure Cost Est</td> </tr> </table> | | | | Last Year's Total Closure Cost Est | Inflation Factor | Last Year's Total Closure Cost Est |
| Last Year's Total Closure Cost Est | Inflation Factor | Last Year's Total Closure Cost Est | | | | |

OR

Method 2. Recalculated Engineering Closure Cost Estimate

Note: This method requires detailed information to be submitted and approved by the Executive Secretary of the Solid and Hazardous Waste Control Board. Also, any change in the facility or process requires a permit modification to be submitted to the Executive Secretary for review and approval.

RECALCULATED ENGINEERING CLOSURE COST ESTIMATE: \$ _____
Total Closure Cost Estimate

C. Financial Assurance Closure Cost Estimate Summary

| | |
|--|--|
| 1. Enter Instrument Value (From Section A above) | |
| 2. Enter Total Closure Cost Estimate (From Section B above) | |
| 3. If line C1 (Instrument Value) is less than line C2 (Total Closure Cost Estimate) the Instrument Value must be increased to equal or exceed the newly calculated Total Closure Cost Estimate. ☹️ A written notice from the issuer of the financial mechanism documenting this increase must be included with this Annual Report. | |
| 4. If line C1 (Instrument Value) is equal to or more than line C2 (Total Closure Cost Estimate) the Instrument Value is adequate for this year and no changes are needed. 😊 | |