

SW147

SOLID WASTE LANDFILL ANNUAL REPORT HAND DELIVERED

For Calendar year 2010 AUG 04 2011

Administrative Information (Please enter all the information requested below)

UTAH DIVISION OF
SOLID & HAZARDOUS WASTE

Facility Name: Marysvale Landfill
Facility Mailing Address: P O Box 99 2011.01825
(Number & Street, Box and/or Route)

City: Junction Zip Code: 84740
County: Piute Permit Number: 9503R2

Owner

Name: Piute County Special Service Dist Phone No.: 435-577-2840
Owner Mailing Address: P O Box 99
(Number & Street, Box and/or Route)

City: Junction State: Utah Zip Code: 84740
Contact Name: Valeen H Brown Contact Title: Clerk/Auditor
Contact's Mailing Address: PO Box 99, Junction Utah 84740
Phone No.: 435-577-2840 Contact's Email Address: valeenb@hotmail.com

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: _____ Phone No.: _____
Owner Mailing Address: _____
(Number & Street, Box and/or Route)
City: _____ State: Utah Zip Code: _____
Contact Name: _____ Contact Title: _____
Contact's Mailing Address: _____
Phone No.: _____ Contact's Email Address: _____

Facility Type and Status

- Class I Class IIIb Class V Facility Closed during the year
 Class II Class IVa Class VI Date Closed: _____
 Class IIIa Class IVb

Annual Disposal (Tons received at the facility for disposal)

Waste Type	Waste Origin		Total	Measurement	
	In-State	Out-of-State		Tons	Cubic Yards
Municipal	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Industrial	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
C/D*	<u>783.00</u>	_____	<u>783.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*C/D waste includes all waste going to a Class IV or VI landfill cell

Conversion Factor Used

- None Used Site Specific From Rules List Site Specific Conversion: _____

Recycling

Material Recycled: 12.00

Reported in Tons Cubic Yards

Utah Disposal Fee

Disposal fee required to be paid to State Yes No (If yes please show fees paid below)

Municipal: _____ Industrial: _____ C/D: _____ Annual: _____

Municipal, Industrial and C/D are fees paid by Commercial Facilities. Annual fee is paid by facilities operated by a municipality

Current Landfill Remaining Capacity

Tons: _____ Cubic Yards: _____ Acre: _____ Years: _____

Acres Currently Open: _____ Acres Currently Closed: _____

Financial Assurance

Current Closure Cost Estimate: \$20,000.00

Current Post-Closure Cost Estimate: _____

Current Amount or Balance in Mechanism: _____

(If facility permit has been renewed and if balance does not equal or exceed total for closure and post-closure care please contact the Division)

Current Financial Assurance Mechanism: PTIF

(ie. Bond, Trust Fund, Corporate or government Test etc.)

Current Financial Assurance Mechanism Holder: _____

(ie. Name of Bond Company, Bank etc. Account number)

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care 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 Reports and Information to be Submitted with Annual Report

Ground Water Monitoring: Class I and V landfills only. Check if exempt

Explosive Gas Monitoring: Class I, II and V landfills only. Check if exempt

Does the facility have a landfill gas collection system Yes No

If yes please briefly describe use of gas, e.g., flared or used for electricity generation.

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

Signature: Valeen H. Brown

Date: 7-19-2011

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)).

Type Name: Valeen H Brown

Title: Clerk/Auditor