

SOLID WASTE LANDFILL ANNUAL REPORT

For Calendar year 2011

Administrative Information (Please enter all the information requested below - type or print legibly)

Facility Name: Peck Rock and Products Class VI Landfill
 Facility Mailing Address: 1512 N. 1300 East
(Number & Street, Box and/or Route)
 City: Lehi Zip Code: 84043
 County: Utah Permit No.: _____

Owner

Name: Cole Peck Clay Peck Phone No.: (801) 768-8111
 Mailing Address: 1512 N. 1300 E
(Number & Street, Box and/or Route)
 City: Lehi State: Utah Zip Code: 84043
 Contact's Name: Cole Peck Title: Manager
 Contact's Mailing Address: Same
 Phone No.: (801) 367-3939 Contact's Email Address: _____

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

Name: Peck Rock & Products Phone No.: (801) 768-8111
 Mailing Address: 1512 N. 1300 E
(Number & Street, Box and/or Route)
 City: Lehi State: Utah Zip Code: 84043
 Contact's Name: Cole or Clay Peck Title: Managers SW155
 Contact's Mailing Address: Same as Above
 Phone No.: () Contact's Email Address: _____

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UTAH DIVISION OF
SOLID & HAZARDOUS WASTE
2012.00676

Facility Type and Status

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Class I | <input type="checkbox"/> Class IIIb | <input type="checkbox"/> Class V |
| <input type="checkbox"/> Class II | <input type="checkbox"/> Class IVa | <input checked="" type="checkbox"/> Class VI |
| <input type="checkbox"/> Class IIIa | <input type="checkbox"/> Class IVb | |

Facility operates separate cells for C/D and municipal waste. Yes No
 If facility was permanently closed during the year enter date closed: _____

Annual Disposal

Total tons received at 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 ¹	<u>21,125.39</u>	<u>-</u>	<u>21,125.39</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

¹C/D waste includes all waste going to a Class IV or VI landfill cell

Conversion Factor Used

None From rules Site Specific Conversion (please list): _____

Recycling

Material Recycled: _____ Tons Cubic Yds.
(Material recycled should not be included in disposed tons reported. Report compost on separate form. Circle tons or yards)

Utah Disposal Fee

Disposal Fee Required to be Paid to State Yes No (If yes please show fees paid below)

Municipal \$ _____ C/D \$ _____
Industrial \$ _____ Annual \$ _____

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

Landfill Capacity

Current Landfill Remaining Capacity

Tons: _____

Cubic Yards: _____

Years: 29

Acres: 160

Acres Currently Open: 160 Acres Currently Closed: N/A

Financial Assurance

Current Closure Cost Estimate: _____

Current Post-Closure Cost Estimate: _____

Current Amount or Balance in Mechanism: _____

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

Current Financial Assurance Mechanism: Bank Letter of Credit
(ie. Bond, Trust Fund, Corporate or government Test etc.)

Mechanism Holder and Account Number: Bank of American Fork
(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

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

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

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. _____

Signature: Clay Peck

Date: Feb. 29, 2012

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: ~~Clay Peck~~ Clay Peck, Manager