

SW119
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SOLID WASTE LANDFILL ANNUAL REPORT

For Calendar year 2011

FEB 27 2012

UTAH DIVISION OF
SOLID & HAZARDOUS WASTE
2012.00534

Administrative Information (Please enter all the information requested below)

Facility Name: LONG VALLEY SANITARY LANDFILL

Facility Mailing Address: P.O. BOX 36

(Number & Street, Box and/or Route)

City: KANAB Zip Code: 84741

County: KANE Permit Number: 9714R2

Owner

Name: WKCSSD NO. 1 Phone No.: (435) 644-5089

Owner Mailing Address: P.O. BOX 36

(Number & Street, Box and/or Route)

City: KANAB State: Utah Zip Code: 84741

Contact Name: NYLE W. WILLIS Contact Title: TREASURER

Contact's Mailing Address: P.O. BOX 36

Phone No.: (435) 644-5089 Contact's Email Address: NWW@KANAB.NET

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	<u>4,000.00</u>	_____	<u>4,000.00</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Industrial	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
C/D*	_____	_____	_____	<input 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: _____

RecyclingMaterial Recycled: _____ 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: 30.00 Acres Currently Closed: 0.00**Financial Assurance**Current Closure Cost Estimate: \$85,768.20Current Post-Closure Cost Estimate: \$27,568.35Current Amount or Balance in Mechanism: \$115,000.00

(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 ACCT NO. 2548

(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:** _____ Date : 02/02/2012

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)).

Type Name: NYLE W. WILLIS, CPA Title: TREASURER

02/23/12 Trans to 2548	10,000.00
<u>02/23/12 Check 16882</u>	<u>10,000.00</u>

PLEASE DEPOSIT TO ACCOUNT # 2548.



UPTIF UTAH PUBLIC TREASURERS INVESTMENT FUND

WESTERN KANE COUNTY SPECIAL SERVICE DISTRICT NO. 1 P.O. BOX 36 KANAB, UTAH 84741 (435) 644-5089		STATE BANK OF SOUTHERN UTAH Kanab Office 99 West Center Street Kanab, Utah 84741 97-177/1243		016882 CHECK NO.
Ten Thousand Dollars		DATE	AMOUNT	
		02/23/12	\$10,000.00	
PAY TO THE ORDER OF	UTAH PUBLIC TREASURERS INVESTMENT FUND 215 STATE CAPITOL BLDG SALT LAKE CITY, UT 84114		 AUTHORIZED SIGNATURE	

⑈016882⑈ ⑆124301779⑆ 5 198114⑈

MAILED 02/23/2012
