Utah Department of Environmental Quality

Division of Waste Management & Radiation Control

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Web Page: http://www.deq.utah.gov/ProgramsServices/program/waste/usedoil/index.htm

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Used Oil <u>Off-Specification Burner</u> Annual Report
For Facilities in Utah

For: January 1 – December 31, <u>2015</u>

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

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 _____

Continue to next page

III. Off-Specification Used Oil Inventory Section

	Gallons
A. Beginning Inventory of off-specification used oil at this facility on January 1 of the reporting year.	
B. Total volume of off-specification used oil acquired (documented on incoming manifests).	
C. Total volume of off-specification used oil generated on site (documented on manifests or other company records).	
D. Total volume of off-specification used oil burned (based on estimated consumption or more accurate method if available).	
E. Average **daily volume** of off-specification used oil burned as of December 31 of reporting year.	
F. Ending inventory of off-specification used oil at this facility on December 31 of reporting year.	

G. Compare beginning used oil inventory to ending used oil inventory.
    1. Add lines **A, B** and **C** from above (beginning off-spec used oil inventory, off-spec used oil acquired and off-spec used oil generated on site).

    2. Reenter the amount from line **D** above (Total volume of off-spec oil used oil burned).

    3. **Total** (subtract line 2 from line 1).

H. If the total for line **G3** is different than line **F** (Ending inventory of off-specification used oil on December 31), please provide an explanation (attach additional sheets if necessary).

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 most current **Used Oil Financial Form 17.7** (available from insurance broker) showing Third-Party Damages Coverage. 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

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: $_____
<div align="right">**Instrument Value**</div>

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

Method 1. Inflation Factor Adjustment

$ _____   x   <u>1.01</u>%   = $ _____
Enter Last Year's   Inflation Factor   **Total Closure Cost Estimate**
Total Closure Cost Estimate   for this year
(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)

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: $ _____
<div align="right">**Total Closure Cost Estimate**</div>

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. ☺