



Annual Operational Report for 2010

Directions: This report must be submitted to Ohio EPA by April 1, 2011. Send **2** copies to the appropriate Ohio EPA District Office and one copy to the appropriate local health department. **If you have any problems with or questions about this form, please contact the appropriate Ohio EPA District Office.** Unless otherwise noted, all responses should represent the 2010 calendar year.

Date Stamp

1. FACILITY INFORMATION

| | | | | |
|---|---------------------------------------|---------------------------------------|------------------------------|-----------------------------|
| Solid Waste Facility Name: | | Is this facility government owned? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Solid Waste Facility ID Number: | - - | Core ID (See Licensed Facility List): | | |
| Ohio EPA District*: | Ohio Solid Waste Management District: | | | |
| Name of entity that operates the facility: | | | | |
| Address of the Physical Location of the Facility: | | | | |
| County: | City/township: | Zip: | - | |

*CDO = Central District; NEDO = Northeast District; NWDO = Northwest District; SEDO = Southeast District; SWDO = Southwest District

2. PERSON COMPLETING THIS REPORT

| | | |
|---|------------------|--------|
| Name: | Job Title: | |
| Address: | | |
| City: | State: | Zip: - |
| Phone: () - | Fax Phone: () - | |
| E-Mail Address: | | |
| Business Relationship to the licensee*: | | |
| Signature: | Date: | |

*NOTE: Examples of business relationships to the licensee would be employee, co-owner, consultant, legal counsel, etc.

PLEASE DO NOT WRITE BELOW THIS LINE

| | | |
|---|--|---|
| <input type="checkbox"/> WF ___ / ___ / ___ <input type="checkbox"/> OOSW ___ / ___ / ___ <input type="checkbox"/> CAP ___ / ___ / ___ | | <div style="text-align: right;">(File)</div> Program _____ County _____ Fac/Entity _____ Subcategory _____ |
|---|--|---|

3. SOLID WASTE FACILITY OPERATIONAL STATUS

Please indicate the status of operation during 2010. Check all that apply.

| | | | |
|--|---|---|---|
| <input type="checkbox"/> | Check here if facility accepted waste in 2010 | <input type="checkbox"/> | Check here if facility permanently ceased taking and disposing waste, Ohio EPA notified in accordance with OAC 3745-27-11(E), 3745-29-11(E), 3745-30-09(E). |
| Dates operated : From: To: | | | |
| <input type="checkbox"/> | Check here if facility was inactive in 2010* | Date facility ceased taking waste: (mm/dd/yyyy): | |
| Dates facility was inactive From To | | | |

*For purposes of this form, "inactive" means that a facility with remaining approved capacity and/or a current license that has temporarily or permanently ceased receiving waste but has not formally entered into post-closure activities, and may or may not have resumed taking waste.

4. FACILITY USERS AND NON-USERS

- A. Are there any service area restrictions on who may use the facility? YES NO
If YES (above), then in the space below, please specify the service area restrictions:

5. MEASURING WASTE RECEIPTS

Please indicate the method used to measure incoming waste at the gate (check all that apply).

| | |
|--------------------------|--|
| <input type="checkbox"/> | Visually (by volume in cubic yards). Please provide the conversion factor(s): |
| <input type="checkbox"/> | Scales (by weight in tons) |
| <input type="checkbox"/> | By capacity of hauling vehicle |
| <input type="checkbox"/> | By number, count or "Passenger Tire Equivalent" (PTE) |

* **Conversion Factor:** All waste receipts must be reported on this report in tons. If your facility measures waste receipts by volume (cubic yards) and then converts this information into tons for purposes of this report, and provide the conversion factor(s) in the space provided.

WASTE FLOW DATA TABLES -- INSTRUCTIONS**General Instructions:**

Convert all waste to TONS and report only tons in this section. If a conversion factor is used to calculate tonnage, please provide the conversion factor(s) where indicated on the previous page.

Definitions:

Origin of Waste - Enter the name of the county of origin. For out-of-state waste, enter the name of the state, territory and the county or province. Enter the country if imported from outside of the U.S.A. See Table AA in Appendix AA for state and country abbreviations and other origin codes.

6. WASTE FLOWS

6(A): Subtotal waste received by **in-district county** of origin as directed in table 6.1.

6(B): Subtotal waste received by **out of-district county** of origin as directed in table 6.2

6(C): Subtotal waste received by **out of-state origin** as directed in table 6.3. If the waste originated from outside the United States then report the origin by country. See Appendix AA for origin codes.

6 (A). IN-DISTRICT WASTE RECEIVED: SUBTOTALS**DIRECTIONS:**

Report totals by county for each county in the district, and use one row for each county of origin. If you have any questions, please contact Ohio EPA for assistance.

1. In column 1 enter the counties within your Solid Waste Management District in Column 1
2. In column 2 enter the tons of waste that you received from those counties in Column 2
3. Enter the subtotal of waste received on line (A)

Table 6.1: In-District Waste Received

| In-District Ohio County | Waste Received (Tons) |
|--|--------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| *(A) Total Tons of In-District Waste: | |

***If you are using the MS Word version of the form, you can right-click on the total cell and select "Update Field" to total the column.**

7. TOTAL SOLID WASTE RECEIVED**DIRECTIONS:**

1. Report the grand totals of waste reported received in Sections 6(A), 6(B), and 6(C)
2. Provide a grand total for all waste received at the facility in 2010 on line 7(T).

Table 7.1 – Grand Total of all Solid Waste Received in 2010

| Origin of Waste | Grand Total (tons) |
|---|-------------------------------|
| Total In-District Waste reported in 6(A): | |
| Total Out-of-District Waste reported in 6(B): | |
| Total Out-of-State-Waste reported in 6(C): | |
| | |
| *7(T) Total tons of wastes received: | |

*If you are using the MS Word version of the form, you can right-click on the total cell and select "Update Field" to total the column.

8. DISPOSITION OF WASTE

DIRECTIONS: Report the disposition of waste received as shown in Table 8.1, below.

Table 8.1 – Disposition of Waste received in 2010

| | Subtotal |
|--|-----------------|
| 8(D) Disposed - waste disposed on-site within limits of waste placement | |
| 8(O) Other – waste sent off-site, recycled, reused, converted to energy, etc. | |
| 8(T) Total tons of waste received (sum of D + O above. This value should be equal to amount from line 7(T) above). | |

If you are using the MS Word version of the form, you can right-click on the total cell and select "Update Field" to total the column.

10. Contract Fees and Local Surcharges

In Table 10 below, please list **local surcharges** (a twenty-five cent-per-ton fee collected in accordance with Ohio Revised Code 3734.57(C)) also known as “Host Community Fees” **and/or** any fee collected through a **contract** between the solid district, solid waste facility and/or the local community (no limit on rate). Please contact Ohio EPA if you have questions about this section.

Check here if this facility did not collect any fees described above

Please note: Do not report state solid waste disposal fees, or solid waste management district generation and disposal fees (ORC 3734.57 (A) and (B)) in this table. Ohio EPA tracks that information separately.

Table 10.1: Contract Fees and Local Surcharges

| Type of Fees Collected | Name of Township/Municipality | \$/Ton Fee | Total \$ Collected |
|---|-------------------------------|------------|--------------------|
| <input type="checkbox"/> ORC 3754.57(C) <input type="checkbox"/> Contractual | | / ton | |
| <input type="checkbox"/> ORC 3754.57(C) <input type="checkbox"/> Contractual | | / ton | |
| <input type="checkbox"/> ORC 3754.57(C) <input type="checkbox"/> Contractual | | / ton | |
| <input type="checkbox"/> ORC 3754.57(C) <input type="checkbox"/> Contractual | | / ton | |
| <input type="checkbox"/> ORC 3754.57(C) <input type="checkbox"/> Contractual | | / ton | |
| *10 (T) Total: | | | |

*If you are using the MS-Word version of the form, you can right-click on the total cell and select “Update Field” to total the column.

11. TIPPING FEES

In the table below, please enter the base price for each applicable category for a “typical load” of solid waste disposed. That is, an average price that would apply to the majority of waste accepted at this facility. If you are unable to define a “typical” load, then please report the facility’s posted rates and/or attach a price sheet. **(Please do not include state or local fees, contract fees or surcharges in the prices in this table):**

Table 11.1: Tipping Fees

| | | |
|--|----|----------------|
| Tons (as measured with scales) | \$ | per ton |
| Compacted cubic yards | \$ | per cubic yard |
| Uncompacted cubic yards | \$ | per cubic yard |
| By “Passenger Tire Equivalent” (PTE) or other unit (describe units below): | \$ | Per unit |

12(A). DISPOSAL CAPACITY

NOTE: The information for this section is required in accordance with OAC 3745-27-19(M), 3745-29-19(M), and/or 3745-30-14(M). Please do not use unapproved pending PTI applications and draft PTIs as sources of information for this section. Facilities are encouraged to contact their Ohio EPA district office for assistance with completing this section. Note: Capacities should be listed in cubic yards (Yds³).

Table 12.1 – Remaining Disposal Capacity, Capacity Used, and Daily Use Characteristics

| | | | |
|--|----------------|--|------------------------|
| 1. New Permitted Capacity in 2010 (see footnote 1) Was any additional capacity <u>permitted</u> at the facility during 2010 ? ¹ | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, amount of new capacity permitted in 2010: Yds³ | |
| 2. Remaining Capacity | | | |
| a. Enter total remaining gross permitted airspace – as of Dec 31, 2010 (This should include the amount from 1 above.) | | | Yds³ |
| b. Remaining constructed capacity: Enter the amount as of <i>Dec 31, 2010</i> . (This figure should be based upon the practical volume available in all constructed cells that were completed and certified <i>on or before December 31, 2010</i>) | | | Yds³ |
| c. Projected additional constructed capacity – enter any amount that will result from construction activities that will be performed in and certified in 2011 only. (This figure should <u>not</u> include the volume shown for 2.b above.) | | | Yds³ |
| 3. Remaining Life (in years) - Enter the total remaining life of the facility based upon the total remaining gross airspace in 2.a. above, and rates of waste receipts listed below: | | | |
| a. Authorized Maximum Daily Waste Receipts (AMDWR) | | Annual receipts at AMDWR tons/yr | |
| AMDWR: tons/day | | Remaining Life years at AMDWR | |
| b. Actual Recent Waste Receipts | | Actual 2010 receipts tons | |
| Days operated during year: | Avg. Tons/day: | Remaining Life years at 2010 rate of receipts | |
| 4. Remaining Tons for Waste Placement | | | |
| The total amount of waste (in tons) which can be disposed in your facility based upon the total remaining gross airspace (from 2.a above) <u>minus</u> cover material volume: | | | tons |
| 5. Gross Airspace Used During 2010 | | | |
| Enter the gross airspace or volume used in 2010 in the space to the right. ² | | | Yds³ |
| 6. Primary Contact for capacity issues | | | |
| If the primary contact for questions concerning capacity issues is different than the person completing this report, then please provide the appropriate contact information below. | | | |

1. Use only information from approved PTI's and Findings and Orders. Be sure to account for capacity approved during the report year when calculating gross airspace remaining.
2. If the number of days between flyovers/surveys differs significantly from 365, be sure to apply a correction factor that will adjust the gross airspace used for a 365 day year.

Table 12.1– Remaining Capacity (continued)

7. Capacity Calculations – Please show the calculations used to generate the numbers in categories 3, 4 and 5 above. In addition, identify the values for all variables indicated, as applicable, and any other relevant variables used in the calculations. You may also attach additional sheets of paper as necessary.

Compaction Ratio(s):

Days between overflights or surveys:

Additional Variables:

Calculations:

12(B). Permits pending or intended and/or other factors that may affect future facility capacity or that resulted in significant changes in waste receipts in 2010:

Why do we ask this? Ohio EPA is required to monitor solid waste disposal capacity in Ohio. This section is intended to assist Ohio EPA in that endeavor. Please assist us by reporting information described below. You need only report information that you are reasonably confident is relevant. You may also use this section to communicate any other factors that you feel may affect this facility's future disposal capacity, including those factors outside of the control of those who own operate and/or manage the facility.

Table 12.2

If there are any pending permits for this facility, or if you applied for any new permits for this facility in 2010 or if you intend to apply for any new permits in 2011, please briefly explain below. This would include any permits that would result in changes in disposal capacity, changes in AMDWR, or changes in the way waste is received at the facility (e.g. new rail infrastructure, ownership changes, contract expiration, etc.) that may affect future capacity. You may also use this section to communicate circumstances that resulted in a significant increase or decrease in waste receipts in 2010.

13. MISCELLANEOUS INFORMATION (Complete the additional information as requested below)

13. General feedback – Table 13.1

You may use this space to provide any comments that you wish to share concerning the preparation of this report, the data contained in it, Ohio EPA's review of the report, or suggestions for improving the reporting process in the future.



Completing Sections 14 through 19:

Sections 14 through 19 will contain the remainder of the information required under Ohio Administrative Code (OAC) sections 3745-27-19(M). Sections 14 through 19 consist of "cover sheets" with minimal form data to complete. Fill in information requested on the cover sheet and place the required information behind the appropriate cover sheet.

Each cover sheet contains applicable OAC references or rule language, and may contain one or more summary questions that must be answered. However, the report form is not intended to be a substitute for the rules.

Please refer to the actual rules in order to determine the correct requirements under the Ohio Administrative Code. Please refer to OAC section 3745-27-19(M) for municipal solid waste landfills.

14. TOPOGRAPHIC MAP

OAC 3745-27-19(M)(1), 3745-29-19(M)(1), and 3745-30-14(M)(1) require the annual operating report for landfill facilities to include a complete topographic map of all units of the sanitary landfill facility, certified by a professional skilled in the appropriate disciplines, with updated contour lines on the plan drawing containing information specified in rule 3745-27-06 of the Administrative Code. The scale and contour interval shall be consistent with the approved plans. The map must at a minimum include the information listed below that summarizes the previous calendar year's operations.

Note: The annual report is to represent existing topography of all units when the survey is conducted, not just those areas where filling and capping activities occurred. Thus contours determined for a previous year are not to be carried forward to a succeeding year; rather all units are to be resurveyed to determine current contours.

OAC section 3745-27-19(M)(1), which applies to **municipal** solid waste sanitary landfills, states that the annual operational report must include the following information summarizing the previous calendar year's operations:

(1) A topographic map of the unit(s) of the sanitary landfill facility, certified by a professional skilled in the appropriate discipline(s), with updated contour lines on the plan drawing containing information specified in rule 3745-27-06 of the Administrative Code. The scale and contour interval shall be consistent with the approved plans. At a minimum, the owner or operator shall identify the following:

- (a) The calendar year which the submittal represents.*
- (b) The areal extent of each phase of construction.*
- (c) The areal extent of closed areas of unit(s) that have a final cap system or have transitional cover.*
- (d) Areas that have intermediate cover.*
- (e) The current working phase and unit(s).*
- (f) The projected phase(s) and unit(s) for filling in the coming year.*
- (g) Access roads and buildings.*
- (h) On-site borrow areas and cover material stockpiles.*
- (i) A comparison of the actual vertical and horizontal limits of emplaced waste to the vertical and horizontal limits of waste placement authorized in the applicable authorizing document(s), including an approved permit(s) to install, plan approval, or operational report. If emplaced waste exceeds the limits of vertical and horizontal waste placement authorized in the applicable authorizing document(s), this comparison shall include a topographic map which delineates the areal extent of emplaced waste that exceeds approved limits specified in such authorizing documents. In addition, the topographic map shall contain notes that indicate the following information for waste exceeding authorized limits of waste placement: the maximum estimated volume, the maximum depth, and the average depth.*

15. LEACHATE MANAGEMENT

Ohio Administrative Code sections 3745-27-19(M)(4), 3745-29-19(M)(4), and 3745-30-14(M)(3) require the annual operating report for landfill facilities to include information on leachate collection and treatment. **Place the required information behind this coversheet.**

OAC 3745-27-19(M)(4), 3745-29-19(M)(4), and 3745-30-14(M)(3), which apply to **municipal, industrial, and residual** solid waste sanitary landfills respectively, state that the annual operational report must include the following information for the report year:

A summary of the quantity of leachate collected for treatment and disposal on a monthly basis during the year, location of leachate treatment and/or disposal, and verification that the leachate management system is operating in accordance with this rule

Place the required information behind this coversheet.

16. LEACHATE TESTING RESULTS

Ohio Administrative Code sections 3745-27-19(M)(5), 3745-29-19(M)(5), and 3745-30-14(M)(4) require the annual operating report for landfill facilities to include leachate testing results. **Place the required information behind this coversheet.**

OAC 3745-27-19(M)(5), which applies to **municipal** solid waste sanitary landfills, states that the annual operational report must include the following information summarizing the previous calendar year's operations:

Results of analytical testing of an annual grab sample of leachate for the parameters specified in appendix I of rule 3745-27-10 of the Administrative Code and for polychlorinated biphenyls (PCBs). The grab sample shall be obtained from the leachate management system.

[Comment: If PCBs are detected in leachate that will be discharged directly to or transported and discharged to a wastewater treatment plant, then the owner or operator of the sanitary landfill facility generating the leachate should contact Ohio EPA, division of surface water, prior to discharging the leachate. If the wastewater treatment plant is not affiliated with the landfill facility, then the owner or operator should also contact the receiving wastewater treatment plant prior to discharge. The owner or operator of the sanitary landfill facility should inform Ohio EPA, division of surface water, (And the wastewater treatment plant, if applicable,) of the presence and concentration of PCBs detected in the leachate. Depending upon the wastewater treatment plant's permitted discharge limit for PCBs, the owner or operator of the sanitary landfill facility may be required to conduct pretreatment of the leachate to remove PCBs prior to discharging to the wastewater treatment plant.]

17. ITEMIZED CLOSURE COST ESTIMATES

During 2010, your facility should have submitted an update of its financial assurance instrument. Normally this occurs on or before the anniversary date of the original financial assurance instrument. This section pertains to that update.

Ohio Administrative Code sections 3745-27-19(M)(6), 3745-29-19(M)(6), and 3745-30-14(M)(6) require the annual operating report for landfill facilities to include the most recent final closure and post-closure care cost estimates, and corrective measures cost estimate, if applicable. **Complete the check-list at the bottom of this page, and place the itemized required cost estimates behind this coversheet.** NOTE: Do not include the actual financial instrument with this report. The original instrument should be sent directly to Ohio EPA's financial assurance specialist.

The rule references below summarize what information should be included in this section of the annual operational report:

Municipal solid waste landfills: OAC 3745-27-19(M)(6)

The most recent updated final closure cost estimate, post-closure care cost estimate, and, if applicable, corrective measures cost estimate, adjusted for inflation and for any change in final closure cost estimate, post-closure care cost estimate, or corrective measures cost estimate required by rules 3745-27-15, 3745-27-16, and 3745-27-18 of the Administrative Code.

Financial Assurance Check-List:

The check-list below is provided to help ensure that you completed the 2010 financial assurance requirements as required by OAC 3745. The check-list addresses several common errors and omissions and helps to ensure that your financial assurance is reviewed properly. Please complete the checklist and note the associated comments.

| | | |
|--|---|--|
| 1. Are the cost estimates that you submitted with this report itemized? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please Note: If you answered "No" to #1, please itemize the estimates and attach them to the back of this page. | | |
| 2. Were the cost estimates adjusted for inflation? (applies only facilities with total assurance greater than or equal to \$20,000) | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Note: The inflation factor that was used for updating costs in operating year 2010 was 1.18% . This inflation factor would be used on any financial assurance instrument required to be submitted during 2010. | | |
| 3. Were the appropriate inflationary increases made to the financial assurance instrument? | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. If any of the cost estimates were DECREASED, did you provide justification for the decreases? | <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please Note: If you answered "No" to any of the questions in 2, 3, or 4 above, please contact a financial assurance specialist at Ohio EPA to determine whether or not you need to submit an amended instrument. Attach the <u>original</u> , itemized cost estimates that you have already submitted to the back of this page. | | |
| 5. Were any of the cost estimates increased from last year to reflect increases in estimated final closure, post-closure care, or corrective measures costs, <u>beyond adjustments made for inflation</u> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Did you submit an amended, 2010 financial insurance instrument during 2010? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

19. MAINTENANCE

Ohio Administrative Code sections 3745-27-19(M)(7), 3745-29-19(M)(7), and 3745-30-14(M)(7) require the annual operating report for landfill facilities to include information on maintenance performed on various monitoring and control systems at the facility. **Place the required information behind this coversheet.**

OAC 3745-27-19(M)(7), which applies to **municipal** solid waste sanitary landfills, states that the annual operational report must include the following information summarizing the previous calendar year's operations:

A summary of any maintenance performed on the leachate management system, ground water monitoring system, explosive gas monitoring system, and any other monitoring and control system installed at the sanitary landfill facility or performed in response to this rule

19. NOTARIZED CERTIFICATION

I, _____, (title) _____ as a representative of
(print name)

_____ solid waste facility, do hereby swear that,
to the best of my knowledge, the information contained in this report is true and accurate.

Signature: _____ Date: _____

Sworn to and subscribed in my presence this _____ day of _____, 2011

Notary Public

My commission expires: ____/____/____

SEAL

2010 Facility Annual Operational Report Form Appendices

(Note: These appendices are for reference purposes only, and should not be submitted with the final report)

Contents:

| | |
|-------------------|---|
| Appendix AA | Instructions for Completing this Form Electronically |
| Appendix BB | Transfer Facility Core ID's |
| Appendix CC | MSWLF Facility Core ID's |
| Appendix DD | Other Solid Waste Facility Core ID's |

Instructions for the MS Word version of the Solid Waste Facility Annual Operations Report

The Ohio 2010 Annual Operations Report has been made available in MS Word format (version 2003/2007 compatible). The report form includes form fields that can be easily completed as described below. If you would like assistance with this form, please contact your Ohio EPA District Office.

Before entering data - users must ensure that the form is locked or protected.

Locking /Protecting the form - The form should be locked when you receive it. If the form is not locked or you need to unlock it to make edits, please follow the procedure below.

- **MS Office 2007 users** – In MS Office 2007 the form can be locked and unlocked as follows:

To Unlock the Form:

a. Developer >> Protect Document >> Restrict Editing and Formatting

b. Under #2 “Editing Restrictions” uncheck the box that says “Allow only this type of editing in the document”

This may seem confusing at first; however, users need to open the “Restrict Editing...” dialogue box in order to “turn-off” the restrictions.

To Lock the Form and enter data:

a. Developer >> Protect Document >> Restrict Editing and Formatting

b. Under #2 “Editing Restrictions” Select “Filling in Forms” then check the box that says “Allow only this type of editing in the document”

d. Click the button that says “Yes, Start Enforcing Protection.” There is no password (see note on passwords below).

Important Notes:

- You may need to load the **Developer Tools** onto the **Main Ribbon** and show the **Developer Tab** to edit this form.
- **You DO NOT need to enter a password!** When the password dialogue box appears, you may leave the password blank simply press “OK” unless you want to protect the form for your own use.
- **Users of MS Word XP and earlier versions of MS Office** – If you are using an earlier version of MS Office, you should be able to edit the file. If you have difficulty try downloading the plug-in from Microsoft for backward compatibility with earlier versions of Office.

With the document open in Word 2003, go to the **View** menu and select **Toolbars >> Forms**. The Forms toolbar should appear. Clicking the lock icon on the **Form Toolbar** will lock and unlock the form for entry.

- When you receive the form, it should be “locked” (“protected” in Word 2007). This means that you cannot make changes to the form, but the form fields are activated for data entry. Ensure that the form is locked before you begin entering data. Most of the tools in the Forms Toolbar will appear “grayed-out” when the form is locked. To lock and unlock the form, simply click the lock icon on the Forms Toolbar.
- Changes to the form should not be necessary under most circumstances and the form should be locked for data entry. However, if changes need to be made they can be made as follows:
 - Unlock the form as described above.
 - Once the form is unlocked, changes may be made.
 - **IMPORTANT: Data cannot be entered into form fields when the form is unlocked;** the form field will be deleted and overwritten with text. You will also not be able to tab between fields if the form is unlocked.
 - To change the properties of a form field right-click on the field while the form is unlocked.
 - When finished making changes, **Lock or protect the form before resuming data entry.**
- **Editing Headers:** The Facility ID numbers for all facilities are now listed in the Appendices. To enter the Facility ID number into the header follow the instructions below:
 - Review the directions for unlocking the form above. Unlock the form.
 - Click on the header to edit and add the Core ID #. Close the header dialogue box.
 - **IMPORTANT: Remember to re-lock the form before entering data.**
- Select the first field in section I of the form with the cursor, and begin entering data.
- The individual(s) entering data can rapidly tab between fields and enter data. Check boxes can be completed in three ways: by clicking on them with the cursor, hitting the space bar, or by typing an “x”.
- **Sum Rows and Columns in a Table** – Some of the tables in the 2010 FAR form will automatically sum values in a row or column. To calculate the sum, right-click on the “total” cell and select “Update Field” from the menu.
- Several fields on the form have “pull-down menus”. To complete these fields, simply click on the arrow at the right of the field and select the appropriate response from the menu.
- If extra data are provided on (an) additional sheet(s), refer the reader to the attached sheet in the form field provided.

Table AA - State Abbreviations

| Waste Origin | Abbr. |
|---------------------|--------------|
| Alabama | AL |
| Alaska | AK |
| Arizona | AZ |
| Arkansas | AR |
| California | CA |
| Colorado | CO |
| Connecticut | CT |
| Delaware | DE |
| Florida | FL |
| Georgia | GA |
| Hawaii | HI |
| Idaho | ID |
| Illinois | IL |
| Indiana | IN |
| Iowa | IA |
| Kansas | KS |
| Kentucky | KY |
| Louisiana | LA |
| Maine | ME |
| Maryland | MD |
| Massachusetts | MA |
| Michigan | MI |
| Minnesota | MN |
| Mississippi | MS |
| Missouri | MO |
| Montana | MT |
| Nebraska | NE |
| Nevada | NV |
| New Hampshire | NH |

| Waste Origin | Abbr. |
|----------------------|--------------|
| New Jersey | NJ |
| New Mexico | NM |
| New York | NY |
| North Carolina | NC |
| North Dakota | ND |
| Ohio | OH |
| Oklahoma | OK |
| Oregon | OR |
| Pennsylvania | PA |
| Rhode Island | RI |
| South Carolina | SC |
| South Dakota | SD |
| Tennessee | TN |
| Texas | TX |
| Utah | UT |
| Vermont | VT |
| Virginia | VA |
| Washington | WA |
| West Virginia | WV |
| Wisconsin | WI |
| Wyoming | WY |
| District of Columbia | DC |
| | |
| Virgin Islands | VI |
| Canada | CN |
| Puerto Rico | PR |
| Mexico | MX |
| Other / Unknown | - |
| | |

Appendix BB – Table BB.1 – Ohio Transfer Facility Core ID’s (Sorted by County)

NOTE: If you received waste via a rail facility with no Ohio EPA ID number, please enter “999999”

| County | Facility Name | CoreID |
|-----------|--|--------|
| Allen | WM Ohio Lima TF | 2286 |
| Belmont | Apex Energy Inc. Waste TS | 3492 |
| Butler | Hamilton City TF | 133783 |
| Carroll | J & J Refuse Service TF | 5007 |
| Cuyahoga | Harvard Road TS | 10687 |
| Cuyahoga | City of Euclid TS | 12366 |
| Cuyahoga | Westlake TF | 12160 |
| Cuyahoga | Strongsville Solid Waste TF | 11609 |
| Cuyahoga | Shaker Heights Service Dept. TS | 11145 |
| Cuyahoga | Waste Management Cleveland T&R | 10688 |
| Cuyahoga | City of East Cleveland Refuse TS | 9143 |
| Cuyahoga | Cleveland Heights TS | 8705 |
| County | Facility Name | CoreID |
| Cuyahoga | Ridge Road TS | 8613 |
| Cuyahoga | City of Rocky River TS | 11034 |
| Cuyahoga | BFI Glenwillow TF | 54244 |
| Cuyahoga | Broadview Heights Recycling Center | 8345 |
| Darke | Rumpke Recycling & TS Greenville | 12672 |
| Delaware | Delaware County TS | 13091 |
| Erie | BFI WS Sandusky Resource Recovery Facility | 48225 |
| Erie | Kelley’s Island TS | 13505 |
| Fairfield | Lancaster TS | 13723 |
| Fayette | Fayette County TF | 54285 |

| County | Facility Name | CoreID |
|----------|---|--------|
| Franklin | Columbus Transfer & Rec Fields Avenue | 274280 |
| Franklin | Georgesville Road TF | 15062 |
| Franklin | Waste Mgt. T&R | 15274 |
| Franklin | Morse Road TS | 15487 |
| Franklin | Reynolds Avenue TS | 15711 |
| Franklin | Jackson Pike TF | 233511 |
| Fulton | Fulton Co. Solid Waste TF | 16500 |
| Fulton | Archbold Refuse TF | 266628 |
| Greene | Waste Mgt. Fairborn TF | 17624 |
| Guernsey | Kimble (Cambridge) T&R Facility | 54246 |
| Hamilton | Cincinnati TF Este Ave. | 19207 |
| Hamilton | Cincinnati Evandale | 138865 |
| County | Facility Name | CoreID |
| Hamilton | Cincinnati Elda TF | 19207 |
| Hardin | Hardin Co. Solid Waste TF | 21712 |
| Huron | Huron County TF | 22910 |
| Knox | Allied TS, Mt. Vernon | 23800 |
| Lawrence | Lawrence Co. TF | 262417 |
| Licking | WM of Ohio 213 Newark Transfer & Hauling Facility | 52751 |
| Marion | Marion County SW TF | 29630 |
| Medina | Medina County Material Recovery Facility | 30065 |
| Medina | Wadsworth Solid Waste TS | 30268 |
| Meigs | Meigs County TS | 130927 |

Abbreviations: TF= “Transfer Facility”; TS = “Transfer Station”; T&R = “Transfer and Recycling”

Table BB.1 (continued) – Ohio Transfer Facility Core ID's (Sorted by County)

| County | Facility Name | CoreID |
|---------------|--|---------------|
| Mercer | Maharg Inc. | 134351 |
| Miami | Miami Co. Solid Waste & Recycling Facility | 30867 |
| Montgomery | Montgomery County North TF | 32289 |
| Montgomery | Montgomery County South TF | 54245 |
| Ottawa | Put-in-Bay Township TF | 34105 |
| Pickaway | Circleville TS | 34655 |
| Portage | Portage County SWMD TF | 35192 |
| Richland | Allied Waste Mansfield | 36496 |
| Ross | WM of Ohio Chilicothe TF | 36739 |
| Ross | RLS Transfer Facility | 269135 |
| Sandusky | BFI of Ohio | 133784 |
| Shelby | Shelby County TS | 37920 |
| Stark | Kimble Transfer & Recovery Facility | 38787 |
| Stark | JMW Solid Waste Transfer | 38866 |
| Summit | WM Akron Central TS | 39741 |
| Summit | Kimble Twinsburg T&R | 249945 |
| Trumbull | Total Waste Logistics / LAS Recycling | 54255 |
| Trumbull | Warren Recycling Inc. TF | 133962 |
| Van Wert | Van Wert County Refuse TS | 43305 |
| | | |
| | | |

Abbreviations: TF= "Transfer Facility"; TS = "Transfer Station"; T&R = "Transfer and Recycling"

Appendix CC – Ohio MSW Landfill (LF) Core ID's (Sorted by County)

| County | Facility | CoreID |
|-----------|-----------------------------------|--------|
| Ashtabula | WM Geneva LF | 54419 |
| Athens | Athens-Hocking Reclamation Center | 3078 |
| Brown | RWS Brown County Sanitary LF | 3916 |
| Clinton | Wilmington LF | 6451 |
| Coshocton | Coshocton LF | 7032 |
| Crawford | Crawford County LF | 7270 |
| Cuyahoga | City of Brooklyn LF | 8364 |
| Cuyahoga | Royalton Road LF | 11060 |
| Defiance | Defiance County Sanitary LF | 12919 |
| Erie | Erie County Sanitary LF | 13359 |
| Fairfield | Pine Grove Regional Facility LF | 13668 |
| Franklin | SWACO Franklin County LF | 15005 |
| Gallia | Gallia County Sanitary LF | 16687 |
| Hamilton | Bond Road LF | 18465 |
| Hamilton | Rumpke Sanitary LF, Inc. | 33318 |
| Hancock | Hancock County Sanitary LF | 21465 |
| Henry | Henry County LF | 22065 |
| Holmes | Holmes County LF | 22641 |
| Jackson | Beech Hollow LF | 54230 |
| Lake | Lake County Solid Waste Facility | 24397 |
| Logan | Cherokee Run LF | 139513 |
| Lorain | BFI of Ohio Lorain County LF | 26024 |
| Lucas | Hoffman Road Sanitary LF | 27057 |
| Mahoning | BFI Carbon Limestone Sanitary LF | 28726 |

| County | Facility | CoreID |
|------------|--|--------|
| Mahoning | Central Waste, Inc. LF | 28809 |
| Mahoning | WM Mahoning LF, Inc. | 29084 |
| Mercer | Celina Sanitary LF | 140649 |
| Montgomery | Stony Hollow Recycling & Disposal Facility | 32719 |
| Ottawa | BFI Ottawa County LF | 33837 |
| Perry | Suburban South R & D Facility LF | 54294 |
| Perry | Tunnel Hill Recl. MSWLF | |
| Pike | Pike Sanitation LF | 34780 |
| Preble | Preble County Sanitary LF | 35825 |
| Richland | BFI Oakland Marsh / Noble Rd LF | 36417 |
| Seneca | Sunny Farms LF | 37706 |
| Stark | American LF, Inc. | 38042 |
| Stark | RW Countywide LF | 38390 |
| Tuscarawas | Kimble Sanitary LF | 42709 |
| Wayne | Mount Eaton East LF | 44561 |
| Williams | Williams County LF | 45017 |
| Wood | Evergreen R& D LF | 45177 |
| Wood | Wood County LF | 45563 |
| Wyandot | Wyandot County Environmental Sanitary LF | 45626 |
| | | |
| | | |
| | | |
| | | |
| | | |

Appendix DD - Other Solid Waste Facilities Core ID's (Sorted by County)

| County | Facility | CoreID |
|------------|--|--------|
| Ashland | Mansfield Plumbing Products, China Division Landfill | 2528 |
| Ashtabula | Reserve Environmental Services Inc. | 2875 |
| Ashtabula | Millennium Inorganic Chemicals Plant 2 Landfill | 231750 |
| Clermont | Zimmer Industrial SW Disposal Landfill | 6306 |
| Coshocton | AEP Conesville Residual Waste Landfill | 7041 |
| Cuyahoga | Arcelor Mittal Cleveland Inc. | 8186 |
| Defiance | GM Powertrain Group Defiance Plant Landfill | 12895 |
| Erie | Huron Lime Company No. 2 Landfill | 13503 |
| Gallia | Gavin Plant Residual Waste Landfill | 16700 |
| Jefferson | Crldinal FAR 1 Residual Waste LF | 272343 |
| Licking | Owens Corning Fiberglass Landfill | 25536 |
| Lucas | Envirosafe HW & Ind Landfill | 27256 |
| Montgomery | Fraser Paper Inc. / West Carrollton Mill Landfill | 148712 |
| Ottawa | Graymont Dolime Ohio Inc. Landfill | 33916 |
| Ottawa | US Gypsum Company Landfill | 33915 |
| Ottawa | Brush Wellman Inc. Landfill | 52732 |
| Paulding | Lafarge N. America, Inc. Landfill | 34233 |
| Pike | Pike Tire Monofill | 146251 |
| Stark | American Tire Monofill | 38047 |
| Stark | Liberty Tire aka C&E Coal Tire Project | 54243 |
| Summit | 3M Copley, Bldg 42-8E-27 | 128209 |
| Trumbull | AM Stericycle/BFI Medical Waste, Inc. | 41805 |
| Trumbull | WCI Steel, Inc. Landfill | 42096 |
| Wayne | Rittman Paperboard Packaging Corp. of America Landfill | 44595 |