



## Application Instructions/Information

- All fields in the application are required, unless otherwise indicated, and must be completed before the application will be accepted.
- If applying for a license transfer, a copy of the transfer agreement must be provided with the application.
- The applicant for a facility license must be either the facility owner or operator and may be either a person or an organization.
- Complete the Facility Information section with the details that represent the most recent license application submitted to the Ohio EPA for the facility.
- Use the Location Description text field to provide directions to the facility or other information that can be used to find the facility.
- Information for both facility operator and site manager must be supplied or the application will not be accepted.
- The facility operator (person or organization) has oversight and control of facility operations.
- The site manager is the person directly responsible for the day-to-day site operations.
- The site manager is the person that will be contacted by the licensing authority in case of emergencies.
- The valid operator types are: Corporation, Government, LLC, Individual, Partnership and Sole Proprietorship.
- Indicate all corporations or persons who hold legal title to the property where the facility is located. Space is provided for one entry. If there are more owners that need to be documented, attach the additional information to the application using a separate sheet of paper.
- There are three types of applications for most facilities: New, Renewal or Transfer.
- If the property owner is a corporation, list all persons or organizations that own more than 10% of the shares of the corporation.
- The Construction and Demolition Debris Landfill facility application has the following additional types: Horizontal Expansion, Vertical Expansion, ALDA Expansion, Design Change, Operation Change and Other.
- Construction and Demolition Debris Landfill applications need to be printed and Tabs 1 through 13 must be completed.
- Enter the Authorized Maximum Daily Waste Receipt (AMDWR) limit and attach the official documents that established the limit, as applicable.
- Enter the Disposal Fee Contact Information, as applicable. The facility type chosen for a license application is covered under one or more waste disposal fee requirements of the Ohio Revised Code. Provide information where to direct disposal fee related correspondences.



# Facility License Service Application

**Note:** All applicable fields must be completed or the application will not be accepted.

## Application Type

- New Facility      Start Date: \_\_\_\_\_       Annual Renewal       Transfer of License

## Solid Waste Facility Types

- Industrial Solid Waste Landfill       Municipal Solid Waste Landfill       Residual Solid Waste – Class 1 Landfill  
 Residual Solid Waste – Class 2 Landfill       Residual Solid Waste – Class 3 Landfill       Residual Solid Waste – Class 4 Landfill  
 Solid Waste Incinerator       Solid Waste Transfer       Solid/Infectious Waste Incinerator

## Scrap Tire Facility Types

- Collection       Monofill       Monocell       Recovery Mobile  
 Recovery Class 1       Recovery Class 2       Storage Class 1       Storage Class 2

## Composting Facility Types

- Class 1       Class 2

## Construction and Demolition Debris Facility Specialized Application Types

- ALDA Extension       Horizontal Expansion       Design Change  
 Operational Change       Vertical Expansion       Transfer of License  
 Other



**Note:** All applicable fields must be completed or the application will not be accepted.

### Applicant Information

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_

Mailing Address Line 2 (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant Type:  Facility Owner  Facility Operator  Facility Owner /Operator

### Facility Information

Facility Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_

Mailing Address Line 2 (optional): \_\_\_\_\_

City: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Email Address: \_\_\_\_\_ Township \_\_\_\_\_

County: \_\_\_\_\_ Facility Health District: \_\_\_\_\_

Location Description:



### Facility Owner Information

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_

Mailing Address Line 2 (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Facility Operator and Site Manager Information

Operator Name: \_\_\_\_\_ Site Manager Name: \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_

Mailing Address Line 2 (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Operator Phone Number: \_\_\_\_\_ Site Manager Phone Number: \_\_\_\_\_

Operator Email Address: \_\_\_\_\_ Site Manager Email Address: \_\_\_\_\_

Operator Type:  Corporation  Government  LCC  Individual  Partnership  Sole Proprietorship



### Property Owner Information

Owner Type:  Corporation  Government  LCC  Individual  Partnership  Sole Proprietorship

Property Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_

Mailing Address Line 2 (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Permission to Use Property Given to Facility Owner/Operator?  Yes  No Percent Ownership \_\_\_\_\_

### Authorized Maximum Daily Waste Receipt

**(Applicable for Municipal and Industrial Solid Waste Landfills, Residual Solid Waste Landfills, Compost Facilities and Scrap Tire Monofill and Monocell)**

Authorized Maximum Daily Waste Receipt (in tons)  No Limit

Document Type:  Compost Registration  Court Order  Director Order  Permit

Document Date: \_\_\_\_\_

### Daily Designed Input Capacity

**(Only Applicable for Scrap Tire Class I, Class II and Mobile Recovery Facilities)**

Daily Design Input Capacity (in tons) \_\_\_\_\_

Document Type:  Class 1 Permit  Class 2 Registration  Mobile Registration  Other

Document Date: \_\_\_\_\_



**Approved Scrap Tire Storage Area**  
**(Only Applicable for Class 1 Facility)**

Storage Acreage:  0.5     1.0     1.5     2.0     2.5     3.0

Document Type:  Class 1 Permit     Class 2 Registration     Other

Document Date: \_\_\_\_\_

**Disposal Fee Contact Information**

**(Only Applicable for Municipal Solid Waste Landfills, Solid Waste Transfer Facilities and Construction and Demolition Debris Facilities)**

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_

Mailing Address Line 2 (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Captive Landfill and Coal Combustion Waste Declaration**

**(Only Applicable for Industrial Solid Waste and Residual Solid Waste Classes I – IV Landfill Facilities)**

Will this landfill exclusively dispose of wastes generated at one or more premises owned by the same entity which owns this landfill?  Yes  
 No

Will this landfill exclusively dispose of wastes generated from coal combustion, or primarily from combustion of coal combined with scrap tires?  Yes  
 No



**Construction and Demolition Debris Facility Design and Permitting Information**

Facility Design Professional Engineer	Facility Qualified Ground Water Scientist
Name: _____	Name: _____
PE Registration Number: _____	Company Name (optional): _____
Company Name (optional): _____	Address Line 1: _____
Address Line 1: _____	Address Line 2 (optional): _____
Address Line 2 (optional): _____	City: _____
City: _____	State: _____
State: _____	Zip: _____
Zip: _____	Country: _____
Country: _____	Email Address (optional): _____
Email Address (optional): _____	Phone: _____
Phone: _____	

**Air Pollution and Surface Water Permitting Information**

Air Pollution	Surface Water
Air Pollution Permit Status: <input type="checkbox"/> Approved <input type="checkbox"/> Not Submitted <input type="checkbox"/> Pending	Surface Water Permit Status: <input type="checkbox"/> Approved <input type="checkbox"/> Not Submitted <input type="checkbox"/> Pending
Air Pollution Permit Number (optional): _____	Surface Water Permit Number (optional): _____
Air Pollution Permit Date (optional): _____	Surface Water Permit Date (optional): _____

**Note:** Tabs 1 through 13 must be completed and accompany a printed copy of the C&DD application. Mail or deliver in person the completed application to the appropriate licensing authority.



## Fees

License fees for facilities are based on a variety of factors. Fees for landfills, incinerators, composting facilities, transfer facilities, scrap tire monofills, scrap tire monocells and scrap tire submergence facilities are based on the authorized Maximum Daily Waste receipt (AMDWR) of the facility. Transfer stations and scrap tire collection facilities pay a set fee which is not variable. Fees for class I, class II and mobile scrap tire recovery facilities are based on the Daily Designed Input Capacity (DDIC) of the facility. Fees for class I and class II scrap tire storage facilities are calculated based on the total storage area of the facility. If a license application is approved, the owner/operator will receive an invoice for the appropriate fee amount.

Fees are determined according to the following charts:

AMDWR	Landfills	Scrap Tire Monofills, Monocells and Submergence Facilities	Incinerators
100 Tons or Less	\$5,000	\$5,000	\$2,500
101 Tons to 200 Tons	\$12,500	\$12,500	\$6,250
201 Tons to 500 Tons	\$30,000	\$30,000	\$15,000
>500 Tons or No AMDWR	\$60,000	\$60,000	\$30,000

Facility Type	Annual License Fee
Solid Waste Transfer Facility	\$750
Scrap Tire Collection Facility	\$200

### Composting Facilities

Composting Facilities AMDWR (In Tons)	Annual License Fee
12 or less	\$300
13 to 25	\$600
26 to 50	\$1,200





<b>Composting Facilities AMDWR (In Tons)</b>	<b>Annual License Fee</b>
51 to 75	\$1,800
76 to 100	\$2,500
101 to 150	\$3,750
151 to 200	\$5,000
201 to 250	\$6,250
251 to 300	\$7,500
301 to 400	\$10,000
401 to 500	\$12,500
501 or more	\$30,000

**Scrap Tire Facilities**

<b>DDIC (In Tons)</b>	<b>Class I Scrap Tire Recovery Facility (Has a DDIC &gt; 200 Tons)</b>	<b>Class II Scrap Tire Recovery Facility (Has a DDIC &lt; 200 Tons)</b>	<b>Mobile Scrap Tire Recovery Facility</b>
1 or Less	N/A	\$100	\$100
2 to 25	N/A	\$500	\$500
26 to 50	N/A	\$1,000	\$1,000
51 to 100	N/A	\$1,500	\$1,500
101 to 200	N/A	\$2,500	\$2,500
201 to 500	\$3,500	N/A	\$3,500
501 or more	\$5,500	N/A	\$5,500



<b>Scrap Tire Storage Facility</b>	
<b>Size</b>	<b>Fee</b>
10,000 ft <sup>2</sup> (.23 Acres)	N/A
1/2 Acre	\$500
1 Acre	\$1,000
1 1/2 Acres	\$1,500
2 Acres	\$2,000
2 1/2 Acres	\$2,500
3 Acres	\$3,000
If owned/operated by a licensed motor vehicle salvage dealer	\$100

<b>Scrap Tire Collection</b>	
<b>Type of Facility</b>	<b>Fee</b>
Standard Collection Facility	\$200
If owned/operated by a licensed motor vehicle salvage dealer	\$50



## Certification

The applicant, in filing this application, agrees to ensure that the above-named facility is operated in substantial compliance with Ohio's laws as provided in ORC Chapters 3714, 3734 and OAC Chapters 3745-27, 3745-28, 3745-29, 3745-30, 3745-31, 3745-37, 3745-400, 3745-501, 3745-555 and 3745-560.

By applying for and accepting a license, the licensee specifically consents in advance and agrees to allow the Director, the Health District, or an authorized representative of the Director or Health District, to enter upon the licensee's premises at any reasonable time during the construction and/or operation of the facility for the purpose of making inspections, conducting tests, collecting samples, or examining records or reports pertaining to construction, modification, installation, or operation of the facility. The licensee hereby acknowledges and agrees that any and all rights of access granted herein shall not be deemed to be unreasonable or unlawful under ORC Section 3734.07.

Failure to answer any portion of this application will constitute an incomplete submittal. Pursuant to OAC Rules 3745-37-02(A) or 3745-501-20(A), an incomplete license application shall not be considered. Within thirty (30) days after receipt of an incomplete application, the applicant shall be notified of the nature of the deficiency and refusal by the Board of Health or the Director of Ohio EPA to consider it.

Please be advised that pursuant to ORC Section 3734.09, the Board of Health and/or the Director of Ohio EPA may suspend, revoke, or deny a license for violation of the Revised Code or any rules adopted thereunder.

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Applicant Signature

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Applicant Printed or Typed Name (per OAC Rules 3745-37-02 or 3745-501-10 must be owner or operator of facility)

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Date

\_\_\_\_\_ Fee Enclosed (\$100.00. nonrefundable)

**Note:** Fee is not applicable to a scrap tire collection or storage facility owned or operated by a motor vehicle salvage dealer licensed under Chapter 3748 of the Ohio Revised Code. Fee is also not applicable for C&DD facilities.