



August 2017

License Application for Solid Waste, Scrap Tire, Composting and C&DD Facilities

For new and renewal licenses as well as license transfers.

General Information

- 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.
- There are three types of applications for most facilities: New, Renewal or Transfer.

General Instructions

- Please complete all required fields in the application, otherwise the application review cannot be completed and the application will not be accepted.
- 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.
- If applying for a license transfer, a copy of the transfer agreement must be provided with the application.
- Information for both facility operator and site manager must be supplied or the application will not be accepted.
- If the property owner is a corporation, list all persons or organizations that own more than 10% of the shares of the corporation.
- 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.

Info/Instructions Specific to C&DD Landfills

- 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 also require [Tabs 1 through 13](#) to be completed.

FACILITY LICENSE APPLICATION

APPLICATION TYPE

Application Type (check one): New Facility Annual Renewal Transfer of License

If new, planned start date:

SOLID WASTE FACILITY TYPES

<input type="checkbox"/> Industrial Solid Waste Landfill	<input type="checkbox"/> Municipal Solid Waste Landfill	<input type="checkbox"/> Residual Solid Waste – Class 1 Landfill
<input type="checkbox"/> Residual Solid Waste – Class 2 Landfill	<input type="checkbox"/> Residual Solid Waste – Class 3 Landfill	<input type="checkbox"/> Residual Solid Waste – Class 4 Landfill
<input type="checkbox"/> Solid Waste Incinerator	<input type="checkbox"/> Solid Waste Transfer	<input type="checkbox"/> Solid/Infectious Waste Incinerator

SCRAP TIRE FACILITY TYPES

<input type="checkbox"/> Collection	<input type="checkbox"/> Monofill	<input type="checkbox"/> Monocell	<input type="checkbox"/> Recovery Mobile
<input type="checkbox"/> Recovery Class I	<input type="checkbox"/> Recovery Class II	<input type="checkbox"/> Storage Class I	<input type="checkbox"/> Storage Class II

COMPOSTING FACILITY TYPES

<input type="checkbox"/> Class 1	<input type="checkbox"/> Class 2
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CONSTRUCTION AND DEMOLITION DEBRIS FACILITY SPECIALIZED APPLICATION TYPES

<input type="checkbox"/> ALDA Extension	<input type="checkbox"/> Horizontal Expansion	<input type="checkbox"/> Design Change
<input type="checkbox"/> Operational Change	<input type="checkbox"/> Vertical Expansion	<input type="checkbox"/> Transfer of License
<input type="checkbox"/> Other		

APPLICANT INFORMATION

Applicant Type (check one): Facility Owner Facility Operator Facility Owner/Operator

Applicant Name: _____ Applicant Phone: _____

Mailing Address Line 1:

Mailing Address Line 2 (optional):

City: _____ State: _____ Zip: _____

Country: _____ Email Address: _____

FACILITY INFORMATION

Facility Name: _____ Facility Phone: _____

Mailing Address Line 1:

Mailing Address Line 2 (optional):

City: _____ Latitude: _____ Longitude: _____

Email Address: _____ Township: _____

County: _____ Facility Health District: _____

Location Description (provide directions to the facility or other information that can be used to find the facility):

FACILITY OWNER INFORMATION

FACILITY LICENSE APPLICATION

Owner Name:		Owner Phone:	
Mailing Address Line 1:			
Mailing Address Line 2 (optional):			
City:	State:	Zip:	
Country:		Email Address:	

FACILITY OPERATOR & 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 (pick one):			
• Corporation	• Government	• LCC	
• Individual	• Partnership	• Sole Proprietorship	

PROPERTY OWNER INFORMATION

If there are more owners that need to be documented, attach the additional information to the application using a separate sheet of paper.

Property Owner Name:		Property Owner Phone:	
Mailing Address Line 1:			
Mailing Address Line 2 (optional):			
City:	State:	Zip:	
Country:			
Operator Type (pick one):			
• Corporation	• Government	• LCC	
• Individual	• Partnership	• Sole Proprietorship	

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 I Permit	• Class II Reg	• Mobile Registration	• Other
Document Date:				

APPROVED SCRAP TIRE STORAGE AREA

Only Applicable for Class I Facility

Storage Acreage:	· 0.5	· 1.0	· 1.5	· 2.0	· 2.5	· 3.0
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Daily Design Input Capacity (in tons):

Document Type:	· Class I Permit	· Other
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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:

Mailing Address Line 1:

Mailing Address Line 2 (optional):

City: State: Zip:

Country: Email Address:

CAPTIVE LANDFILL & COAL COMBUSTION WASTE DECLARATION

Only Applicable for Industrial Solid Waste and Residual Solid Waste Class 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
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Will this landfill exclusively dispose of wastes generated from coal combustion, or primarily from combustion of coal combined with scrap tires?	· Yes	· No
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C&DD FACILITY DESIGN 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 (optional):
Email (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 Air Pollution Permit Number (optional): _____ Air Pollution Permit Date (optional): _____	Surface Water Permit Status: <input type="checkbox"/> Approved <input type="checkbox"/> Not Submitted <input type="checkbox"/> Pending Surface Water Permit Number (optional): _____ Surface Water Permit Date (optional): _____

License Fee Schedule

Applicable licensing fees for facilities are based on a variety of factors. Fees for landfills, incinerators, composting facilities, transfer facilities, scrap tire monofills and scrap tire monocell 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 calculated in accordance to the following schedule:

AUTHORIZED MAXIMUM DAILY WASTE RECEIPT (AMDWR)				
Facility Type	100 tons or less	101 to 200 tons	201 to 500 tons	Greater than 500 tons or no AMDWR
Transfer Facility				\$750
Scrap Tire Collection Facility				\$200
Landfill	\$5,000	\$12,500	\$30,000	\$60,000
Scrap Tire Monofill & Monocells	\$5,000	\$12,500	\$30,000	\$60,000
Incinerators	\$2,500	\$6,250	\$15,000	\$30,000

COMPOSTING FACILITIES			
AMDWR (in tons)	Fee	AMDWR (in tons)	Fee
12 or less	\$300	151 to 200	\$5,000
13 to 25	\$600	201 to 250	\$6,250
26 to 50	\$1,200	251 to 300	\$7,500
51 to 75	\$1,800	301 to 400	\$10,000
76 to 100	\$2,500	401 to 500	\$12,500
101 to 150	\$3,750	Greater than 500	\$30,000

SCRAP TIRE FACILITIES			
DDIC (in tons)	Class I Scrap Tire Recovery (Has a DDIC > 200 Tons)	Class II Scrap Tire Recovery (Has a DDIC < 200 Tons)	Mobile Scrap Tire Recovery
1 or less			\$100
2 to 25			\$500
26 to 50			\$1,000
51 to 100			\$1,500
101 to 200			\$2,500
201 to 500	\$3,500		
Greater than 500	\$5,500		

SCRAP TIRE STORAGE FACILITIES		SCRAP TIRE COLLECTION	
Size	Fee	Type of Facility	Fee
10,000 ft ² (0.23 acres)		Standard Collection Facility	\$200
½ acre	\$500		
1 acre	\$1,000		
1 ½ acres	\$1,500		
2 acres	\$2,000		
2 ½ acres	\$2,500		
3 acres	\$3,000		
If owned/operated by licensed motor vehicle salvage dealer	\$100	If owned/operated by 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.

Applicant Signature	Date

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

- Application 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.