



E-Document Information  
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County:  
Program: Scrap Tires  
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**SCRAP TIRE FACILITY ANNUAL REPORT**

INSTRUCTIONS: This report must be submitted to Ohio EPA by **January 31, 2018**. Please type or legibly print all required information on all pages of this form. All information shall be completed in accordance with the provisions of Section 3734.74 of the Ohio Revised Code (ORC) and Rule 3745-27-56 of the Ohio Administrative Code (OAC). Please send this original annual report to:

Ohio EPA - DMWM  
P.O. Box 1049  
Columbus, Ohio 43216-1049

**Submit one (1) copy of this report to each of the following:**

- your appropriate solid waste management district (SWMD)
- local approved health department; and
- the appropriate Ohio EPA district office.

Refer to the following websites to determine the address of the appropriate offices:

**Solid Waste Management Districts (SWMD's):**

[http://www.epa.ohio.gov/portals/34/document/general/swmd\\_chair\\_list.pdf](http://www.epa.ohio.gov/portals/34/document/general/swmd_chair_list.pdf)

**Approved county and city health department chart and addresses:**

[http://www.epa.ohio.gov/portals/34/document/facility\\_lists/approved\\_list\\_of\\_hds.pdf](http://www.epa.ohio.gov/portals/34/document/facility_lists/approved_list_of_hds.pdf)

<http://odhlogin.sso.odh.ohio.gov/LHDDirectory/NetMgr/NetMgr.aspx>

**Ohio EPA district offices:**

<http://www.epa.ohio.gov/Directions.aspx>

**SECTION A: Report Information**

Facility annual report for calendar year \_\_\_\_\_

Permit-To-Install (PTI) Number \_\_\_\_\_

**SECTION B: Business Information**

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

### SECTION C: Scrap Tires Received at Facility (Table I)

Enter data in **Table I** (attached) as follows:

**Column 1**, enter the name and address of each trucking company, and if appropriate, their Ohio EPA registration number for each company which delivered scrap tires to your facility.

**Column 2**, enter the Ohio county (or state outside Ohio) where each company's office was located.

**Column 3, 4, or 5**, enter the total quantity of scrap tires (in number count, weight, or volume) delivered by each company during the reporting year from each of the transporters. **DO NOT convert quantity of tires; such as, from numbers to tons, volume to tons, volume to numbers, etc. Report all tire quantities as you track them for your own billings.**

On the last line of Table I, in either **column 3, 4, or 5**, enter the total amount of ALL scrap tires delivered (in number count, weight, or volume) to your facility by the GENERAL PUBLIC. Entries of more than one column per row will be interpreted as partial totals to be added for the cumulative total.

*Note: Table I may be photocopied as needed to list all sources. Please number the additional pages, accordingly. The information in Table I may also be submitted in an alternate form, or by computer printout, providing that all of the required information is submitted.*

Based on the total amount received on Table I, enter below the **estimated** amounts, by percentage, of each tire type received during this reporting year:

Passenger & Light Truck Tires: \_\_\_\_\_ % Semi Truck Tires: \_\_\_\_\_ % Other Tires: \_\_\_\_\_ %

### SECTION D: Total Quantity Shipped-out from Facility (Table II and Table III)

On **Table II** (attached), in **column 2, 3, or 4**, enter the TOTAL amounts (by count, weight or volume) of each category of whole and/or processed scrap tire material which were shipped-out from your facility during the reporting calendar year.

The following is a list of reportable categories and includes the materials shipped-out as:

- 1) Whole scrap tires shipped out for disposal or processing (complete Table III for these tires only);
- 2) Whole scrap tires shipped-out for reuse by used tire dealers, retreaders, etc.;
- 3) Processed scrap tires shipped-out to all civil engineering beneficial use sites;
- 4) Processed scrap tires shipped-out to fuel users;
- 5) Crumb rubber shipments;
- 6) Processed scrap tires which were assembled into finished products at your facility;
- 7) Processed scrap tires shipped-out for further processing by other facilities;
- 8) Processed scrap tires which were shipped-out for disposal at a proper site; and
- 9) Processed scrap tire material (by-product) remaining after manufacturing process at your facility which was then shipped-out for disposed at a proper site.

**SECTION E: Final Closure Information**

1.) Enter any change to the information that identifies the name, address, or telephone number of the facility's final closure contact person:

Contact Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

2.) Estimate of total whole and processed scrap tire storage as of the date of this annual report.

Whole Tires \_\_\_\_\_ number \_\_\_\_\_ tons OR \_\_\_\_\_ volume

Rough Shreds or Tire Pieces, or Manufacturing By-products

\_\_\_\_\_ number \_\_\_\_\_ tons OR \_\_\_\_\_ volume

Tire Derived Chip (TDC) or Tire Derived Fuel (TDF) (two inch or smaller chips)

\_\_\_\_\_ number \_\_\_\_\_ tons OR \_\_\_\_\_ volume

Other tire derived material

Description: \_\_\_\_\_

\_\_\_\_\_ number \_\_\_\_\_ tons OR \_\_\_\_\_ volume

**SECTION F: Certification**

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS REPORT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE PERSONS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION CONTAINED IN THE REPORT, I BELIEVE THAT THE INFORMATION SUBMITTED IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

\_\_\_\_\_  
Owner/Operator Name

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
(date) (month) (year)

\_\_\_\_\_  
Notary Public

**Note:**  
***Only reports containing original signatures will be accepted; facsimiles and/or photocopies of signatures cannot be accepted.***

Facility Name \_\_\_\_\_

**TABLE I**

**Scrap Tire Received at the  
Scrap Tire Facility for Calendar Year \_\_\_\_\_**

<b>Transporter Company Name and Address, where company was based and (if appropriate) their Ohio EPA issued Registration Number</b>	<b>Ohio County or other State where the transporter was based</b>	<b>Total Quantity of Scrap Tires Received (DO NOT enter the same data in two columns)</b>		
		<b>Number of Tires (count)</b>	<b>Weight (tons)</b>	<b>Volume (cubic ft)</b>
_____ - STT _____				
_____ - STT _____				
_____ - STT _____				
_____ - STT _____				
_____ - STT _____				
_____ - STT _____				
_____ - STT _____				
_____ - STT _____				
<b>All Scrap Tires delivered by General Public</b>				

\*\*\*Photocopy this page as needed or submit another equivalent format.

Facility Name \_\_\_\_\_

**TABLE II**  
**Scrap Tires Shipped-Out from**  
**Scrap Tire Facility for Calendar Year \_\_\_\_\_**

CATEGORIES OF WHOLE & PROCESSED SCRAP TIRE MATERIALS	TOTAL QUANTITY OF SCRAP TIRES SHIPPED-OUT FROM SCRAP TIRE FACILITY (DO NOT enter the same data in two columns)		
	Number of Tires (count)	Weight (tons)	Volume (cubic ft)
Whole scrap tires shipped-out for disposal (Complete Table III also)			
Whole scrap tires shipped-out to used tire dealers, tire retreaders, and whole tire beneficial use sites			
Civil Engineering Uses (TDA) & Beneficial Uses			
Fuel Uses (TDF)			
Crumb Rubber			
Assembled Products			
All Processed Scrap Tires Shipped-Out For Further Processing			
Processed Material Shipped out for Scrap Tire Monofill Disposal			
<b>TOTAL AMOUNT</b> (Sum of all of the above items)			

\*\*\*Photocopy this page as needed or submit another equivalent format.

Facility Name \_\_\_\_\_

**TABLE III**

**ONLY Whole Scrap Tires Shipped From the  
Scrap Tire Facility for Calendar Year \_\_\_\_\_**

Transporter Company Name and Address, where company was based and (if appropriate) their Ohio EPA issued Registration Number	Ohio County of other State where transporter was based	Total Quantity of Scrap Tires		
		Number of Tires (count)	Weight (tons)	Volume (cubic ft)
_____ - STT _____				
_____ - STT _____				
_____ - STT _____				
_____ - STT _____				
_____ - STT _____				
_____ - STT _____				
_____ - STT _____				