



# Class II Composting Facility Registration Form

## Application Type

Check One:	<input type="checkbox"/> New	<input type="checkbox"/> Modification of Existing
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## Applicant Information

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

Mailing Address Line 1: \_\_\_\_\_ Mailing Address Line 2 (optional): \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Applicant Type:  Corporation  Government  LCC

## 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: \_\_\_\_\_

## 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: \_\_\_\_\_

Relationship Permission:  Yes  No  Operator is Owner Percent Ownership \_\_\_\_\_

## Composting Method

Is the facility located on a former solid waste landfill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Allowed Maximum Daily Waste Receipt (AMDWR) in tons Select One		
<input type="checkbox"/> <13	<input type="checkbox"/> 13 to 25	<input type="checkbox"/> 26 to 50
<input type="checkbox"/> 51 to 75	<input type="checkbox"/> 76 to 100	<input type="checkbox"/> 101 to 200
<input type="checkbox"/> 201 to 500	<input type="checkbox"/> > 500	
Check all that apply:	<input type="checkbox"/> Windrow	<input type="checkbox"/> In Vessel
<input type="checkbox"/> Other Approved Method	<input type="checkbox"/> Aerated Static Pile	<input type="checkbox"/> Static Pile



Closure Cost Estimate			
Maximum capacity for storage of feedstocks, bulking agents, and additives authorized by rule	yd <sup>3</sup>	If applicable, maximum capacity for storage of alternative materials	yd <sup>3</sup>
Maximum capacity for compost mixtures containing feedstocks, bulking agents, and additives authorized by rule	yd <sup>3</sup>	If applicable, maximum capacity for compost mixtures containing alternative materials	yd <sup>3</sup>
Maximum capacity of materials placement area	yd <sup>3</sup>	Maximum capacity of materials placement area	yd <sup>3</sup>
Closure cost multiplier	\$2.50 per yd <sup>3</sup>	Closure cost multiplier	\$8.00 per yd <sup>3</sup>
Closure cost estimate	\$	Closure cost estimate	\$
Total cost estimate			\$

Note: Financial assurance is not required for estimates of \$3,500 and less. If the closure cost estimate exceeds \$3,500, an executed financial assurance instrument must be submitted with this application.

Plan View Drawings
Plan view drawings must be submitted showing the following items within 500 feet of the proposed facility: 1) all surrounding property lines around the facility; 2) all scrap tire storage and handling areas; 3) all buildings; 4) all access roads to the facility; 5) any berms required by applicable OAC Rules; 6) all regional electric transmission/distribution lines; 7) the distance between each pile of whole and/or processed scrap tires and each building on the proposed facility and within 500 feet of the proposed facility; and 8) the direction of flow and points of concentration of where rain flows off of facility property.

Letter(s) of Intent
Letter(s) of intent to be sent to an individual or organization, such as zoning authority, local government, solid waste management districts, local fire departments, etc. recipients. Letters of intent indicate that the facility plans to establish a composting facility at a specified location within the rules and regulations established by the Ohio EPA.

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments that based on my inquiry of those persons immediately responsible for obtaining the information contained in the registration application, I believe that the information is true accurate and complete.*

Registrant (Print Name)	Signature	Date
Notary Public (Print Name)	Signature	Date