

Class III Composting Facility Registration Form

Application Type

Check One: Initial Registration Amendment

Facility Information

Facility Name

Address

City State Zip Code

Contact Person Phone

County Facility Longitude/Latitude

Health District in which Facility is Located

Registrant Information

Business Name Phone

Mailing Address

City State Zip Code

Contact Person Email

Property Owner Information *(Complete this section if different from Registrant Information)*

Name Phone

Mailing Address

City State Zip Code

Composting Method *(check all that apply)*

- Windrow Aerated Static Pile Static Pile
 In Vessel Other Approved Method

For Office Use Only

Registration Number	Date Received – CO	District Office	Facility ID	Org ID

Registration Checklist	Yes	No
Is the materials placement area less than 135,000 square feet of total area?	<input type="checkbox"/>	<input type="checkbox"/>
Has a plan view drawing included with this registration as required by OAC 3745-560-200(B)(2)?	<input type="checkbox"/>	<input type="checkbox"/>
Have copies of the letters of intent been included with this application as required by OAC 3745-560-200(D)(2)?	<input type="checkbox"/>	<input type="checkbox"/>
Has there ever been a solid waste landfill on the property?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did the registrant obtain authorization under OAC 3745-27-13?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Division of Air Pollution Control been contacted regarding potential permitting requirements?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Division of Surface Water been contacted regarding potential permitting requirements?	<input type="checkbox"/>	<input type="checkbox"/>

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

**Please submit completed registration form to:
Ohio EPA, Division of Materials & Waste Management, P.O. Box 1049, Columbus, OH 43216-1049**

If you have questions, please call the Division of Materials & Waste Management @ (614)644-2921