



Class IV Composting Facility Registration Form

Application Type

Check One:

New

Modification of Existing

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 _____

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