

# Class IV 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

<b>Registration Checklist</b>	<b>Yes</b>	<b>No</b>
Has a plan view drawing included with this registration as required by OAC 3745-560-400(B)(2)?	<input type="checkbox"/>	<input type="checkbox"/>
Have copies of the letters of intent been included with this application as required by OAC 3745-560-400(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)644-2621