

C. **Facility Mailing Address** (If different from physical address):

Name:		
Address:		
City:	State:	Zip:
Phone: ()		

D. **Longitude and Latitude of Facility:**

Longitude:	Latitude:
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E. **Facility Owner(s):** Indicate all person(s) who own the facility itself, if different from the property owner (e.g., lessee). Attach extra sheets if necessary.

Note: If the facility owner is a corporation, list on a separate sheet all individuals or organizations that own more than 10% of the shares of the corporation, and list the percentage of shares held. For each organization so listed, list each person or organization that owns more than 10% of its shares and the percentage held. Continue this process for as many steps as needed, until every organization that holds at least 10% of the shares has been listed. Provide the name, mailing address and phone number for each individual or organization listed.

Name:		
Address:		
City:	State:	Zip:
Phone: ()		

F. **Facility Operator:** Indicate person(s) [corporation or individual] in direct control of operations at the facility.

Name:		
Address:		
City:	State:	Zip:
Phone: ()		

G. **On-Site Facility Manager:** Indicate the individual responsible for daily facility operations

Name:
Title:

H. Emergency Contact: Indicate the individual(s) who should be contacted in the event of an emergency at the facility

Name:
Title:
Phone: ()

I. Property Owner(s): Indicate all person(s) who hold legal title to the property on which the facility is located. Attach extra sheets as needed.

Note: If the property owner is a corporation, list on a separate sheet all individuals or organizations that own more than 10% of the shares of the corporation, and list the percentage of shares held. For each organization so listed, list each person or organization that owns more than 10% of its shares and the percentage held. Continue this process for as many steps as needed until every organization that holds at least 10% of the shares have been listed. Provide the name, mailing address and phone number for each individual or organization listed.

Name:		
Address:		
City:	State:	Zip:
Phone: ()		

II. FACILITY INFORMATION

A. Application Information: (Check all that apply)

<input type="checkbox"/> Annual renewal <input type="checkbox"/> Establishment of a facility that has never before been licensed <input type="checkbox"/> License transfer (<i>prospective licensee submit form SWL-596 and copy of current license holder's letter of intent for transfer</i>)	<input type="checkbox"/> Other, describe:
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If the facility was not licensed in accordance with OAC Chapters 3745-37 or 3745-501 in the previous year due to a proposed denial of the license, indicate the year for which the most recent state license was issued: _____

B. Is the License Applicant:

_____ A Government Entity _____ A Private Entity

C. Facility Type:

Note: Check **only one** of the following. If more than one type of facility is operated at a single business location, a separate application must be filed for each type of facility.

1. Landfill:

	<u>Revenue Source Code: (For Office Use Only)</u>
_____ Municipal Solid Waste Landfill	GRF-SI22-2505
_____ Industrial Solid Waste Landfill (Captive, Non-Captive):	GRF-SI22-2505
_____ Residual Solid Waste Landfill Class (I, II, III, or IV): (Captive, Non-Captive):	GRF-SI22-2505
_____ Scrap Tire Monocell	4R5-SI22-2505
_____ Scrap Tire Monofill	4R5-SI22-2505
_____ Scrap Tire Submergence Facility	4R5-SI22-2505

Note: An industrial solid waste landfill must have been designated in accordance with OAC Rules 3745-27-04(B) and 3745-29-02 and accept only industrial wastes. A residual solid waste landfill must have been designated by the Ohio EPA in accordance with OAC Rule 3745-30-02 and accept only residual wastes.

2. Incinerator:

	<u>Revenue Source Code: (For Office Use Only)</u>
_____ Solid Waste Incinerator	GRF-SI22-2505
_____ Solid Waste/Infectious Waste Incinerator	GRF-SI22-2505

Note: If the facility treats infectious waste only, the facility will need to obtain an infectious waste treatment facility license.

3. Composting Facility:

	<u>Revenue Source Code: (For Office Use Only)</u>
_____ Class I Composting Facility	GRF-SI22-2505
_____ Class II Composting Facility	GRF-SI22-2505

Note: OAC Rule 3745-560-02 specifies the classification of composting facilities. Class I composting facilities may accept solid waste while Class II composting facilities may accept only yard waste and other organic solid waste as approved by the Ohio EPA.

4. Transfer Facility

	<u>Revenue Source Code: (For Office Use Only)</u>
_____ Transfer Facility	GRF-SI22-2505

5. Scrap Tire Facility:

_____ Collection Facility _____ Class I Storage Facility _____ Class II Storage Facility _____ Class I Recovery Facility _____ Class II Recovery Facility _____ Mobile Recovery Facility	<p style="text-align: center;"><u>Revenue Source Code: (For Office Use Only)</u></p> 4R5-SI22-2505-07 4R5-SI22-2505-05 4R5-SI22-2505-05 4R5-SI22-2505-06 4R5-SI22-2505-06 4R5-SI22-2505-06
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D. Authorized Maximum Daily Waste Receipt (AMDWR):

Note: This section applies only to municipal solid waste landfills, industrial solid waste landfills, residual solid waste landfills, composting facilities, scrap tire monocells, scrap tire monofills and scrap tire submergence facilities.

1. Indicate the facility's AMDWR:

_____ Tons/Day _____ Cubic Yards/Day

2. Indicate the document establishing the facility's AMDWR and appropriate date:

_____ Permit to Install (PTI)	Issuance Date: _____
_____ Director's Final Findings and Orders	Issuance Date: _____
_____ Class II Composting Facility Registration	Submittal Date: _____
_____ Other	Issuance Date: _____

If you indicated "Other," briefly explain: _____

Note: The license application will not act as the controlling document.

E. Daily Designed Input Capacity (DDIC):

Note: This section applies only to Class I, Class II and Mobile Scrap Tire Recovery Facilities.

1. Indicate the facility's DDIC:

_____ Tons/Day

2. Indicate the document establishing the facility's DDIC and appropriate date:

_____ Class I Scrap Tire Recovery Facility PTI	Issuance Date: _____
_____ Class II Scrap Tire Recovery Facility Registration	Issuance Date: _____

3. What is the manufacturer's rating of the processing capacity of the facility's machinery (please specify units)?

F. Hours of Operation:

Please indicate the hours during which the facility will be open:
 (OAC 3745-27-09(C), 27-19(E)(2), 27-19(E)(10))

SUN	MON	TUES	WED	THURS	FRI	SAT

G. On an attached sheet, please indicate the following:

1. Number of employees at this facility and brief job descriptions
2. Number and types of major pieces of equipment used at this facility

H. Fees:

License fees for facilities are based on a variety of factors. Fees for landfills, incinerators, composting facilities, transfer facilities, scrap tire monofills, scrap tire monocells and scrap tire submergence facilities are based on the authorized maximum daily waste receipt (AMDWR) of the facility. Transfer stations and scrap tire collection facilities pay a set fee which is not variable. Fees for class I, class II and mobile scrap tire recovery facilities are based on the daily designed input capacity (DDIC) of the facility. Fees for class I and class II scrap tire storage facilities are calculated based on the total storage area of the facility. If a license application is approved, the owner/operator will receive an invoice for the appropriate fee amount.

Fees are determined according to the following charts:

AMDWR	Landfills	Scrap Tire Monofills, Monocells and Submergence Facilities	Incinerators
100 Tons or Less	\$5,000	\$5,000	\$2,500
101 Tons to 200 Tons	\$12,500	\$12,500	\$6,250
201 Tons to 500 Tons	\$30,000	\$30,000	\$15,000
>500 Tons or No AMDWR	\$60,000	\$60,000	\$30,000

Facility Type	Annual License Fee
Solid Waste Transfer Facility	\$750
Scrap Tire Collection Facility	\$200

Composting Facilities

Composting Facilities AMDWR (In Tons)	Annual License Fee
12 or less	\$300
13 to 25	\$600
26 to 50	\$1,200
51 to 75	\$1,800
76 to 100	\$2,500
101 to 150	\$3,750
151 to 200	\$5,000
201 to 250	\$6,250
251 to 300	\$7,500
301 to 400	\$10,000
401 to 500	\$12,500
501 or more	\$30,000

Scrap Tire Facilities

DDIC (In Tons)	Class I Scrap Tire Recovery Facility (Has a DDIC > 200 Tons)	Class II Scrap Tire Recovery Facility (Has a DDIC < 200 Tons)	Mobile Scrap Tire Recovery Facility
1 or Less	N/A	\$100	\$100
2 to 25	N/A	\$500	\$500
26 to 50	N/A	\$1,000	\$1,000
51 to 100	N/A	\$1,500	\$1,500
101 to 200	N/A	\$2,500	\$2,500
201 to 500	\$3,500	N/A	\$3,500
501 or more	\$5,500	N/A	\$5,500

Storage Acreage	Class I Scrap Tire Storage Facility	Class II Scrap Tire Storage Facility
10,000 ft ² (.23 Acres)	N/A	\$230
1/2 Acre	\$500	N/A
1 Acre	\$1,000	N/A
1 1/2 Acres	\$1,500	N/A
2 Acres	\$2,000	N/A
2 1/2 Acres	\$2,500	N/A
3 Acres	\$3,000	N/A

III. CERTIFICATION

The applicant, in filing this application, agrees to ensure that the above-named facility is operated in substantial compliance with Ohio's laws as provided in ORC Chapter 3734. and OAC Chapters 3745-27, 3745-28, 3745-29, 3745-30, 3745-31, 3745-37, 3745-501, and 3745-560.

By applying for and accepting a license, the licensee specifically consents in advance and agrees to allow the Director, the Health District, or an authorized representative of the Director or Health District, to enter upon the licensee's premises at any reasonable time during the construction and/or operation of the facility for the purpose of making inspections, conducting tests, collecting samples, or examining records or reports pertaining to construction, modification, installation, or operation of the facility. The licensee hereby acknowledges and agrees that any and all rights of access granted herein shall not be deemed to be unreasonable or unlawful under ORC Section 3734.07.

Failure to answer any portion of this application will constitute an incomplete submittal. Pursuant to OAC Rules 3745-37-02(A) or 3745-501-20(A), an incomplete license application shall not be considered. Within thirty (30) days of receipt of an incomplete application, the applicant shall be notified of the nature of the deficiency and refusal by the Board of Health or the Director of Ohio EPA to consider it.

Please be advised that pursuant to ORC Section 3734.09, the Board of Health and/or the Director of Ohio EPA may suspend, revoke, or deny a license for violation of the Revised Code or any rules adopted thereunder.

Signature of Applicant

Printed or Typed Name of Applicant (per OAC Rules 3745-37-02 or 3745-501-10 must be **owner** or **operator** of facility)

Title

Date

___ Fee Enclosed (\$100.00, non-refundable)

Note: Fee is not applicable to a scrap tire collection or storage facility which is owned or operated by a motor vehicle salvage dealer licensed under Chapter 3748. of the Ohio Revised Code.

APPROVED HEALTH DEPARTMENT USE ONLY

Health Department: _____

Name of Facility: _____

Compliance Review: Does the applicant meet the requirements of OAC Rules 3745-37-03 or 3745-501-15, or in the case of a license transfer, OAC Rules 3745-37-06 or 3745-501-35? __ Yes __ No

Date License Issued: _____

License Number: _____

Or Date of Proposed License Denial: _____

Reason(s) for denial (To be completed for all denial recommendations):

Please state the specific reason for recommending denial, including the Chapters and Sections of the Ohio Revised Code and/or the rules of the Ohio Administrative Code with which the applicant is not in compliance. The reasons stated herein should be quoted in any denial sent to the applicant. (Use back of sheet if necessary).

Date(s) of inspections certifying substantial compliance, pursuant to ORC Section 3734.07(A):

CERTIFICATION STATEMENT:

This is to certify the facility named above has been inspected and licensed in accordance with the requirements of ORC Chapter 3734. and OAC Chapters 3745-37 or 3745-501.

By: _____
Health Commissioner

Date: _____

Please submit a copy of this completed application and the inspection notice(s) to the Ohio EPA Central Office within 30 days after issuance or denial of the license, in accordance with ORC Section 3734.07.

If a payment accompanies this form please mail to:

Ohio EPA
Dept. L-2711
Columbus, Ohio 43260-2711

If no payment accompanies this form please mail to:

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