



SCRAP TIRE MONOFILL OR MONOCELL FACILITY ANNUAL REPORT

INSTRUCTIONS: Please type or legibly print all required information on all pages of this form. All information shall be completed in accordance with the provisions of Sections 3734.72 of the Ohio Revised Code (ORC) and Rule 3745-27-75 of the Ohio Administrative Code (OAC). Send this original annual report to:

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

Also, submit one (1) copy of this report to each of the following: your solid waste management district, local approved health department; and your appropriate Ohio EPA district office. Refer to the following websites to determine the address of the appropriate offices:

Solid Waste Management Districts (SWMD's):

http://www.epa.ohio.gov/portals/34/document/general/swmd_chair_list.pdf

Approved county and city health department chart and addresses:

http://www.epa.ohio.gov/portals/34/document/facility_lists/approved_list_of_hds.pdf

https://odhlogin.sso.odh.ohio.gov/LHDDirectory/NetMgr/NetMgr.aspx

Ohio EPA district offices:

http://www.epa.ohio.gov/Directions.aspx

SECTION A: Report Information

Monofill or monocell facility annual report for calendar year _____
Permit-To-Install (PTI) Number _____

SECTION B: Business Information

Name of Business: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Contact Name: _____ Title: _____
Telephone: (____) _____ FAX: () _____

SECTION C: Preparer Information (include address only if different from Section B)

Preparer's Name: _____
Street Address: _____
City: _____ State : _____ Zip Code: _____
Telephone: () _____ FAX: () _____

SECTION D: Total Quantity of Scrap Tires Received from all Deliveries (Table I)

1) On **Table I** (attached), in the first Column, enter the name, office address, and (if appropriate) the Ohio EPA scrap tire transporter registration number, for all deliveries made to at your monofill or monocell facility during the calendar year by trucking companies. In the second column, enter the county of origin where each Ohio EPA registered scrap tire transporter or trucking company was based. Enter, in columns 3, 4 or 5, the total quantity (in number count, weight, or volume) of all scrap tires received during the calendar year from each of the above companies. For all scrap tires delivered by the GENERAL PUBLIC, in the last row of Table I, enter in columns 3, 4 or 5, the total quantity (in number count, weight, or volume) the amount of all scrap tires received during the calendar year. (Entries in more than one of the three last columns will be interpreted as cumulative totals.)

Note: Table I may be photocopied as needed to list all sources. Please number the additional pages accordingly. The information in Table I may also be submitted in an alternate form, or by computer printout, providing that all of the required information is submitted.

2) Based on the annual total above, enter the estimate amounts of each tire category type below, by percentage, of **ALL** scrap tires received at the monofill or monocell during this reporting year:

Passenger & Light Truck Tires: _____% Semi Truck Tires: _____%

Processed Tires (tire type unknown) _____% Other Tires: _____%

SECTION E: Total Quantity of Scrap Tires Disposed at or Transferred from Monofill/Monocell Facility (Table II)

On Table II (attached) row 1 , columns 3, 4, or 5, enter the amount of scrap tires which were disposed at your facility during the calendar year. On Table II (attached) row 2 , columns 3, 4, or 5, enter the amount of scrap tires which were then transferred to other facilities for any reason, if any , during the reporting year.
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SECTION F: Certification

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS REPORT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE PERSONS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION CONTAINED IN THE REPORT, I BELIEVE THAT THE INFORMATION SUBMITTED IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

Owner/Operator Name (print or type)

Official Title

Signature

Date

Sworn to and subscribed to before me on this _____ day of _____, _____.
(date) (month) (year)

Notary Public

Note:

Only reports containing original signatures will be accepted; facsimiles and/or photocopies of signatures cannot be accepted.

TABLE I

SECTION E: Scrap Tire Received at Facility for Calendar Year _____

NAME AND ADDRESS WHERE TRUCKING COMPANY WAS BASED (if appropriate, enter their Ohio EPA Scrap Tire Transporter registration number)	OHIO COUNTY OR OTHER STATE WHERE COMPANY WAS BASED	TOTAL QUANTITY OF SCRAP TIRES RECEIVED		
		Number Of Tires (count)	Weight (tons)	Volume (cubic feet)
_____ STT- _____				
_____ STT- _____				
_____ STT- _____				
_____ STT- _____				
_____ STT- _____				
ALL DELIVERIES RECEIVED FROM THE GENERAL PUBLIC	N/A			

***Photo copy this page as needed or submit another equivalent format.

TABLE II

**SECTION E: Scrap Tires Transferred from Scrap Tire
Monofill or Monocell Facility for Calendar Year**

CATEGORIES WHERE ALL SCRAP TIRES, RECEIVED AT MONOFILL OR MONOCELL, WENT (DISPOSAL/NON-DISPOSAL)	TOTAL QUANTITY OF SCRAP TIRES DISPOSED OR TRANSFERRED FROM SCRAP TIRE MONOFILL/ MONOCELL		
	Number of Tires (count)	Weight (tons)	Volume (cubic feet)
SCRAP TIRE MATERIAL DISPOSED AT MONOCELL OR MONOFILL			
ALL SCRAP TIRES TRANSFERRED TO OTHER FACILITIES FOR PROCESSING, MANUFACTURING, OR ASSEMBLY AT OTHER LOCATIONS (NOT FOR DISPOSAL)			