



**DIVISION OF SOLID AND INFECTIOUS
WASTE MANAGEMENT**

Transfer Facility

The information requested by this attachment is not required by rule; however it is useful to permit reviewers and the general public.

Multimedia Information, check all that apply:

Division of Surface Water

Current NPDES Permit

Permit Number _____

Date Issued _____

Leachate discharge to public sewer	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
On-Site Leachate Treatment	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
On-site Sanitary Treatment	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
Waste Solidification	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
Holding Tank	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
Stream Relocation	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Spillway Relocation	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
New Outfall	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Headwater Removal	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
401 Certification					
Required	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Submitted	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____
Issued	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____
404 Permit					
Required	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Submitted	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____
Issued	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____
Isolated Wetland Permit					
Required	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Submitted	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____
Issued	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____

Initial

Revised _____ date

Division of Air Pollution Control

Current DAPC Permit

Permit Number _____

Date Issued _____

New/Revised DAPC permit application

Required

Yes

Submitted

Yes

Date _____

Issued

Yes

Date _____

Flare

Current

Proposed

Dust Suppressant Used _____

Other Permits

Permit	Local, State, or Federal Office	Date Applied for

Other Licenses

License	Local, State, or Federal Office	Date Applied for

Other Plan Approvals

Plan	Local, State, or Federal Office	Date Applied for

Other Authorizations

Authorization	Local, State, or Federal Office	Date Applied for

Initial

Revised _____ date

Additional Information

1. Please indicate the reason for this application (check all that apply).

New Facility

Expansion or substantial deviation of waste handling area

Call-In, ORC 3734.05(A)(5)

2. Please state the anticipated date and the location of the applicants meeting required by Ohio Revised Code 3734.05.

Location:

Anticipated Date:

Applicant’s Meeting: Requirements and Ohio EPA Recommendations

The applicant is required to hold a public meeting no later than 45 days after submitting certain applications. See ORC 3734.05(A)(2)(d) for public meeting requirements.

At least 30 days before the public meeting, the applicant must publish notice of the meeting in all newspapers of general circulation published in the county. For information on newspapers of general circulation, contact Ohio EPA’s Public Interest Center at (614) 644-2160.

The Agency recommends that the applicant contact each newspaper to ensure the legal notice is published in all newspapers in time to comply with the required deadlines.

No later than 5 days after the notice is published, the applicant must send a copy of the notice(s), with the date(s) published, by certified mail to the director of Ohio EPA.

The notice must also be sent by certified mail to the legislative authority and the chief executive officer of each municipal corporation, and the legislative authority of each township and each county in which the facility is or is proposed to be located.

No later than 30 days after the public meeting, the applicant must provide the director of Ohio EPA with a copy of the full meeting transcript; copies of any exhibits, displays or other materials presented at the meeting; and the original copy of any written comments submitted at the meeting.

The meeting shall include:

- * description of the permit application process by an Ohio EPA employee,
- * outline of the proposal in the permit application by the applicant,
- * response by the applicant to comments and questions raised during the meeting,
- * an opportunity for citizens to submit written or oral comments regarding the application.

In addition, the Agency recommends that the applicant:

- * arrange for any necessary audio/visual equipment,
- * provide DSIWM’s fact sheet regarding the permit to install process,
- * prepare and provide fact sheets about the facility,
- * provide registration sheets for a record of attendance and mailing list,
- * establish an information repository in a library near the facility.

Applicants are responsible for all costs of their public meeting except for Ohio EPA personnel costs.

Initial

Revised _____ date

Section III – Additional Information

Attachment A2

3. Please state which agency is the licensing authority (Ohio EPA or local health department, if approved).

Licensing Authority: _____

4. Please state the distance from the waste handling area to the nearest domicile that is not owned by the applicant.

_____ Distance Owner of domicile: _____

5. Please list all variances and exemptions requested in the permit application:

Variance/Exemption: _____

Variance/Exemption: _____

Variance/Exemption: _____

Variance/Exemption: _____

6. Please list all alternatives, where allowed by rule, requested in the permit application:

Alternative: _____

Alternative: _____

Alternative: _____

Alternative: _____

7. Please state the acreage of the property where the facility will be located, and how much of this property is owned, leased, and not currently owned or leased, by the applicant.

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Total Facility Area (acres)

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Total Area Owned (acres)

--

Total Area Leased (acres)

--

Total Other (acres) Explain: _____

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Revised _____
date

Section III – Additional Information

Attachment A2

8. Please state the size of the waste handling area, if applicable, what was previously approved and what is proposed as part of this application.

Total Waste Handling Area (square feet)

Area Previously Approved (square feet)

New Area Added (or Subtracted) by this Permit (square feet)

9. Please state the expected daily waste receipt.

Anticipated Daily Waste Receipt (cubic yards)

Current Daily Waste Receipt (cubic yards), if any

10. Please state the type(s) of waste to be received by the facility.

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date

Closure Cost Estimate.

Total Closure Cost Estimate

CY = Cubic Yards GAL = Gallons LS = Lump Sum

	Item Description	Quantity	Unit Cost	Item Cost
a	Removal and Disposal of Waste (CY)		\$	\$
b	Removal and Disposal of Leachate (GAL)		\$	\$
c	Other Closure Activities (LS) <small>e.g. washing, posting signs, vector control, closure certification report</small>			\$
d			\$	\$
<i>Total</i>				\$

Initial

Revised _____ date