

# License Application for Construction & Demolition Debris Facilities

For new and renewal licenses as well as license transfers.

## General Information

- The facility operator (person or organization) has oversight and control of facility operations.
- The site manager is the person directly responsible for the day-to-day site operations.
- The site manager is the person that will be contacted by the licensing authority in case of emergencies.
- The valid operator types are: Corporation, Government, LLC, Individual, Partnership and Sole Proprietorship.
- There are three types of applications for most facilities: New, Renewal or Transfer.

## General Instructions

- Please complete all required fields in the application, otherwise the application review cannot be completed and the application will not be accepted.
- The applicant for a facility license must be either the facility owner or operator and may be either a person or an organization.
- Complete the Facility Information section with the details that represent the most recent license application submitted to the Ohio EPA for the facility.
- If applying for a license transfer, a copy of the transfer agreement must be provided with the application.
- Information for both facility operator and site manager must be supplied or the application will not be accepted.
- If the property owner is a corporation, list all persons or organizations that own more than 10% of the shares of the corporation.
- Enter the Authorized Maximum Daily Waste Receipt (AMDWR) limit and attach the official documents that established the limit, as applicable.
- Enter the Disposal Fee Contact Information, as applicable. The facility type chosen for a license application is covered under one or more waste disposal fee requirements of the Ohio Revised Code. Provide information where to direct disposal fee related correspondences.

## C&DD Landfill Specific Instructions

- The Construction and Demolition Debris Landfill facility application has the following additional types: Horizontal Expansion, Vertical Expansion, ALDA Expansion, Design Change, Operation Change and Other.
- Construction and Demolition Debris Landfill applications also require [Tabs 1 through 13](#) to be completed.



## Annual Operating License Application for Construction & Demolition Debris Facility

### Application Type

*Initial applications must be submitted at least 90 days prior to the anticipated date for accepting debris at the facility.  
Renewal applications must be submitted by September 30.*

**Check One:**     Initial                      Anticipated Date for Accepting Debris: \_\_\_\_/\_\_\_\_/\_\_\_\_  
                    Renewal

**Check specific modifications, if applicable:**     ALDA Extension             Vertical Expansion             Horizontal Expansion  
 Design Change     Operational Change     Other, please specify: \_\_\_\_\_

### Applicant Information

*This must be the Property Owner or Facility Operator*

**Applicant Type:**             Property Owner                       Facility Operator                       Both Property Owner / Facility Operator

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Facility Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Latitude: \_\_\_\_° \_\_\_\_' \_\_\_\_\_ Longitude: \_\_\_\_° \_\_\_\_' \_\_\_\_\_

Local Health Department: \_\_\_\_\_

Note: If you do not know your local health department you can look it up on line at [www.odh.ohio.gov](http://www.odh.ohio.gov) and then select **Local Health Dept.** Alternately, you may also call the Ohio Department of Health at 614-466-3543.

### Operator Information

*If different from the property owner*

**Operator Type:**     Corporation     Government     LLC     Individual     Partnership     Sole Proprietorship

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_



### Site Manager Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
*(Day-to-Day Operations and Emergency Contact)*

Email: \_\_\_\_\_

### Property Owner Information

*If the property owner is a corporation, list all persons or organizations that own more than 10 percent of the shares of the corporation.*

**Owner Type:**     Corporation     Government     LLC     Individual     Partnership     Sole Proprietorship

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Percent Ownership: \_\_\_\_\_ %

**All Property Owners must be included on this application and total 100%. Please make additional entries for each Property Owner where the facility is located.**

### Disposal Fee Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_



### Financial Assurance

The owner or operator of a construction and demolition debris facility shall establish and maintain financial assurance for closure and post-closure care. All financial assurance documentation shall be submitted to the Director of Ohio EPA– Division of Materials and Waste Management (DMWM). For renewal licenses, ensure financial assurance is maintained and on file with Ohio EPA – DMWM. Proof that financial assurance is maintained may be shown by submitting a receipt for payment of maintaining the financial assurance from the financial institution(s) providing the financial assurance with your renewal application.

The financial assurance instrument(s) must be in the name of the business as stated above on this application.

The license cannot be issued unless the financial assurance has been established and maintained for closure and post-closure care, and documentation of the financial assurance has been submitted in accordance with OAC Chapter 3745.

### Environmental Covenant (EC)

**New EC:** If the owner/operator intends to rely on an EC with regard to the calculation of the cost estimate for financial assurance, please include the draft EC with this application.

**Existing EC:** If the owner/operator has an EC that has been recorded, and if there are any issues of noncompliance with the terms and conditions of the EC, please provide a list of those items.

- Indicate when the EC was recorded.
- If revision is needed, submit the revision with the license application.

### Tabs

Tabs 1 through 13 must be completed and accompany a printed copy of the C&DD application.

### Air Pollution and Surface Water Permitting Information

#### Air Pollution Permit Status

Approved       Not Submitted       Pending

#### Surface Water Permit Status

Approved       Not Submitted       Pending



### Certification

The owner or operator signing a document in accordance with this rule shall be one of the following:

1. In the case of a corporation, a principal executive officer of at least the level of vice president or a duly authorized representative, if such representative is responsible for the overall operation of the facility.
2. In the case of a partnership, a general partner.
3. In the case of a limited liability company, a manager, member, or other duly authorized representative of the limited liability company, if such representative is responsible for the overall operation of the facility.
4. In the case of sole proprietorship, the owner.
5. In the case of a municipal, state, federal, or other government facility, the principal executive officer, the ranking elected official or other duly authorized employee.

The signature on a license application shall constitute personal affirmation that all statements or assertions of fact made in the application are true and complete, comply fully with applicable state requirements, and shall subject the signatory to liability under applicable state laws concerning the submittal of false or misleading statements.

The signature shall constitute an agreement that the undersigned shall assume responsibility for compliance with Chapter 3714 of the Revised Code and Chapters 3745-400 and 3745-37 of the Administrative Code.

_____ Title	_____ Signature of Applicant	_____ Date
_____ Printed Name		

### Submission Instructions

The location of the facility will determine where the payment and completed application is mailed. If the facility is in an:

- **Approved Health District**, mail the completed application and tabs to the appropriate health department. If you do not know whether your facility is located in an Approved or Unapproved Health District, please reference the following link: [http://epa.ohio.gov/portals/34/document/facility\\_lists/approved\\_list\\_of\\_hds.pdf](http://epa.ohio.gov/portals/34/document/facility_lists/approved_list_of_hds.pdf)
- **Unapproved Health District**, mail the completed application and tabs to the Ohio EPA - DMWM, P.O. Box 1049, Columbus, Ohio 43216-1049.