

CDD Monthly Disposal and Fee Return

For use by licensed CDD or MSW Landfills
Required by ORC 3714.07 and 3714.073

EPA/HD Use Only				
Postmark:				
Check ID:				
Revenue #:				
Check #:				
Rev Type:	CDEPA,CDDNR			

and waste man	agement	_	Rev Type: CDEPA,CDDNR		
Facility Type:	□CDD □MSW				
Facility Name	:		Month:		
Facility Core I	D:		Year:		
A. Disposal	of construction & demolition de	bris by CUBIC YARDS			
Volume	OEPA/Health District Fee	Recycling/SWC Fee	Total Per Cubic Yard Fee		
	X \$0.30/yd ³ \$	X \$0.50/yd ³ \$	\$		
B. Disposal o	of construction & demolition de	bris by TONS			
Weight	OEPA/Health District Fee	Recycling/SWC Fee	Total Per Ton Fee		
	X \$0.60/tn \$	X \$1.00/tn \$	\$		
C. Total dispo	osal fees				
	Total OEPA/Health Dist Fee	Total Recycling/SWC Fee	Total Disposal Fee		
	\$	\$	\$		
I hereby certify	that this statement is true and correct	ot.			
			res monthly return and fee submission to be mailed not ifter the last day of the month for which the fees were		
Authorized Signature		•	generated. Submissions are subject to a 10% penalty for each 30 days o portion thereof that fees are late.		
		Use excel	form version to enter date that auto-checks box.		
Printed Name & Title		Return & Paymer			
Contact Telephone and Email Address		Late Penalty:	Date Mailed (postmark date MM/DD/YYYY): Late Penalty:		
Subscribed and	d sworn before me this	Total Fee Ro	emittance \$		
day of, 20		Total Tee Ki	- Thirttance		
Noton, Dublic		-			

Submit this form and full payment to the issuer of the license for this facility.

If License Issued by Local Health District		<u>OR</u>	If License Issued by Ohio EPA		
Health District:			Pay Online or Check Payable To:Treasurer, State of Ohio		
			Mail Check To: Ohio EPA		
Check Payable To:	Your Local Health District		Department L-2711		
Mail Check To:	Your Local Health District		Columbus, OH 43260-2711		

If license issued by Ohio EPA, please file your return online using Ohio EPA's eBusiness Center.

^{*} For help submitting this form, please call DMWM at 614-644-2621. Excel form version auto-calculates monetary amounts.



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Rev Type:	CDEPA,CDDNR			

and Waste Man	agement						Rev Type:	CDEPA,CDDNR
Facility Type:	☑ CDD □	MSW						
Facility Name:	John's C	ⅅ					Month:	May
Facility Core II	D:						Year:	2016
A. Disposal o	of construction 8	k demolition	debris by CUE	BIC Y	ARDS			
Volume	OEPA/Health	District Fee	Recyclir	ng/SW	C Fee	To	otal Per Cubic Yard Fee	
1.000	X \$0.30/yd ³	\$ 0.3	X \$0.50/yd ³	\$	0.50	\$		0.80
B. Disposal o	f construction &	demolition	debris by TON	S				
Weight	Weight OEPA/Health District Fee Recycling/SWC Fee			Total Per T	on Fee			
1.000	X \$0.60/tn	\$ 0.6	X \$1.00/tn	\$	1.00	\$		1.60
C. Total disposal fees								
	Total OEPA/He	ealth Dist Fee	Total Recy	cling/S	ng/SWC Fee Total Disposal Fee			sal Fee
	\$	0.9	90 \$		1.50	\$		2.40
I hereby certify	that this statement	is true and cor	rect.	OBC	2714 07 roqui	roc monthly rotu	urn and foo subm	ission to be mailed not
				later	than 30 days a	after the last day	of the month for	which the fees were
Authorized Signature					generated. Submissions are subject to a 10% penalty for each 30 days or portion thereof that fees are late.			
John Doe, Owner Operator					Use excel form version to enter date that auto-checks box.			
Printed Name & Title XXX-XXX-XXXX John.Doe@email.com					Return & Payment On Time? Yes No Date Mailed (postmark date MM/DD/YYYY): 7/1/16			
Contact Telephone and Email Address			<u>—</u>	ll .	Late Penalty: \$0.24			
Subscribed and sworn before me this day of, 20			otal Fee Ro	emittance	\$	2.64		
day of	, 20							
Notary Public			<u> </u>					
Subm	it this form a	nd full pa	yment to th	e is	suer of	the licen	se for thi	is facility.
If License Issued by Local Health District		<u>OR</u>			ued by Ohi			
Health District:					Online or C Check To:	•	e To:Treasur	er, State of Ohio

If license issued by Ohio EPA, please file your return online using Ohio EPA's eBusiness Center.

Department L-2711

Columbus, OH 43260-2711

Your Local Health District

Your Local Health District

Check Payable To:

Mail Check To:

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