



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

Facility Type: CDD MSW

Facility Name:	Month:
Facility Core ID:	Year:

A. Disposal of construction & demolition debris 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 of construction & demolition debris by TONS

Weight	OEPA/Health District Fee	Recycling/SWC Fee	Total Per Ton Fee
	X \$0.60/tn \$	X \$1.00/tn \$	\$

C. Total disposal fees

	Total OEPA/Health Dist Fee	Total Recycling/SWC Fee	Total Disposal Fee
	\$	\$	\$

I hereby certify that this statement is true and correct.

Authorized Signature

Printed Name & Title

Contact Telephone and Email Address

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

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

If License Issued by Local Health District	
Health District:	_____
Check Payable To:	Your Local Health District
Mail Check To:	Your Local Health District

OR

If License Issued by Ohio EPA	
Pay Online or Check Payable To: Treasurer, State of Ohio	
Mail Check To: Ohio EPA	
Department L-2711	
Columbus, OH 43260-2711	

<small>ORC 3714.07 requires monthly return and fee submission to be mailed not later than 30 days after the last day of the month for which the fees were generated. Submissions are subject to a 10% penalty for each 30 days or portion thereof that fees are late.</small>	
<small>Use excel form version to enter date that auto-checks box.</small>	
Return & Payment On Time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Mailed (postmark date MM/DD/YYYY):	_____
Late Penalty:	_____
Total Fee Remittance	\$ _____

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

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



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Postmark:	_____
Check ID:	_____
Revenue #:	_____
Check #:	_____
Rev Type:	CDEPA,CDDNR

Facility Type: <input checked="" type="checkbox"/> CDD <input type="checkbox"/> MSW	
Facility Name: John's C&DD	Month: May
Facility Core ID:	Year: 2016

A. Disposal of construction & demolition debris by CUBIC YARDS					
Volume	OEPA/Health District Fee		Recycling/SWC Fee		Total Per Cubic Yard Fee
1.000	X \$0.30/yd ³	\$ 0.30	X \$0.50/yd ³	\$ 0.50	\$ 0.80

B. Disposal of construction & demolition debris by TONS					
Weight	OEPA/Health District Fee		Recycling/SWC Fee		Total Per Ton Fee
1.000	X \$0.60/tn	\$ 0.60	X \$1.00/tn	\$ 1.00	\$ 1.60

C. Total disposal fees			
	Total OEPA/Health Dist Fee	Total Recycling/SWC Fee	Total Disposal Fee
	\$ 0.90	\$ 1.50	\$ 2.40

I hereby certify that this statement is true and correct.

_____ Authorized Signature
John Doe, Owner Operator
_____ Printed Name & Title
XXX-XXX-XXXX John.Doe@email.com
_____ Contact Telephone and Email Address

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

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

If License Issued by Local Health District
Health District: _____
Check Payable To: Your Local Health District
Mail Check To: Your Local Health District

OR

If License Issued by Ohio EPA
Pay Online or Check Payable To: Treasurer, State of Ohio
Mail Check To: Ohio EPA
Department L-2711
Columbus, OH 43260-2711

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<small>Use excel form version to enter date that auto-checks box.</small>	
Return & Payment On Time?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date Mailed (postmark date MM/DD/YYYY):	7/1/16
Late Penalty:	\$0.24
Total Fee Remittance	\$ 2.64

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