Health District to Ohio EPA CDD Monthly Disposal and Fee Return Transmittal
Required by ORC 3714.07 and 3714.073

Ohio Environmental Protection Agency
Division of Materials and Waste Management

Health District: _____

Reporting Year: _____

Reporting Month: _____

Reporting Quarter: _____

Please list each month separately for facilities that report quarterly.

Month	Facility Type and Name	Core ID	Weight/Volume	Ohio EPA	Recycling/SWC	Row Total
	☐ CDD		tn	x $0.06 = $	x $1.00 = $	$
	☐ MSW		yd^3	x $0.03 = $	x $0.50 = $	$
	☐ CDD		tn	x $0.06 = $	x $1.00 = $	$
	☐ MSW		yd^3	x $0.03 = $	x $0.50 = $	$
	☐ CDD		tn	x $0.06 = $	x $1.00 = $	$
	☐ MSW		yd^3	x $0.03 = $	x $0.50 = $	$
	☐ CDD		tn	x $0.06 = $	x $1.00 = $	$
	☐ MSW		yd^3	x $0.03 = $	x $0.50 = $	$
	☐ CDD		tn	x $0.06 = $	x $1.00 = $	$
	☐ MSW		yd^3	x $0.03 = $	x $0.50 = $	$
	☐ CDD		tn	x $0.06 = $	x $1.00 = $	$
	☐ MSW		yd^3	x $0.03 = $	x $0.50 = $	$
	☐ CDD		tn	x $0.06 = $	x $1.00 = $	$
	☐ MSW		yd^3	x $0.03 = $	x $0.50 = $	$
	☐ CDD		tn	x $0.06 = $	x $1.00 = $	$
	☐ MSW		yd^3	x $0.03 = $	x $0.50 = $	$
	☐ CDD		tn	x $0.06 = $	x $1.00 = $	$
	☐ MSW		yd^3	x $0.03 = $	x $0.50 = $	$
	☐ CDD		tn	x $0.06 = $	x $1.00 = $	$
	☐ MSW		yd^3	x $0.03 = $	x $0.50 = $	$
	☐ CDD		tn	x $0.06 = $	x $1.00 = $	$
	☐ MSW		yd^3	x $0.03 = $	x $0.50 = $	$

I hereby certify that this statement is true and correct.

_____
Authorized Signature

_____
Printed Name & Title

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

_____
Notary Public

Total Ohio EPA Fee $ _____

Total Recycling/SWC Fee $ _____

Total Fee Remittance   **$** _____

Payment for total remittance must accompany this return.

Check Payable To: Treasurer, State of Ohio
Mail Check To: Ohio EPA
          Department L-2711
          Columbus, OH 43260-2711

* For help submitting this form, please call DMWM at 614-644-2621. Excel form version auto-calculates monetary amounts. Submit monthly disposal return online to: automatically generate an Ohio EPA invoice for payment, avoid form notary requirement, access faster online payment options, and avoid possible late payment.

Revision Effective April 2016

Health District to Ohio EPA CDD Monthly Disposal and Fee Return Transmittal

Required by ORC 3714.07 and 3714.073

Ohio Environmental Protection Agency
Division of Materials and Waste Management

Health District:	Health Department 1	
Reporting Year:	2016	
Reporting Month:	April	
Reporting Quarter:		

Please list each month separately for facilities that report quarterly.

Month	Facility Type and Name		Core ID	Weight/Volume		Ohio EPA			Recycling/SWC			Row Total	
May	☑ CDD	John's C&DD	542456	1.000	tn	x $0.06 =	$	0.06	x $1.00 =	$	1.00	$	1.06
	☐ MSW				yd³	x $0.03 =	$	-	x $0.50 =	$	-	$	-
May	☐ CDD	Janes' MSW	652351		tn	x $0.06 =	$	-	x $1.00 =	$	-	$	-
	☑ MSW			1.000	yd³	x $0.03 =	$	0.03	x $0.50 =	$	0.50	$	0.53
May	☐ CDD	Wilson's MSW	895661	1.000	tn	x $0.06 =	$	0.06	x $1.00 =	$	1.00	$	1.06
	☑ MSW			1.000	yd³	x $0.03 =	$	0.03	x $0.50 =	$	0.50	$	0.53
	☐ CDD				tn	x $0.06 =	$	-	x $1.00 =	$	-	$	-
	☐ MSW				yd³	x $0.03 =	$	-	x $0.50 =	$	-	$	-
	☐ CDD				tn	x $0.06 =	$	-	x $1.00 =	$	-	$	-
	☐ MSW				yd³	x $0.03 =	$	-	x $0.50 =	$	-	$	-
	☐ CDD				tn	x $0.06 =	$	-	x $1.00 =	$	-	$	-
	☐ MSW				yd³	x $0.03 =	$	-	x $0.50 =	$	-	$	-
	☐ CDD				tn	x $0.06 =	$	-	x $1.00 =	$	-	$	-
	☐ MSW				yd³	x $0.03 =	$	-	x $0.50 =	$	-	$	-
	☐ CDD				tn	x $0.06 =	$	-	x $1.00 =	$	-	$	-
	☐ MSW				yd³	x $0.03 =	$	-	x $0.50 =	$	-	$	-
	☐ CDD				tn	x $0.06 =	$	-	x $1.00 =	$	-	$	-
	☐ MSW				yd³	x $0.03 =	$	-	x $0.50 =	$	-	$	-
	☐ CDD				tn	x $0.06 =	$	-	x $1.00 =	$	-	$	-
	☐ MSW				yd³	x $0.03 =	$	-	x $0.50 =	$	-	$	-

I hereby certify that this statement is true and correct.

_____
Authorized Signature

_____
Printed Name & Title

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

_____
Notary Public

Total Ohio EPA Fee	$ 0.18
Total Recycling/SWC Fee	$ 3.00
Total Fee Remittance	**$ 3.18**

Payment for total remittance must accompany this return.

Check Payable To: Treasurer, State of Ohio
Mail Check To: Ohio EPA
Department L-2711
Columbus, OH 43260-2711

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