



**DIVISION OF MATERIALS AND WASTE MANAGEMENT
Infectious Waste Treatment 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	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Submitted	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____
Issued	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____

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

Change in waste handling

Increase in treatment capacity

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

Licensing Authority: _____

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

_____ Distance Owner of domicile: _____

4. 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.

Total Facility Area (acres)

Total Area Owned (acres)

Total Area Leased (acres)

Total Other (acres) Explain: _____

5. Please state the change in the waste handling (type of waste, change in the treatment technology, etc.), what was previously approved and what is proposed as part of this application.

6. Please state the nature of the increase in treatment capacity.

7. Please state the expected daily waste receipt.

Anticipated Daily Waste Receipt

Current Daily Waste Receipt, if any

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

Initial

Revised _____

date