



## Composting Facility New Registration and Modification Application

<input type="checkbox"/> <b>New Registration</b>
<b>Select Facility Classification:</b> <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV
To be assigned by Ohio EPA: Registration Number: _____ - C____R - _____                      Secondary ID: _____

<input type="checkbox"/> <b>Modification (Amendment)</b>
Registration Number: _____ - C____R - _____                      Secondary ID: _____
<input type="checkbox"/> Facility Location/Address <input type="checkbox"/> Change Facility Class to: <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV <input type="checkbox"/> Applicant <input type="checkbox"/> Facility Location/Address <input type="checkbox"/> Operator Information <input type="checkbox"/> Owner Information <input type="checkbox"/> Business Name/Information <input type="checkbox"/> Plan View Drawing <input type="checkbox"/> Property Owner <input type="checkbox"/> Capacity Estimates <input type="checkbox"/> Closure Cost Estimate

<b>Applicant Information</b>
<i>This must be the Facility Owner or Operator</i>
<b>Select Applicant Type:</b> <input type="checkbox"/> Facility Owner <input type="checkbox"/> Facility Operator <input type="checkbox"/> Facility Owner/Operator
Applicant Name: _____                      Applicant Phone Number: _____ Mailing Address: _____ City: _____    State/Province: _____    Country: USA or _____    Zip: _____ Applicant Email: _____ Contact Person: _____                      Contact Phone Number: _____ Contact Email: _____

<b>Facility Location Information</b>
Facility Name: _____                      Phone Number: _____ Location Address: _____ City: _____                      Zip: _____                      County: _____ Latitude: _____ • _____                      Longitude: _____ • _____ Local Health Department: _____
Note: If you do not know your local health department, you can look it up online at <a href="http://www.odh.ohio.gov">www.odh.ohio.gov</a> and then select <b>Local Health Dept.</b> Alternately, you may also call the Ohio Department of Health at 614-466-3543.
Is this facility located on a former solid waste landfill? <input type="checkbox"/> Yes <input type="checkbox"/> No
If <b>Yes</b> , authorization under OAC 3745-27-13 may be required. Please contact your Ohio EPA District Office for further assistance.

### Facility Location Information (Continued)

Composting Method (Check all that apply):

- Windrow       In Vessel       Aerated Static Pile       Static Pile       Vermicomposting  
 Other Approved Method (Please specify): \_\_\_\_\_

Compostable Materials Conditioning Method (Check all that apply):

- Acidic Anaerobic Fermentation  
 Other Approved Method (Please specify): \_\_\_\_\_

**If using other methods, please contact the composting program at (614) 644-2621 to obtain approval for the method.**

### Facility Owner / Business Information

*If different from applicant. Business Name is the name of the sole proprietorship, corporation, business or governmental entity that owns the facility. All Business Owners must be included on this application. Please make additional entries on a separate piece of paper for each Business Owner.*

Business Name: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: USA or: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

### Facility Operator Information

*If different from facility owner. Operator Name is the name of the sole proprietorship, corporation, business or governmental entity that operates the facility.*

Operator Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: USA or: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Contact Person at Facility Location: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

### Property Owner Information

*If different from business owner. Property Owner Name is the name of the sole proprietorship, corporation, business or governmental entity that operates the facility. Please attach additional entries on a separate piece of paper if needed.*

Select Owner Type:     Corporation     Government     LLC     Individual     Partnership     Sole Proprietorship  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: USA or: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parcel Number(s): \_\_\_\_\_

### Design Capacity Estimate

The design capacity is the maximum capacity of materials that may be appropriately managed in the materials placement area, based upon the design, construction, equipment, composting method, and planned operational practices at the facility.

A. Maximum capacity for receiving and storage of feedstocks, bulking agents, and additives authorized by rule	yd <sup>3</sup>	D. If applicable, maximum capacity for storage of alternative materials	yd <sup>3</sup>
B. Maximum capacity for composting and materials processing area	yd <sup>3</sup>	E. If applicable, maximum capacity for composting and alternative materials processing area	yd <sup>3</sup>
C. Maximum capacity of compost product storage area	yd <sup>3</sup>	F. Total design capacity of materials placement area (A+B+C+D+E)	yd <sup>3</sup>

### Operational Capacity Estimate (Optional)

The operational capacity is calculated when the owner or operator intends to manage an amount of materials requiring less capacity than the designed capacity. The operational capacity may be less than or equal to the design capacity, but shall never exceed the design capacity.

**IMPORTANT:** Only estimate the operational capacity if different from the design capacity.

A. Operational capacity for receiving and storage of feedstocks, bulking agents, and additives authorized by rule	yd <sup>3</sup>	D. If applicable, operational capacity for storage of alternative materials	yd <sup>3</sup>
B. Operational capacity for composting and materials processing area	yd <sup>3</sup>	E. If applicable, operational capacity for composting and alternative materials processing area	yd <sup>3</sup>
C. Operational capacity of compost product storage area	yd <sup>3</sup>	F. Total operational capacity of materials placement area (A+B+C+D+E)	yd <sup>3</sup>

### Class II Facility Closure Cost Estimate

**IMPORTANT:** This section determines the money amount required for financial assurance based on the design capacity or operational capacity, as applicable. Any future changes in capacity must be documented by submission of an amended registration with a recalculated closure cost estimate and updated financial assurance documentation.

A. Capacity for receiving and storage of feedstocks, bulking agents, and additives authorized by rule	yd <sup>3</sup>	F. If applicable, capacity for receiving and storage of alternative materials	yd <sup>3</sup>
B. Capacity for composting and materials processing	yd <sup>3</sup>	G. If applicable, capacity for composting and alternative materials processing	yd <sup>3</sup>
C. Maximum capacity of materials placement area (A+B) (Does not include compost product storage areas)	yd <sup>3</sup>	H. Maximum capacity of materials placement area for alternative materials (F+G)	yd <sup>3</sup>
D. Closure cost multiplier	\$2.50 per yd <sup>3</sup>	I. Closure cost multiplier	\$8.00 per yd <sup>3</sup>
E. Closure cost estimate (C x D)	\$	J. Closure cost estimate (H x I)	\$

Total cost estimate (E+J)    \$

**Note: Financial assurance is not required for estimates of \$5,500 and less. If the closure cost estimate exceeds \$5,500, an executed financial assurance instrument must be submitted with this application.**

## Class II Facility Allowed Maximum Daily Waste Receipt (AMDWR)

The AMDWR limits the total tonnage of feedstocks, bulking agents, additives and alternative materials that can be received at a facility on any single day. The AMDWR selected shall match the AMDWR in the license.

AMDWR in tons. Please select one:

- |                              |                                   |                                   |                                   |                                    |                                     |                                     |                               |
|------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> <13 | <input type="checkbox"/> 13 to 25 | <input type="checkbox"/> 26 to 50 | <input type="checkbox"/> 51 to 75 | <input type="checkbox"/> 76 to 100 | <input type="checkbox"/> 101 to 200 | <input type="checkbox"/> 201 to 500 | <input type="checkbox"/> >500 |
|------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------|

## Plan View Drawing

The Plan View Drawing verifies compliance with siting criteria and defines where materials can be placed at the facility.

The plan view drawing must be submitted showing the following items inside the facility boundaries and within 500 feet of the proposed facility boundary and using a scale of one inch equals no greater than 100 feet:

- The property lines of all land owned or leased for the composting facility.
- The boundary lines for the composting facility.
- Public roads, railroads, and structures.
- Existing topography showing contours, streams, wetlands, lakes, springs, and other surface waters of the state.
- The north arrow.
- Boundary lines for the materials placement area based on the design capacity, including the area for each of the following: composting and materials processing; receiving and storage of feedstocks, bulking agents, or additives; storage and processing of authorized alternative materials; storage of compost product. For facilities with an operational capacity different than the design capacity the boundary lines for the same items based on the operational capacity.
- Existing occupied dwellings.
- Any leachate management structure.
- The limits of the one-hundred-year floodplain.
- National park or national recreation areas, candidate areas for potential inclusion into the national park system, and any state park or established state park purchase areas.
- Any state or Ohio history connection nature preserves, state wildlife areas and national wildlife refuges, national and state wild scenic and recreational rivers, special interest areas and research natural areas in the Wayne national forest, state resource waters, coldwater habitats, exceptional warmwater habitats.
- Existing public water supply wells, developed springs, or private potable water supply wells.
- Existing drainage sinkholes or agricultural drainage wells.
- The direction of the downward slopes and drainage for the materials placement area.

## Letter(s) of Intent

*Copies of the letters of intent and return receipts must be included in this application.*

Letter(s) of intent shall be sent by certified mail or any other form of mail accompanied by a receipt requested to the following individual(s) or organization(s):

- The governments of the general purpose political subdivisions where the facility is proposed to be located including but not limited to local health departments, county commissioners, legislative authority of a municipal corporation, or the board of township trustees.
- The single or joint county solid waste management district or districts or regional solid waste management authority or authorities where the facility is proposed to be located.
- The owner or lessee of any easement or right of way bordering or within the proposed facility boundaries which may be affected by the proposed solid waste facility.
- The local zoning authority having jurisdiction.
- The park system administrator, if any part of the proposed facility is to be located within or will share the park boundary.
- The conservancy district, if any part of the proposed facility is to be located within or will share the conservancy district boundary.
- The fire department having responsibility for providing fire control services where the proposed facility is to be located.

Letters of intent need to communicate to the recipients that the Applicant plans to establish a composting facility at a specified location and describe the property and facility boundaries.

## Registration Certification

The owner or operator signing a document 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 a sole proprietorship, the owner.
5. In the case of a municipal, state, federal, or other governmental facility, the principal executive officer, the ranking elected official or other duly authorized employee.

**By signing this document, I hereby certify that all statements and all assertions of fact made in the document are true, accurate, include all required information, and comply fully with applicable rules.**

\_\_\_\_\_  
Authorized Representative of Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Submission Instructions

Please send the signed, completed application with all required attachments to:

Ohio EPA – DMWM  
P.O. Box 1049  
Columbus, Ohio 43216-1049

**You may also complete and submit new registrations and modifications online at <http://ebiz.epa.ohio.gov>**