Ohio Environmental Protection Agency

Division of Solid and Infectious Waste Management

Construction & Demolition Debris Facility Log of Odor Complaints

Yearly Cover Sheet

Year: _____

Name of Facility:_____

License #: _____ Phone #:_____

Facility Location:_____

(street) (city) (state) (zip code)

Mailing Address:_____

(street) (city) (state) (zip code)

Facility Owner:_____ Phone #:_____

Mailing Address:_____

(street) (city) (state) (zip code)

Property Titleholder:_____ Phone #:_____

Mailing Address:_____

(street) (city) (state) (zip code)

Facility Operator:_____ Phone #:_____

DRAFT

This Log of Odor Complaints should be retained on file for inspection by the local health department, Ohio EPA, or an authorized representative. Failure to provide accurate information may be considered a violation of Ohio Revised Code 2921.13.