



Facility Annual Operational Report for 2010

Directions: This report must be submitted to Ohio EPA by April 1, 2011. Please send 2 copies to the appropriate Ohio EPA District Office and one copy to the appropriate local health department. If you have any problems with or questions about this form, please contact your Ohio EPA District Office. Unless otherwise noted, all responses should represent the 2010 calendar year.	(Date Received)
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1. FACILITY INFORMATION

Solid Waste Facility Name:		Is this facility government owned? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Core ID (See Licensed Facility List in Appendix):		Ohio EPA District*:	
Ohio Solid Waste Management District:			
Address of the Physical Location of the Facility:			
County:	City/Township:	Zip:	-

* CDO = Central District; NEDO = Northeast District; NWDO = Northwest District; SEDO = Southeast District; SWDO = Southwest District

2. PERSON COMPLETING THIS REPORT

Name:		Job Title:	
Address:			
City:	State:	Zip:	-
Phone: () -	Fax Phone: () -		
E-Mail Address:			
Business Relationship to the licensee*:			
Signature:		Date:	

*NOTE: Examples of business relationships to the licensee would be: employee, co-owner, consultant, legal counsel, etc.

<input type="checkbox"/> Entered ___ / ___ / ___ Initials: _____	PLEASE DO NOT WRITE BELOW THIS LINE	Program: _____ County: _____ Fac/Entity: _____ Subcategory: _____
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3. SOLID WASTE FACILITY OPERATIONAL STATUS

Please indicate the status of operation during 2010. Check all that apply. (Report dates as: mm/dd/yy)

<input type="checkbox"/> Check here if facility accepted waste in 2010 Dates operated : From: To:	<input type="checkbox"/> Check here if facility permanently ceased accepting waste, Ohio EPA notified in accordance with Ohio Administrative Code 3745-27-24(E) Date facility ceased taking waste:
<input type="checkbox"/> Check here if facility was inactive in 2010 ¹ Dates inactive: From To	<input type="checkbox"/> Check here if facility converted to a legitimate recycling facility, Ohio EPA notified in accordance with Ohio Administrative Code 3745-27-24(F) Date facility converted to recycling:

¹For purposes of this form, "inactive" means that a facility that temporarily ceased receiving waste but has not begun closure activities and/or has maintained a license during the report year.

4. FACILITY ACCESS & USE

A. Are there any service area restrictions on who may use the facility? YES NO

If YES (above), then in the space below, please specify the service area restrictions:

B. Did this facility receive any waste that was transported by rail? YES NO

C. Did this facility transfer any waste to rail for disposal? YES NO

5. MEASURING WASTE RECEIPTS

Indicate the method used to measure incoming waste at the gate. Check all that apply.

<input type="checkbox"/>	Visually (by volume in cubic yards).	Please provide any conversion factor(s) used to convert volume to tons:
<input type="checkbox"/>	Scales (by weight in tons)	
<input type="checkbox"/>	By capacity of hauling vehicle	

***Conversion Factor:** All waste receipts in the following sections of this report must be reported in tons. If your facility measures waste receipts by volume (cubic yards) and then converts this information into tons for purposes of this report, then please provide the conversion factor(s) in the space(s) provided.

6. WASTE FLOW DATA TABLES -- INSTRUCTIONS

General Instructions:

Convert all waste to TONS and report only tons in this section. If a conversion factor is used to determine tonnage, please provide the conversion factor(s) where indicated in Section 5.

The tables in this form may be reproduced as necessary. Instructions for editing this form in MS Word are provided in Appendix AA.

Note on using the “Sum” function in Tables: Remember that the Word document must be “protected” in MS Word in order to enable the sum function in the tables to work. Please see Appendix A for more information.

When filling out the waste receipt tables:

- Please use **1 row in each table for each county of origin.**
- Please refer to the origin codes in Appendix AA.
- Convert all waste to TONS and report only tons in this section.
- If a conversion factor is used to determine tonnage, please provide the conversion factor(s) where indicated on page 2.
- Describe “other wastes” in Section 10.

The waste flow data tables comprise Sections 7 through 10.

In **Section 7** please report all waste from Ohio counties that are located within the same Ohio solid waste management district (SWMD) where the facility is located.

In **Section 8** please report all waste from Ohio counties that are located outside of the Ohio SWMD where the facility is located.

In **Section 9** please report all waste that originated outside of the state of Ohio. Report the waste by county only if it originated from within the United States. For waste that originated outside of the United States, please refer to the origin codes in Appendix AA.

In **Section 10** please report the totals from Sections 7-9 as well as the descriptions for “other waste” entered in Sections 7-9.

10. GRAND TOTAL SOLID WASTE RECEIVED AND DESCRIPTION OF "OTHER WASTE" RECEIVED

To complete Section 10, add the subtotals for each table completed in Sections 7-9 in the appropriate source category for the waste received. Line T should provide the total tons of all wastes received at the facility.

Table 10.1: Total Waste Received in 2010

Source Category	Totals from Sections 7-9*
(A) Total Tons of In-District Waste [Section 7]	
(B) Total Tons of Out-of-District Waste [Section 8]	
(C) Total Tons of Out-of-State Waste [Section 9]	
(T) Total tons of wastes received [Sum of (A), (B), & (C) above]*	

*Note: To sum the fields in MS Word, right click the total cell and select "update field"

Table 10.1: Description of "other waste" reported in 2010

County	Origin	Other Waste Description	Other Waste Tons

11. DESTINATION FOR MATERIALS LEAVING TRANSFER FACILITY FOR DISPOSAL

Please complete the following table to indicate the facility(ies) which receive your transfer facility's waste. Please see Appendix BB and CC for a list of solid waste facility ID numbers.

Ohio County, SWMD or State and County if outside of Ohio	Name and Facility ID number of facility (Ohio Facility ID Numbers are listed in Appendices AA-CC) For Ohio facilities please include the facility number	Amount Sent (TONS)
Total:		

12. SCRAP TIRE MANAGEMENT

Did this facility also operate a scrap tire collection facility? (Check one below)

<input type="checkbox"/>	Yes – Reminder: Facility should have submitted form # ST-65 (J) to Ohio EPA on January 31, 2011.
<input type="checkbox"/>	No

Scrap Tire Management Methods – In Table 12.1 please report the management method applied to any tires received by this facility. This includes tires that may have been received incidentally in loads of other solid waste, regardless of whether the facility operated a scrap tire facility. Complete the table below. Use the following management method codes in Column “MM”:

1 = Transferred to a beneficial use project for reuse	5 = Transferred to a collection facility for consolidation
2 = Transferred to a monofill or monocell for disposal	6 = Processed on site by a mobile recovery facility
3 = Transferred to a recovery facility for processing	7 = Stored on-site
4 = Transferred to a storage facility	

In Column 2 – List the name of the facility. For Ohio facilities you may use the Core ID (Appendix DD). For beneficial use projects, include the project approval number. List the number of passenger tire equivalents (PTE’s) and tons.

Table 12.1: Scrap Tire Management Methods

MM	Facility Name, Location (City, County, State) or Core ID or Beneficial Use Project Name and Number	No. of PTE’s ^a	Tons
Totals:			

^a When converting between PTE’s tons, assume 20 lbs. per PTE

Table 12.2: Scrap Tire Transporters Used – Indicate the registration number and name of scrap tire transporters used by the facility to transport tires off-site. List destination(s) reported by transporter (Facility name, project name or number, or facility Core-ID number).

Registration Number	Name of Transporter	No. of PTE’s	Destination(s)

13. RECYCLING ACTIVITIES – If this facility processed any recyclables, please complete Section 13.

Check here if no recycling activity was performed at this facility in 2010 and continue with Section 14.

A. Are source-separated recyclables received at the facility (i.e. segregated loads)? YES NO

B. Are “blue-bag” recyclables received at the facility? ¹ YES NO

C. Are recyclables recovered from mixed solid waste at this solid waste facility? YES NO

D. Please report the amount of recyclables processed in the following table:

Table 13.1 - Recycling Activities

Material Type	Recyclables Received/Recovered in tons
Paper (other than cardboard)	
Cardboard	
Ferrous metals	
Non-ferrous metals	
Plastics	
Glass	
Lead-acid batteries (wet cell)	
Scrap tires	
Wood	
Textiles	
Comingled Containers:	
Comingled Fiber:	
Comingled Mixed Materials:	
Other (Specify):	
Other (Specify):	
Other (Specify):	
Total :	

1. “Blue Bag” or “Clear Bag” recyclables are recyclables that are collected in the same vehicle as Solid Waste but in separate bags and then separated at the transfer facility.

14. LOCAL CONTRACT FEES

In Table 14 below please list any fee(s) collected through a **contract** between the solid waste facility and the local jurisdiction. Please contact Ohio EPA if you have questions about this section.

Check here if this facility did not collect any fees described above

Please note: Do not report state solid waste disposal fees, or solid waste management district generation and disposal fees (ORC 3734.57 (A) and (B)) in this table. Ohio EPA tracks that information separately.

Name of Township/Municipality/SWMD	Type of Jurisdiction*	\$/Ton Fee	Total \$ Collected
		/ ton	
			Total:

* Township, Municipality, SWMD, etc.

15. TIPPING FEES

A. Unit Tipping Fees - Tipping Fees - Please enter the price for each applicable category for a "typical load" of solid waste disposed. That is an average price that would apply to the majority of waste accepted at this facility. If unable to define a "typical" load, then please report the facility's posted rates or attach a price sheet. **(Please report the base price only, do not include state or local fees or surcharges in the prices in this table):**

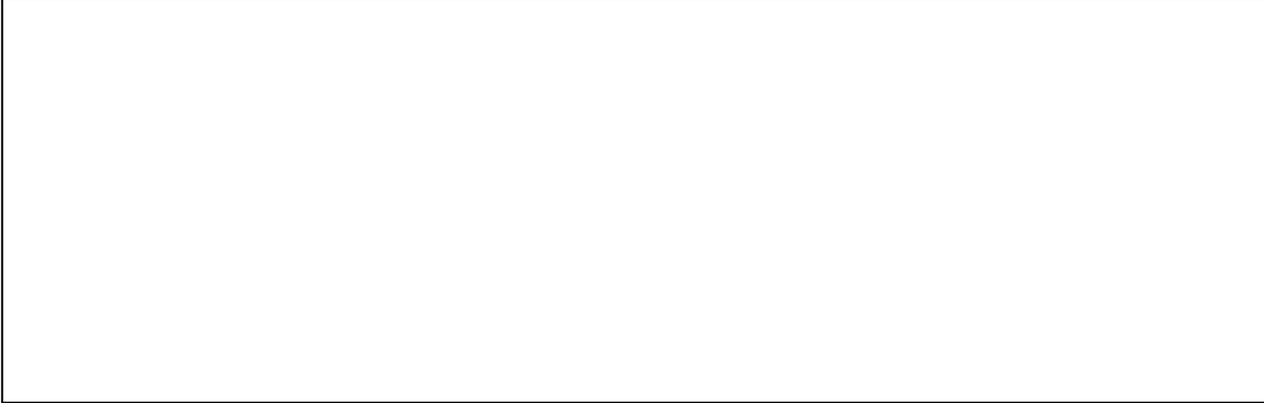
Check here if a separate price sheet is attached.

Table 15 - Tipping Fees

Tons (as measured with scales)	\$	per ton
Compacted cubic yards	\$	per cubic yard
Uncompacted cubic yards	\$	per cubic yard

16. YARD WASTE REFUSAL

Ohio Administrative Code (OAC) § 3745-27-23(AA)(2)(d) requires the annual operational report for transfer facilities that have implemented a written yard waste restriction program to include a summary of instances in which the facility has recorded refusal of a vehicle due to the presence of yard waste in the vehicle load. Provide the summary below or on an attached sheet(s) of paper:



17. ITEMIZED FINAL CLOSURE COST ESTIMATE

Ohio Administrative Code (OAC § 3745-27-23(AA)(2)(e)) requires the annual operational report to include the annually adjusted final closure cost estimate required by OAC 3745-27-15. Please list the itemized required cost estimate information below and/or on an attached sheet(s) of paper and answer the questions below. Only the itemized cost estimates are required to be reported here.

Note: The 2010 inflation factor that was used for updating costs in operating year 2010 was **1.18%**. Facilities with total assurance less than or equal to \$20,000 are not required to adjust for inflation. This inflation factor would be used on any financial assurance instrument required to be submitted during 2010.

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Financial Assurance Check-List:

The check-list below is provided to help ensure that you completed the 2010 financial assurance requirements as required by OAC 3745. The check-list addresses several common errors and omissions and helps to ensure that your financial assurance is reviewed properly. Please complete the checklist and note the associated comments.

1. Are the cost estimates that you submitted with this report itemized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please Note: If you answered "No" to #1, please itemize the estimates and attach them to the back of this page.		
2. Were the cost estimates adjusted for inflation? (applies only facilities with total assurance greater than or equal to \$20,000)	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: The inflation factor that was used for updating costs in operating year 2010 was 1.18% . This inflation factor would be used on any financial assurance instrument required to be submitted during 2010.		
3. Were the appropriate inflationary increases made to the financial assurance instrument?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If any of the cost estimates were DECREASED, did you provide justification for the decreases?	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please Note: If you answered "No" to any of the questions in 2, 3, or 4 above, please contact a financial assurance specialist at Ohio EPA to determine whether or not you need to submit an amended instrument. Attach the <u>original</u> , itemized cost estimates that you have already submitted to the back of this page.		
5. Were any of the cost estimates increased from last year to reflect increases in estimated final closure, post-closure care, or corrective measures costs, <u>beyond adjustments made for inflation</u> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Did you submit an amended, 2010 financial insurance instrument during 2010?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

18. FINAL CLOSURE CONTACT INFORMATION**Required in accordance with OAC § 3745-27-23(AA)(2)(f)**

A. Is the final closure contact person someone other than the owner or operator of the facility or did the contact person change during 2010? YES NO

B. If you answered YES to part A above, then please provide the following information:

Address 1:			Name:
Address 2:			Telephone:
City:	State:	Zip:	E-mail

* * *

NOTE: The information required in sections 19 - 20 of this form applies to transfer facilities with an approved solid waste permit to install (PTI). If your facility does not operate under an approved solid waste permit to install, you may skip sections 19 through 20 and go directly to section 21.

19. MAINTENANCE REPORT (facilities with an approved solid waste PTI only)

OAC §3745-27-23 (AA)(3)(a) requires transfer facilities with an approved permit to install to summarize any maintenance performed on the facility's leachate control system or any other monitoring and control system installed at the facility. Provide the summary below and/or on any additional pages:

**20. WASTE HANDLING FLOOR DESIGN, CONSTRUCTION, AND REPAIR STATEMENT
(facilities with an approved solid waste PTI only)**

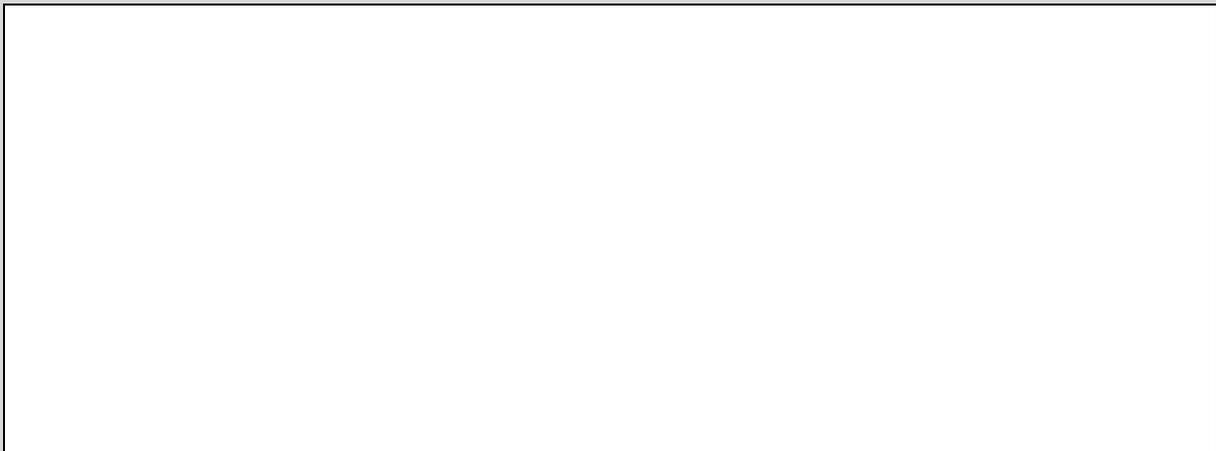
OAC § 3745-27-23 (AA)(3)(b) requires the annual report of transfer facilities with an approved permit to install to provide a statement explaining how the waste handling floor continues to meet the requirements of OAC § 3745-27-22(L), including any repairs made during the preceding calendar year. Provide the statement below and/or on an attached sheet(s) of paper:



21. Miscellaneous Information

B. General feedback and special circumstances affecting facility operations in 2010

You may use this space to provide any other comments that you wish to share concerning the preparation of this report, Ohio EPA's review of this report, or suggestions for improving the reporting process.



22. NOTARIZED CERTIFICATION (please print out and complete)

I, _____, as a representative of _____
(print name)

_____ solid waste facility, do hereby swear
that, to the best of my knowledge, the information contained in this report is true and accurate.

Signature: _____ Date: _____

Sworn to and subscribed in my presence this _____ day of _____, 2010

Notary Public

My commission expires: ____/____/____

SEAL

2010 Facility Annual Operational Report Form Appendices

(Note: These appendices are for reference purposes only, and should not be submitted with the final report)

Contents:

	Instructions for Completing
Appendix AA	this Form Electronically
Appendix BB	Transfer Facility Core ID's
Appendix CC	MSWLF Facility Core ID's
Appendix DD	Other Solid Waste Facility Core ID's

Instructions for the MS Word version of the Facility Annual Operations Report Form.

The Ohio 2010 Annual Operations Report has been made available in MS Word format (version 2007 compatible with Word 2003/XP). The report form includes form fields that can be easily completed as described below. If you would like assistance with this form, please contact your Ohio EPA District Office.

Before entering data - users must ensure that the form is locked or protected.

Locking /Protecting the form - The form should be locked when you receive it. If the form is not locked or you need to unlock it to make edits, please follow the procedure below.

- **MS Office 2007 users** – In MS Office 2007 the form can be locked and unlocked as follows:

To Unlock the Form:

a. **Developer >> Protect Document >> Restrict Editing and Formatting** (while this seems contradictory, users must in fact select “restrict editing” in order to open the dialogue box to turn off protections)

b. **Under #2 “Editing Restrictions” uncheck the box that says “Allow only this type of editing in the document”**

To Lock the Form and enter data:

a. **Developer >> Protect Document >> Restrict Editing and Formatting**

b. **Under #2 “Editing Restrictions” Select “Filling in Forms” then check the box that says “Allow only this type of editing in the document”**

d. **Click the button that says “Yes, Start Enforcing Protection.”** There is no password (see note on passwords below).

Important Notes:

- You may need to load the **Developer Tools** onto the **Main Ribbon** and show the **Developer Tab** to edit this form.
- **You DO NOT need to enter a password!** When the password dialogue box appears, you may leave the password blank simply press “OK” unless you want to protect the form for your own use.
- **Users of MS Word XP and earlier versions of MS Office** – If you are using an earlier version of MS Office, you should be able to edit the file. If you have difficulty try downloading the plug-in from Microsoft for backward compatibility with earlier versions of Office.
- **Microsoft Word 2003 Users:** Go to the **View** menu and select **Toolbars >> Forms**. The Forms toolbar should appear. Clicking the lock icon on the **Form Toolbar** will lock and unlock the form for entry.

When you receive the form, it should be “locked” (“protected” in Word 2007). This means that you cannot make changes to the form, but the form fields are activated for data entry. Ensure that the form is locked before you begin entering data. In Word 2003, most of the tools in the Forms Toolbar will appear “grayed-out” when the form is locked. To lock and unlock the form, simply click the lock icon on the Forms Toolbar.

- **Changing the Form:** Changes to the form should not be necessary under most circumstances and the form should be locked for data entry. However, if you find that changes need to be made they can be made as follows:
 - Unlock the form as described above.
 - Once the form is unlocked, changes may be made.
 - **IMPORTANT: Data cannot be entered into form fields when the form is unlocked;** the form field will be deleted and overwritten with text. You will also not be able to tab between fields if the form is unlocked.
 - When finished making changes, **Lock or protect the form before resuming data entry.**
- **Editing Headers:** The Facility ID numbers for all facilities are now listed in the appendices. To enter the Facility ID number into the header follow the instructions below:
 - Review the directions for unlocking the form above. Unlock the form.
 - Click on the header to edit and add the Core ID #. Close the header dialogue box.
 - **IMPORTANT: Remember to re-lock the form before entering data.**

Entering Data

- Ensure that the form is locked or protected as described above. Select the first field in section I of the form with the cursor, and begin entering data.
- The individual(s) entering data can rapidly tab between fields and enter data. Check boxes can be completed in three ways: by clicking on them with the cursor, hitting the space bar, or by typing an “x”.
- **Sum Rows and Columns in a Table** – Some of the tables in the 2010 FAR form will automatically sum values in a row or column. To calculate the sum, right-click on the “total” cell and select “Update Field” from the menu.
- Several fields on the form have “pull-down menus”. To complete these fields, simply click on the arrow at the right of the field and select the appropriate response from the menu.
- Additional tables for sections 6 and 7 have been provided in separate files. Simply complete, print and insert as many of these tables as necessary to complete the report.
- If extra data are provided on (an) additional sheet(s), refer the reader to the attached sheet in the form field provided.

Table AA Waste Origin Codes (out-of-state)

Waste Origin	Abbr.
Alabama	AL
Alaska	AK
Arizona	AZ
Arkansas	AR
California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
Florida	FL
Georgia	GA
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV
New Hampshire	NH

Waste Origin	Abbr.
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Ohio	OH
Oklahoma	OK
Oregon	OR
Pennsylvania	PA
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY
District of Columbia	DC
International origin	
Virgin Islands	VI
Canada	CN
Puerto Rico	PR
Mexico	MX
*Other / Unknown	OX

* Facilities should not be reporting waste of unknown origin waste from domestic states. If you cannot determine the origin of domestic waste, please contact Ohio EPA to determine how to report the waste in this form.

Appendix BB – Table BB.1 – Ohio Transfer Facility Core ID’s (Sorted by County)

NOTE: If you received waste via a rail facility with no Ohio EPA ID number, please enter “999999”

County	Facility Name	CoreID
Allen	WM Ohio Lima TF	2286
Belmont	Apex Energy Inc. Waste TS	3492
Butler	Hamilton City TF	133783
Carroll	J & J Refuse Service TF	5007
Cuyahoga	Harvard Road TS	10687
Cuyahoga	City of Euclid TS	12366
Cuyahoga	Westlake TF	12160
Cuyahoga	Strongsville Solid Waste TF	11609
Cuyahoga	Shaker Heights Service Dept. TS	11145
Cuyahoga	Waste Management Cleveland T&R	10688
Cuyahoga	City of East Cleveland Refuse TS	9143
Cuyahoga	Cleveland Heights TS	8705
County	Facility Name	CoreID
Cuyahoga	Ridge Road TS	8613
Cuyahoga	City of Rocky River TS	11034
Cuyahoga	BFI Glenwillow TF	54244
Cuyahoga	Broadview Heights Recycling Center	8345
Darke	Rumpke Recycling & TS Greenville	12672
Delaware	Delaware County TS	13091
Erie	BFI WS Sandusky Resource Recovery Facility	48225
Erie	Kelley’s Island TS	13505
Fairfield	Lancaster TS	13723
Fayette	Fayette County TF	54285

County	Facility Name	CoreID
Franklin	Columbus Transfer & Rec Fields Avenue	274280
Franklin	Georgesville Road TF	15062
Franklin	Waste Mgt. T&R	15274
Franklin	Morse Road TS	15487
Franklin	Reynolds Avenue TS	15711
Franklin	Jackson Pike TF	233511
Fulton	Fulton Co. Solid Waste TF	16500
Fulton	Archbold Refuse TF	266628
Greene	Waste Mgt. Fairborn TF	17624
Guernsey	Kimble (Cambridge) T&R Facility	54246
Hamilton	Cincinnati TF Este Ave.	19207
Hamilton	Cincinnati Evandale	138865
County	Facility Name	CoreID
Hamilton	Cincinnati Elda TF	19207
Hardin	Hardin Co. Solid Waste TF	21712
Huron	Huron County TF	22910
Knox	Allied TS, Mt. Vernon	23800
Lawrence	Lawrence Co. TF	262417
Licking	WM of Ohio 213 Newark Transfer & Hauling Facility	52751
Marion	Marion County SW TF	29630
Medina	Medina County Material Recovery Facility	30065
Medina	Wadsworth Solid Waste TS	30268
Meigs	Meigs County TS	130927

Abbreviations: TF= “Transfer Facility”; TS = “Transfer Station”; T&R = “Transfer and Recycling”

Table BB.1 (continued) – Ohio Transfer Facility Core ID's (Sorted by County)

County	Facility Name	CoreID
Mercer	Maharg Inc.	134351
Miami	Miami Co. Solid Waste & Recycling Facility	30867
Montgomery	Montgomery County <u>North</u> TF	32289
Montgomery	Montgomery County <u>South</u> TF	54245
Ottawa	Put-in-Bay Township TF	34105
Pickaway	Circleville TS	34655
Portage	Portage County SWMD TF	35192
Richland	Allied Waste Mansfield	36496
Ross	WM of Ohio Chilicothe TF	36739
Ross	RLS Transfer Facility	269135
Sandusky	BFI of Ohio	133784
Shelby	Shelby County TS	37920
Stark	Kimble Transfer & Recovery Facility	38787
Stark	JMW Solid Waste Transfer	38866
Summit	WM Akron Central TS	39741
Summit	Kimble Twinsburg T&R	249945
Trumbull	Total Waste Logistics / LAS Recycling	54255
Trumbull	Warren Recycling Inc. TF	133962
Van Wert	Van Wert County Refuse TS	43305

Abbreviations: TF= "Transfer Facility"; TS = "Transfer Station"; T&R = "Transfer and Recycling"

Appendix DD - Other Solid Waste Facilities Core ID's (Sorted by County)

County	Facility	Core ID
Ashland	Mansfield Plumbing Products, China Division Landfill	2528
Ashtabula	Reserve Environmental Services Inc.	2875
Ashtabula	Aluminum Smelting & Refining Landfill	128174
Ashtabula	Millennium Inorganic Chemicals Plant 2 Landfill	231750
Clermont	Zimmer Industrial SW Disposal Landfill	6306
Coshocton	AEP Conesville Residual Waste Landfill	7041
Cuyahoga	ISG Cleveland Inc.	8186
Defiance	GM Powertrain Group Defiance Plant Landfill	12895
Erie	Huron Lime Company No. 2 Landfill	13503
Gallia	Gavin Plant Residual Waste Landfill	16700
Jefferson	Cardinal FAR1 Residual Waste Landfill	272343
Licking	Owens Corning Fiberglass Landfill	25536
Lucas	Envirosafe HW & Ind Landfill	27256
Montgomery	Fraser Paper Inc. / West Carrollton Mill Landfill	148712
Ottawa	Graymont Dolime Ohio Inc. Landfill	33916
Ottawa	US Gypsum Company Landfill	33915
Ottawa	Brush Wellman Inc. Landfill	52732
Paulding	Lafarge N. America, Inc. Landfill	34233
Pike	Pike Tire Monofill	146251
Stark	American Tire Monofill	38047
Stark	Liberty Tire aka C&E Coal Tire Project	54243
Summit	3M Copley, Bldg 42-8E-27	128209
Trumbull	AM Stericycle/BFI Medical Waste, Inc.	41805
Trumbull	WCI Steel, Inc. Landfill	42096
Wayne	Rittman Paperboard Packaging Corp. of America Landfill	44595