



Ohio Environmental Protection Agency

FORM ST-61
Scrap Tire Facility Registration Certificate Application

Facility Description:

Check Appropriate Box: Note: A separate application form must be filed for each facility.	FOR OFFICE USE ONLY	
<input type="checkbox"/> Scrap Tire Collection Facility <input type="checkbox"/> Scrap Tire Class II Recovery Facility <input type="checkbox"/> Scrap Tire Class II Storage Facility <input type="checkbox"/> Scrap Tire Mobile Recovery Facility	Revenue Source Code 2504-14 2504-13 2504-12 2504-13	Application No: _____ Date Received: _____ Fee Paid: _____ Date: _____ Check #: _____ Date: _____

Box 1 General Facility Information: (Name intended to be placed on registration certificate)

Name of Facility: _____ Telephone _____	
Address: _____ City: _____ State: _____	
Zip Code: _____ Township: _____ County: _____	
Health District, if located in Ohio, where facility is proposed: _____	
Exact Location: _____	Latitude: _____ Longitude: _____ (Degree/Minute/Second)

Box 2 Type of Application:

<input type="checkbox"/> New Facility	Original approval date _____	Registration Certificate Number _____
<input type="checkbox"/> Modification:		

Box 3 Applicant Information (Owner or Operator) Attach a list of all owners who own at least 10% of the business

Name of Owner or Operator: _____	Address: _____
City: _____	State: _____ Zip: _____
Telephone: _____	Any prior solid waste facility operation experience? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____	

Box 4 Property Owner Information (mailing address):

Name of Landowner: _____ Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Box 5 Emergency Contact Information:

Name of Emergency Contact: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Box 6 Preparer Information (if preparer is not the Applicant):

Preparer's Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Box 7 Facility Closure Contact Person Information:

Name of Contact: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Box 8 Facility Zoning Information:

Zoning Status: _____

Zoning District Contact Name: _____

Telephone: _____

Special Conditions or Requirements: _____

Box 9 Concurrent License Application Submittal Information:

Is a copy of the completed solid waste facility license application for this proposed facility (which is required to be submitted to the local approved health department) also submitted with this registration package? Yes _____ No _____

Box 10 Method of Facility Operations Information:*(Information regarding facility referenced in Box 1.)*

(If necessary, use additional sheets to complete explanations for each response.)

List all mechanized power equipment to be used in handling scrap tires and in the general operations of the facility (i.e. loading and unloading equipment, inside and outside scrap tire storage, scrap tire processing equipment, etc.):

List proposed hours of facility operations: _____

List a description of security measures to be used at the facility: _____

List a description of mosquito controls to be used at the facility: _____

Has a plan view drawing being submitted to show the items listed in OAC Rule 3745-27-61(C)(2) within 500 feet of the proposed facility, such as the location of: 1) all surrounding property lines around the facility; 2) all scrap tire storage and handling areas; 3) all buildings; 4) all access roads to the facility; 5) any berms required by OAC Rule 3745-27-62(C)(2) or (3); 6) all regional electric Transmission lines and/or electric Distribution lines; and 7) the distance between each pile of (whole and processed) scrap tires and each building on the proposed facility and within 500 feet of the proposed facility; and 8) the direction of flow and points of concentration of where rain flows off of facility property? Yes _____ No _____

Box 11 Facility Operations and Storage Information:*(Information regarding facility referenced in Box 1.)*

Information required for all Scrap Tire Storage and Recovery Facilities:

(1 Passenger Tire Equivalent (PTE) = 20 lbs.)

Maximum number of whole scrap tires (in PTEs) to be stored at the facility listed in Box 1: _____

Maximum surface area (in square feet) to be used for all whole and/or processed scrap tire storage at facility listed in Box 1: _____ square feet

Information required for Scrap Tire Recovery Facilities only:

Maximum number of processed scrap tires (in PTEs) to be stored at the facility listed in Box 1: _____

Daily Designed Input Capacity (DDIC) maximum number of **tons** of scrap tires to be processed **per day**. Tonnage of tires to be processed per day based on an estimated average of all tires processed during all operating days in any calender month: _____

Box 12 Offsite processing information:

Will scrap tires be processed using portable equipment at offsite locations other than the fixed location described in Box 1?

Yes _____ No _____ If answering "YES", then complete the following entries:

Describe portable equipment to be used _____

Describe method of operation: _____

Describe mosquito controls to be used for scrap tires relocated by your facility and stored next to portable processing equipment prior to processing:

Describe Security at offsite processing locations: _____

(NOTE: Notifications are required in accordance with OAC Rule 3745-27-65(N) prior to mobilizing to each new location.)

Box 13 Motor Vehicle Salvage Dealer (MVSD) Certification Information:

If the applicant is a licensed motor vehicle salvage dealer under Chapter 4738. of the Ohio Revised Code, this certification must be completed to qualify for waiver of the non-refundable application fee (*applies to collection or storage facility applications only*).

MVSD License Number: _____ MVSD License Issue Date: _____

Licensee's Name: _____ Authorized Representatives Signature: _____

Box 14 Signature:

The registration application must be signed by:

- (1) In the case of a corporation, by the corporate officer having direct responsibility for the overall operation of the business; or
- (2) In the case of an organization other than a corporation, by an equivalently responsible individual; or
- (3) In the case of an individual or sole proprietorship, by the owner or operator; or
- (4) In the case of a political subdivision, by the chief administrative officer or contractual officer of said subdivision.

Nature of legal entity. Please check one:

Corporation
 Other (Specify) _____
 Proprietorship
 Political Subdivision

Give name and address of legal entity if different from registrant:

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS APPLICATION AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE PERSONS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION CONTAINED IN THE REGISTRATION APPLICATION, I BELIEVE THAT THE INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

Authorized Signature (for facility) _____ Date _____

Title _____

Sworn to and subscribed to before me on this _____ day of _____, _____
(Date) (Month) (Year)

Notary Public

Only applications containing original signatures will be processed; facsimiles and/or photocopies of signatures cannot be accepted.

Table #1 "Fees":

If the above MVSD certification is not completed, this application must be accompanied by a check made payable to the "TREASURER - STATE OF OHIO" in the amount of \$15.00 as indicated below. The balance of the total annual registration fee will be billed to the applicant when the registration certificate is issued. **Note:** The MVSD must own or operate the facility to receive the reduced fee amount.

Facility Type	Non-Refundable Application Fee (must be included with this registration package)	Full Registration Fee. Registrants will be billed for the balance due (in parenthesis) after registration is issued.
Collection	\$15.00	\$200.00 (\$185.00)
	For a MVSD - \$0.00	For a MVSD - \$25.00
Storage	\$15.00	\$300.00 (\$285.00)
	For a MVSD - \$0.00	For a MVSD - \$25.00
Recovery	\$15.00	\$100.00 (\$85.00)

Check List reminders:

Are 4 copies of the completed application form ST-61 included in the application package?

Are all required facility maps & drawings included with the application package?

Are all financial assurance instruments required by OAC Rule 3745-27-15 included in the application package?
(Not required for scrap tire collection facilities.)

Is a copy of the Facility Final Closure Plan required by OAC Rule 3745-27-61(C)(5) included in this application package?

Is a copy of the facility's Fire Contingency Plan required by OAC 3745-27-61(C)(1)(n) been submitted with this application package?
Have all copies of notification letters required by OAC 3745-27-61(F) included in the application package?

Has a check for the \$15.00 application fee made payable to the TREASURER - STATE OF OHIO been attached to your completed application?
(Note: The application will be returned if it is received without the appropriate fee)

Is the envelope addressed to the appropriate Ohio EPA district office?

NOTE: Except for mobile scrap tire recovery facilities submitted by companies based outside of Ohio, all other scrap tire facility registration applications are to be sent to the appropriate Ohio EPA district office. (Refer to Division of Solid and Infectious Waste Management's website at www.epa.state.oh.us/dsiwm/dolinks.html for list off all district office addresses and territories. All scrap tire mobile recovery facilities companies which are based outside of Ohio are to mail registration application and license application to: Ohio EPA, Dept. L-2711, Columbus, OH 43260-2711

Scrap Tire Facility Registration Certificate Application
Check Application Type:

				EPA USE ONLY			
Type of Facility	Applicable Rules	Applicable Guidance Documents	Required Documents	Review Source Code	Type of Application	Date	PTI / Registration Application Number
___ Monocell	3745-27-06 3745-27-69 3745-27-70	#0639 #0646			PTI		
___ Monofill	3745-27-70	#0639 #0646			PTI		
___ Submergence	3745-27-70	#0648			PTI		
___ Class I Storage	3745-27-63	#0648 #0639 #0646			PTI		
___ Class II Storage	3745-27-61	#0648 #0639 #0646			Registration		
___ Collection	3745-27-61	#0650 #0639			Registration		
___ Class I Recovery	3745-27-63	#0639 #0649 #0646			PTI		
___ Class II Recovery	3745-27-61	#0639 #0649 #0646			Registration		
___ Mobile Recovery Facility	3745-27-67	#0639 #0641 #0646			Registration		