

APPENDIX F

SOLID WASTE FACILITY PERMIT TO INSTALL

Submittal Procedure

- ! Submit four (4) copies of the Permit to Install application to the appropriate District office of the Ohio Environmental Protection Agency (Ohio EPA). Also, submit the application fee to the District office with the Permit to Install application.
- ! Submit one copy of the Permit to Install application to the local Board of Health within seven (7) days after submitting the application to the Ohio EPA.
- ! In accordance with the following applicable rule of the Ohio Administrative Code;

- 3745-27-06(A)(2) for municipal solid waste landfills
- 3745-29-06(A)(2) for industrial solid waste landfills
- 3745-30-05(A)(2) for residual solid waste landfills
- 3745-27-21(A)(2) for solid waste transfer facilities
- 3745-27-42(A)(1) for solid waste composting facilities
- 3745-27-50(A)(2) for solid waste incinerators

concurrent to submitting the Permit to Install application, the applicant must:

Submit a disclosure statement to the Office of the Attorney General as required in Rules 109:6-1-01 through 109:6-1-04 of the Ohio Administrative Code (OAC), and submit to the Division of Air Pollution Control and to the Division of Surface Water of the Ohio EPA, written notification of intent to site a municipal, industrial or residual solid waste facility and a written request for information pertaining to any regulatory requirements under Chapter 3704 or Chapter 6111 of the Ohio Revised Code (ORC).

Content/Formatting Requirements

- ! As of March 1, 1990, all Permit to Install applications must contain the information required by OAC Chapter 3745-27 for municipal solid waste landfill facilities, transfer facilities, composting facilities and incinerators; OAC Chapter 3745-29 for industrial solid waste landfill facilities, or; OAC Chapter 3745-30 for residual solid waste landfill facilities.

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SOLID WASTE FACILITY DATA SHEET

GENERAL FACILITY INFORMATION

Name of Facility		
Address		
City	State	ZIP
County	Township	
Exact location		

TYPE OF APPLICATION (Check all that apply)

<input type="checkbox"/>	New Facility	<input type="checkbox"/>	Modification (check below) 6	
	9			Original approval date
<input type="checkbox"/>	Capacity Expansion	<input type="checkbox"/>	Authorized Maximum Daily Waste Receipt change	
<input type="checkbox"/>	Design change	<input type="checkbox"/>	Other (specify) _____	

APPLICANT INFORMATION

Name of Applicant		
Address		
City	State	ZIP
Telephone		

FACILITY OPERATOR INFORMATION

Name of Operator		
Address		
City	State	ZIP
Telephone		
Any prior solid waste facility operation experience? YES or NO If yes, please explain		

FACILITY LANDOWNER INFORMATION

Name of Landowner		
Address		
City	State	ZIP
Telephone		

FACILITY DESIGNER INFORMATION

Name of Designer		
Address		
City	State	ZIP
Telephone		
Registered Engineer	Registered Surveyor	
Other Registered person (please explain)		
Any prior solid waste facility design experience? YES or NO If yes, please list projects		