



APPENDIX F4

SOLID WASTE INCINERATOR PERMIT TO INSTALL APPLICATION

Submittal Procedure

- Four copies of the application are ultimately needed for distribution if the application is approved. The standard procedure is to submit three copies to the appropriate District Office and one to Central Office. However, since revisions are often necessary during the review process, if you wish to reduce your initial number of copies by one, contact the District Office. The District Office may only require two copies initially for review purposes. The Central Office always requires one copy initially.
- Submit one copy of the Permit to Install application to the local Board of Health within seven days after submitting the application to the Ohio EPA.

In accordance with paragraph (A)(Z) of Rule 3745-27-50 of the Administrative Code, 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 Rule 109:6-1-01 to 109:6-1-04 of the Administrative Code.

Submit to the Division of Air Pollution Control and to the Division of Water Pollution Control of the Ohio EPA, written notification of intent to site a solid waste incinerator facility and a written request for information pertaining to any regulatory requirements under Chapter 3704 or Chapter 6111 of the Revised Code.

Content/Formatting requirement

All Permit to Install applications must contain the information required by OAC Chapter 3745-27 in the format prescribed by OAC Rule 3745-27-50.

OFFICE USE ONLY

: Site Facility Identification:
 : Number _____
 : PTI _____

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SOLID WASTE INCINERATOR DATA SHEET

Name of Facility _____

Address of Facility _____

(Number, Street or Route, City, ZIP Code)

County _____ Township _____

Exact Location _____

Type of Application: (Check all that apply)

 New Facility: Design Change Change in Operation Modification of Existing Facility -----> Original Approval Date: _____ Maximum Daily Waste Receipt Change Other (Specify) _____Permittee:

Name _____ Street, R.D. # or Box # _____

City _____ State _____ ZIP Code _____

Telephone _____

Operator of Facility:

Name _____ Street, R.D. # or Box # _____

City _____ State _____ ZIP Code _____

Telephone _____ Any prior incinerator operation experience? Yes or No

If yes, explain _____

Landowner:

Name _____ Street, R.D. # or Box # _____

City _____ State _____ ZIP Code _____

Telephone _____

Designer:

Name _____ Street, R.D. # or Box # _____

City _____ State _____ ZIP Code _____

Telephone _____

Registered Engineer _____ Registered Surveyor _____

Other (Explain) _____

Any prior incinerator design experience? Yes or No If yes, list projects below:

APPENDIX F4

SOLID WASTE INCINERATOR FACILITY

INFORMATION TO BE SHOWN ON PLANS AND/OR SUBMITTED WITH PLANS

(Please Note: Applications for solid waste incinerator which will also accept Infectious Wastes must include the information listed on page 6 of this Appendix, referenced from OAC Rule 3745-27-37. Such incinerators must be operated in accordance with the standards applicable to incinerators in OAC Rule 3745-27-32.)

OAC 3745-27-50 Paragraph	Content	Plan Drawing No.	Narrative Page No.

DETAIL ENGINEERING PLAN COVER SHEET			
(B)(1)(a)	Name of the solid waste incinerator facility	_____	
(B)(1)(b)	Precise geographic location, boundaries etc.	_____	
(B)(1)(c)	Name and address of the applicant and the operator	_____	
(B)(1)(d)	Name and address of the landowner(s)	_____	
(B)(1)(e)	Name and address of the person who prepared the plans	_____	
PLAN DRAWINGS			
Items within 500 feet:			
(B)(2)(b)	All existing land uses, zoning classification, etc.	_____	
(B)(2)(c)	All existing domiciles	_____	
(B)(2)(d)	Limits of the regulatory floodplain	_____	
(B)(2)(e)	National park or recreation areas, etc.	_____	
(B)(2)(f)	State nature preserves, state wildlife areas, etc.	_____	
Items within 250 feet:			
(B)(3)(a)	Location of waste handling areas, buildings, etc.	_____	
(B)(3)(b)	Location of utilities etc.	_____	
(B)(3)(c)	Location of fencing, gates etc.	_____	
(B)(3)(d)	Existing and proposed topography	_____	

OAC 3745-27-W
Paragraph

Content

Plan Narrative
Drawing No. Page No.

Surface water drainage within 500 feet:

- (B)(4)(a) Direction of flow and concentration of surface waters _____
- (B)(4)(b)(i) Drainage grades _____
- (B)(4)(b)(II) Swales stream and diversion trenches _____
- (B)(4)(b)(III) Special drainage devices for control of surface erosion _____

Detailed construction and operational plans

- (B)(5)(a) Location of Inclinerators; waste feed and APC systems _____
- (B)(5)(b) Location of areas for waste and ash handling; recycling _____
- (B)(5)(c) Seasonal prevailing wind direction _____
- (B)(5)(d) Traffic patterns - Including on-site and access roads _____
- (B)(5)(e) Cross-sections of waste handling facilities and surfaces, including description and construction material identification. _____

NARRATIVE DESCRIPTION/INFORMATION

Summary

- (C)(1) Summary of the site environs and satisfaction of Director's approval criteria _____

Operational discussion - Informational purposes

Equipment Information for AMDWR evaluation, including:

- (C)(2)(a)(I) Types of vehicles for waste, ash handling _____
- (C)(2)(a)(II) Performance capabilities, waste processing rate _____
- (C)(2)(a)(III) Capacity and type of waste and ash storage containers _____
- (C)(2)(b) Proposed hours of operation _____

Operational discussion

- (C)(3)(a) Requested AMDWR _____
- (C)(3)(b) Description of all actions (unloading, processing, etc.) _____
- (C)(3)(c)(I) Methods of unloading waste material _____
- (C)(3)(c)(II) Methods of waste and ash handling _____
- (C)(3)(c)(III) Traffic patterns on-site _____
- (C)(3)(c)(IV) Methods of outloading ash and waste _____
- (C)(3)(c)(V) Waste inspection procedures _____
- (C)(3)(c)(VI) Storage methods for waste and ash _____

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Paragraph

Content

Plan

Narrative

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Control measures for:

- (C) (3) (d) (I) Leachate collection and management _____
- (C) (3) (d) (II) Prevention of waste/vector, precipitation contact _____
- (C) (3) (d) (III) Measures to control fire explosion, dust, etc. _____
- (C) (3) (e) Recycling procedures, if any _____

Written Plans

Contingency plans for:

- (C) (4) (a) (I) Discovery of unauthorized wastes _____
- (C) (4) (a) (II) fire. explosion, spills _____
- (C) (4) (a) (III) Equipment failure _____
- (C) (4) (a) (IV) Operations if facility becomes unavailable _____
- (C) (4) (b) Notifications if facility becomes unavailable _____
- (C) (4) (c) Ash management plan _____

Final closure plan including:

- (C) (4) (d) (I) Closure schedule and necessary steps _____
- (C) (4) (d) (II) Final closure contact person _____
- (C) (4) (d) (III) Financial assurance information _____

Notification Letters

- (C) (5) (a) (I) Local governments _____
- (C) (5) (a) (II) Solid waste management district _____
- (C) (5) (a) (III) Any easement holders _____
- (C) (5) (a) (IV) Local zoning authorities _____
- (C) (5) (a) (V) Any local air pollution authority _____
- (C) (5) (a) (VI) Any bordering park system administrator _____
- (C) (5) (a) (VII) Any bordering conservancy district administrator _____
- (C) (5) (a) (VIII) Local fire department _____

Other Information

- (C) (5) (b) Proof of property ownership or lease agreement _____
- (C) (5) (c) Notarized statement of truth and accuracy _____

IF INCINERATOR WILL ACCEPT INFECTIOUS WASTE

ADDITIONAL INFORMATION TO BE SHOWN ON PLANS AND/OR SUBMITTED WITH PLANS

OAC 3745-27-50 Paragraph	Content	Plan Drawing No.	Narrative Page No.

PLAN DRAWINGS			
(B)(3)(e)	Location of decontamination area	_____	_____
(B)(3)(f)	Location of spill containment and clean-up kit	_____	_____
(B)(4)	Detailed engineering plans of the incinerator	_____	_____
NARRATIVE DESCRIPTION/INFORMATION			
Summary			
(C)(1)	Summary of compliance with the standards and operational requirements for permit approval	_____	_____
Discussion of construction information in detail plans			
(C)(2)(a)	Treatment method	_____	_____
(C)(2)(f)	Location, utilization, and drainage of decontamination areas	_____	_____
Discussion of operational requirements			
(C)(2)(i)	Staff functions, qualifications, and training or certification	_____	_____