For Office Use Only
PTI Application No. _____
Date Received _____
Premise No. _____

OHIO ENVIRONMENTAL PROTECTION AGENCY
Application for a Permit to Install an
Infectious Waste Treatment Facility

_____
Applicant's Name

_____
Mailing Address

_____
City County State ZIP Telephone Number

_____
Person to Contact (Name and Title and Telephone Number)

_____
Location of Proposed Facility (State as completely and precisely as possible)

_____

_____

_____

_____
City or Township County Zip Code

Directions: A Permit to Install is required for new or modified infectious waste treatment facilities under the provisions of OAC Rule 3745-31. An application cannot be considered complete unless all applicable questions are answered and the required information has been submitted. This application must be signed in accordance with OAC Rule 3745-31-04(B) or it cannot be accepted.

Applicants for permits will be required to pay a permit to install fee as shown in Division (F) of Section 3745.11 of the Ohio Revised Code. This fee is payable fifteen days after the date of final issuance of the permit.

Name of new or modified facility: _____

The following information must be submitted on a separate piece of paper and attached to this application.

1. Describe the product or service to be produced by the applicant along with a description of the proposed facility.

2. List the name and quantity of all materials and chemicals (solid, liquid, or gaseous) that will be used or produced by the facility.

3. State the reason for the application. Is this a new installation, modification to an existing facility, reconstruction of an existing facility, or startup of a facility that has been permanately shutdown for _____ years?

4. Has a previous Ohio EPA application or plan submission been filed for this facility? If so, state the date and type of application previously submitted.

5. Will the proposed facility comply with all rules, laws, and regulations of Ohio EPA and U.S. EPA?

6. Describe how all wastewater and storm run off from the loading and unloading, storage, and treatment areas will be routed to a sanitary sewer system.

7. State the anticipated quality of all types of environmental pollutants to be discharged by the facility.

8. State the local zoning requirements.

9. An Appendix ??? Infectious Waste Treatment Facility must be included with this application.

Under OAC 3745-31-04, the following signature shall constitute personal affirmation that all statements or assertions of fact made in the application are true and complete, comply fully with applicable state requirements, and shall subject the signatory to liability under applicable state laws forbidding false or misleading statements.

_____
Authorized Signature (for facility) Date

_____
Title

_____
Address