



Ohio Environmental Protection Agency

# Division of Solid and Infectious Waste Management Composting Facility Registration Form Class II / Class III

**Instructions:** Submittal of a registration form is required for new or existing class II or class III solid waste composting facilities under the provisions of Rule 3745-27-41 and 45 of the Ohio Administrative Code (OAC). Not less than 30 days prior to the date on which a new class II or class III composting facility will accept solid waste, the registrant shall submit a registration form to the Director and a copy to the approved health district having jurisdiction. It is the applicant's responsibility to notify entities found in OAC Rule 3745-27-41(G). A registration will not be considered complete unless all applicable questions are answered and the required information and original signatures, as stated in OAC Rule 3745-27-41, are submitted to the OEPA. Location certification statement must be notarized by a notary public. Only original signatures will be processed, facsimiles of signatures cannot be accepted. Please type or legibly print all required information. No registration fee is required. If you have any questions, please contact the Division of Solid and Infectious Waste Management at (614) 644-2621. Please submit completed registration form to: **Ohio EPA, Division of Solid and Infectious Waste Management, Lazarus Government Center, P.O. Box 1049, Columbus, Ohio 43216-1049.**

FOR OFFICE USE ONLY	
Registration No:	_____
Date Received CO:	_____
District Office:	_____
Place CID#	_____

## Section A: Facility Information

Name of Facility:	_____
Street Address:	_____ Phone: (____) _____
City:	_____ State: _____ Zip Code: _____ County: _____
Contact Person:	_____ Phone: (____) _____
Health District in which facility is located:	_____
Indicate class of Composting Facility:	_____ Class II or _____ Class III
Has there ever been a solid waste disposal facility operated on the property?	___ Yes ___ No
If yes, did the registrant obtain authorization under OAC 3745-27-13?	___ Yes ___ No

## Section B: Facility Location (Please state as completely as possible the location of the facility)

<b>Example:</b> The facility will be constructed on a 20 acre plot of land located on Harris Pike, approximately 4.25 miles North of the intersection of State Route 15 and Harris Pike.
--

## Section C: Registrant

Name:	_____
Street Address:	_____ Phone: (____) _____
City:	_____ State: _____ Zip Code: _____ County: _____
Contact Person:	_____ Phone: (____) _____

## Section D: Plan View Drawing

**Attach to registration form a plan view drawing of the facility as required by OAC Rule 3745-27-41(D)(1).** At a minimum, the plan view drawing shall include the name of the facility and using a scale of one inch equals no greater than one hundred feet, show the following information within the facility and **five hundred feet beyond its boundaries**:

- All property lines of land owned or leased for the facility.
- All public roads, railroads, and occupied structures.
- Existing topography showing streams, wetlands, lakes, springs, and other surface waters of the state as defined in OAC Chapter 3745-1, with a contour interval of no greater than five feet.
- The north arrow.
- Location of on-site materials placement areas for composting, storage of feedstock, bulking agents, additives, curing compost, cured compost, and compost product.
- All existing domiciles.
- The limits of the regulatory flood plain.
- National park or national recreation areas, candidate areas for inclusion into the national park system, and any park or established state park purchase areas.
- State nature preserves, state wildlife areas, national and state scenic rivers, any national wildlife refuge, special interest areas and research natural areas in Wayne National Forest, state resource waters, coldwater habitats, and exceptional warmwater habitats as classified in accordance with OAC Chapter 3745-1.
- All existing public water supply wells, developed springs and/or private potable water supply wells.

## Section E: Authorized Maximum Daily Waste Receipts (Only complete this block if registering a Class II composting facility.)

<p>Enter the requested authorized maximum daily waste receipts (AMDWR) which will be received by the facility, as indicated on the annual operating license. Please specify AMDWR in cubic yards. The following conversion may be used to convert Tons to cubic yards: 1 Ton = 3 cubic yards (cu. yds).</p>	<p>cu.yds</p>
---	---------------

## Section F: Class II Composting Facility Area and Capacity (Only complete these blocks if registering a Class II composting facility.)

Please calculate the maximum land surface area, in square feet, for each of the following:		Please calculate the maximum storage capacity, in cubic yards, for each of the following:	
Area utilized for composting	a) sq.ft.	Capacity of composting area	g) cu.yds.
Storage area for bulking agents and additives	b) sq.ft.	Storage capacity for bulking agents and additives	h) cu.yds.
Storage area for curing compost	c) sq.ft.	Storage capacity for curing compost	i) cu.yds.
Storage area for cured compost	d) sq.ft.	Storage capacity for cured compost	j) cu.yds.
Enter the total sum of the storage areas which will be used for the placement of the above materials. (Add blocks a,b,c,d,e)	e) sq.ft.		
Subtract 135,000 sq.ft. from the amount found in block (d) and enter the number into block (f). If the amount in block (d) is less than or equal to 135,000 sq.ft., enter zero into block (f).	f) sq.ft.	Enter the storage capacity for cured compost for the area in block (f).	k) cu.yds

**Section G: Class II Composting Facility Estimated Closure Costs** (Only complete this block if registering a Class II composting facility.)

The estimated cost of disposing or transferring 1 cu.yd. of composting waste/material.	l) \$ /cu.yd.
The total capacity of composting area, enter amount found in block (g).	m) cu.yds.
The estimated cost of disposing or transferring the total facility compost capacity. Multiply block (l) and block (m).	n) \$
The estimated cost of disposing or transferring 1 cu.yd. of curing compost.	o) \$ /cu.yd.
The total storage capacity for curing compost, enter amount found in block (i).	p) cu.yds.
The estimated cost of disposing or transferring the total facility capacity for curing compost. Multiply block (o) and block (p).	q) \$
The estimated cost of disposing or transferring 1 cu.yd. of cured compost.	r) \$ /cu.yd.
The storage capacity for cured compost, enter number found in block (k).	s) cu.yds.
The estimated cost of disposing or transferring the facility cured compost. Multiply block (r) and block (s).	t) \$
The estimated cost of disposing or transferring 1 cu.yd. of bulking agents and additives.	u) \$ /cu.yd.
The total storage capacity for bulking agents and additives, enter number found in block (h).	v) cu.yds.
The estimated cost of disposing or transferring the total facility capacity for bulking agents and additives. Multiply block (u) and block (v).	w) \$
The total capacity for the leachate collection and disposal system.	x) \$
The estimated cost of removing and disposing of leachate remaining on the site based on the total system capacity.	y) \$
The estimated cost of flushing the leachate collection system.	z) \$
The estimated cost of modifying, removing or sealing the leachate collection system.	aa) \$
The estimated final closure cost at the point in the operating life of the composting facility when the extent and manner of its operation would make final closure the most expensive. (Add blocks n, q, t, w, y, z ,and aa)	bb) \$

**Section H: Financial Assurance Instrument**

If registering as a Class II composting facility, attach unexecuted draft of the financial assurance instrument in accordance with OAC Rule 3734-27-15.

**Section I: Class III Composting Facility** (Only complete this block if registering a Class III composting facility.)

What is the maximum land surface area which will be utilized for materials placement?	sq.ft.
State the maximum combined capacity, in cubic yards, available at the facility for the storing of feedstocks, bulking agents, additives, curing compost, cured compost, and compost product.	cu.yds.

## Section J: Location Certification Statement

**As specified on OAC Rule 3745-27-45(M), on the date the registration is received by the Director, the limits of the material placement areas and leachate management system are:**

- Not located in a regulatory flood plain.
- Not located, (except for facilities which exclusively compost wastes generated within state or national parks or national recreation areas) in:
  - \* A national park or national recreational area.
  - \* A state park or an established state park purchase area.
  - \* An area for potential inclusion in the national park system.
  - \* Any property that lies within the boundaries of a national park or national recreation area but that has not been acquired or is not administered by the secretary of the United States Department of the Interior.
- Located at least 200 feet from any surface waters of the state, for facilities registered on or after June 1, 2003.
- Located at least 100 feet from any surface waters of the state, for facilities registered prior to June 1, 2003.
- At least 200 feet from a public water supply well of a private potable water supply well, unless any of the following conditions are met:
  - \* The water supply well or developed spring is:
    - Controlled by the owner or operator; and needed as source of nonpotable water in order to meet the requirements of Paragraph (C)(6) of OAC Rule 3645-27-45, and no other reasonable alternate is available.
    - Constructed to prevent contamination of the ground water.
  - \* The water supply well or developed spring was constructed and is used solely for monitoring ground water quality.
- At least two hundred and fifty feet from a domicile, unless the domicile is owned or leased by the owner or operator.
- At least five hundred feet from:
  - \* An area designated by the Ohio Department of Natural Resources as either a state nature preserve, a state wildlife area, or a state scenic river.
  - \* An area designated, owned, and managed by the Ohio Historical Society as a nature preserve.
  - \* An area designated by the United States Department of the Interior as either a national wildlife refuge or a national scenic river.
  - \* An area designated by the United States Forest Service as either a special interest area of a research natural area in the Wayne National Forest.
  - \* Surface waters of the State designated by the Ohio EPA as either a state resource water, a coldwater habitat, or an exceptional warmwater habitat.

**The registration application must be signed by:**

- 1) In the case of a corporation, by a principal executive officer of at least the level of vice-president, or his duly authorized representative, if such representative is responsible for the overall operation of the facility.
- 2) In the case of a partnership, by a general partner.
- 3) In the case of sole proprietorship, by the proprietor.
- 4) In the case of a municipal, state, federal, or other government premise, by the principal executive officer, the ranking elected official, or another duly authorized employee.

Continued on next page...

## Section J: Location Certification Statement (Continued)

The registrant understands that the Director of the Ohio EPA, or an authorized representative, upon presentation of credentials shall allowed to:

- 1) Inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, operations, or vehicles regulated or required in accordance with Ohio Revised Code Chapter 3734. and rules promulgated thereunder.
- 2) Have access to and copy, at any reasonable time, any records that must be kept in accordance with Ohio Revised Code Chapter 3734. and rules promulgated thereunder.

***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.***

\_\_\_\_\_  
Registrant - print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary - print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Reminder:** It is the applicant's responsibility to obtain information regarding permitting requirements. Have the permit sections of the following Ohio EPA divisions been contacted regarding permit requirements?

- a. Division of Air Pollution Control:      \_\_\_\_\_ No      \_\_\_\_\_ Yes
- b. Division of Surface Water:      \_\_\_\_\_ No      \_\_\_\_\_ Yes

You may contact these divisions by calling the appropriate Ohio EPA district office or the Ohio EPA central office division.