



SCRAP TIRE TRANSPORTER Annual Report

INSTRUCTIONS: Please type or legibly print all required information on all pages of this form. All information shall be completed in accordance with the provisions of Section 3734.74 of the Ohio Revised Code (ORC) and Rule 3745-27-56 of the Ohio Administrative Code (OAC). Please send this original annual report to:

Ohio EPA - DMWM
P.O. Box 1049
Columbus, Ohio 43216-1049

Submit one (1) copy of this report to each of the following:

- your appropriate solid waste management district (SWMD)
- local approved health department; and
- the appropriate Ohio EPA district office.

Refer to the following websites to determine the address of the appropriate offices:

Solid Waste Management Districts (SWMD's):

http://www.epa.ohio.gov/portals/34/document/general/swmd_chair_list.pdf

Approved county and city health department chart and addresses:

http://www.epa.ohio.gov/portals/34/document/facility_lists/approved_list_of_hds.pdf

<http://odhlogin.sso.odh.ohio.gov/LHDDirectory/NetMgr/NetMgr.aspx>

Ohio EPA district offices:

<http://www.epa.ohio.gov/Directions.aspx>

SECTION A: Report Information

Transporter annual report for calendar year _____

Current Registration Certificate Number(s) _____ through _____

SECTION B: Business Information

Name of Business: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Title: _____

Telephone: (____) _____ FAX: (____) _____

SECTION C: Preparer Information (include address only if different from Section B)

Preparer's Name: _____

Affiliation: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ FAX: (____) _____

SECTION D: Total Quantity Transported

Enter the **TOTAL** quantity of each unit of scrap tires transported during the calendar year. **Enter only one unit of measurement** (i.e. weight, volume, or number count) unless more than one unit was recorded during separate pickups or deliveries. Ohio EPA will convert any volume or number count to tons to calculate a TOTAL amount of all scrap tires transported.

Total quantity of tires transported for this reporting year: Weight (in tons): _____ **AND/OR** (circle one)
Volume (in cubic feet): _____ **AND/OR** (circle one)
Number count: _____

If you report by volume, please give a typical number of tires and type of tires in a typical volume.

For example:

A typical truck load equals _____ cubic feet and holds _____ of _____ tires.
(Number) (Number) (Passenger or Truck)

SECTION E: Tire Types

Based on the annual total from Section D, enter below the estimated amounts, by percentage, of each tire type transported during this reporting year. Include light truck and SUV tires with passenger tires.

Passenger & Light Truck Tires: _____% Semi Truck Tires: _____% Other Tires: _____%

Describe the other tires by size or type _____

SECTION F: Total Quantity of Whole or Processed Scrap Tires Picked-up (Table I)

On **Table I**, (attached) in the **third, fourth or fifth column**, enter the **TOTAL** amount of whole or processed scrap tires PICKED UP in **each** Ohio County or in **each** State outside Ohio, during the reporting calendar year. Enter the total quantity (in number count, weight, or volume) of scrap tires transported from **each** of the Ohio county(ies) or State(s) listed. Entries of more than one unit of measurement will be interpreted as a cumulative total of all tires picked-up in that area. **If another transporter transferred tires to you, list the transporter's registration number** on the line for the county of that transporter's business operation. The other transporter's annual report will be used to determine the county of origin of those tires.

Note: The information in Table I may also be submitted in an alternate form, or by computer printout, providing that all of the required information is submitted.

SECTION G: Total Quantity of Whole or Processed Scrap Tires Delivered (Table II)

On **Table II** (attached) in the **first column**, enter the name and address of each location where whole and/or processed scrap tires were DELIVERED during the reporting calendar year. Or list the name of the **transporter** you transferred the tires to if you did not deliver the tires directly to a facility. In the **second column**, enter the Ohio county (or state outside Ohio) where each delivery was located. In the **third, fourth, or fifth column**, enter the total quantity (in number count, weight, or volume) of whole or processed scrap tires were DELIVERED to each site listed in the first column. Separate lines should be used if tires are delivered to multiple locations in a single county.

For tires delivered to out-of-state facilities please indicate your estimate of the percent or amount that went to landfills for disposal, to landfills for beneficial use, to recycling, to retreaders, and to used tire dealers. Recycling includes tire derived fuel and beneficial use outside of a landfill.

Landfill Disposal _____ Landfill Beneficial Use _____

Recycling _____ Retreader _____ Used _____

Note: Table II may be photocopied as needed to list all facilities. Please number the additional pages accordingly. The information in Table II may also be submitted in an alternate form, or by computer printout, providing that all of the required information is submitted.

SECTION H: Certification

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS REPORT AND ALL ATTACHMENTS AND THAT, BASED ON MY INQUIRY OF THOSE PERSONS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION CONTAINED IN THE REPORT, I BELIEVE THAT THE INFORMATION SUBMITTED AS ACTUAL IS TRUE, ACCURATE, AND COMPLETE. I FURTHER UNDERSTAND THAT ANY INFORMATION PROVIDED AS ESTIMATED IS FOR INFORMATIONAL PURPOSES ONLY AND IS NOT CONSIDERED TO BE PART OF THE CERTIFIED INFORMATION. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

Registrant Name (print or type)

Official Title

Signature

Date

Sworn to and subscribed to before me on this _____ day of _____, _____.
(date) (month) (year)

Notary Public

Note: Only reports containing original signatures will be accepted; facsimiles and/or photocopies of signatures cannot be accepted.

TABLE I

SECTION F: Total Quantity of Scrap Tires Picked-up

Scrap Tire Transporter Annual Report for Calendar Year _____

Transporter Who Transferred Tires to You	Total Quantity of Scrap Tires Picked Up		
	Number of Tires (count)	Weight (tons)	Volume (cubic ft)
County in Ohio Where You Picked Up Scrap Tires			
Adams			
Allen			
Ashland			
Ashtabula			
Athens			
Auglaize			
Belmont			
Brown			
Butler			
Carroll			
Champaign			
Clark			
Clermont			
Clinton			
Columbiana			
Coshocton			
Crawford			

County in Ohio		Total Quantity of Scrap Tires Picked Up
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Transporter Name _____

Form ST-56(D) Table I (Continued)

Where You Picked Up Scrap Tires		Number of Tires (count)	Weight (tons)	Volume (cubic ft)
Cuyahoga				
Darke				
Defiance				
Delaware				
Erie				
Fairfield				
Fayette				
Franklin				
Fulton				
Gallia				
Geauga				
Greene				
Guernsey				
Hamilton				
Hancock				
Hardin				
Harrison				
Henry				
Highland				
Hocking				
Holmes				
Huron				
Jackson				
Jefferson				
Knox				
Lake				
Lawrence				
Licking				
Logan				
Lorain				

County in Ohio Where You Picked Up Scrap Tires	Total Quantity of Scrap Tires Picked Up		
	Number of Tires (count)	Weight (tons)	Volume (cubic ft)
Lucas			
Madison			
Mahoning			
Marion			
Medina			
Meigs			
Mercer			
Miami			
Monroe			
Montgomery			
Morgan			
Morrow			
Muskingum			
Noble			
Ottawa			
Paulding			
Perry			
Pickaway			
Pike			
Portage			
Preble			
Putnam			
Richland			
Ross			
Sandusky			
Scioto			
Seneca			
Shelby			
Stark			
Summit			

County in Ohio Where You Picked Up Scrap Tires	Total Quantity of Scrap Tires Picked Up		
	Number of Tires (count)	Weight (tons)	Volume (cubic ft)
Trumbull			
Tuscarawas			
Union			
Van Wert			
Vinton			
Warren			
Washington			
Wayne			
Williams			
Wood			
Wyandot			
Other States Where You Picked Up Scrap Tires and Delivered the Tires to Ohio	Total Quantity of Scrap Tires Picked Up		
	Number of Tires (count)	Weight (tons)	Volume (cubic ft)
Kentucky			
Indiana			
Michigan			
Pennsylvania			
West Virginia			
Illinois			
New York			
(list other states when appropriate)			

Transporter Name _____

Form ST-56(D) Table II

TABLE II

**SECTION G: Total Quantity of Scrap Tires Delivered
To Another Transporter or a Facility**

Scrap Tire Transporter Annual Report for Calendar Year

Name and address of Each Facility, Transporter, Site, or Used Tire Dealer Where Tires Were Delivered	Ohio County or Other State Where Tires Were Delivered	Total Quantity of Scrap Tires Delivered		
		Number of Tires (count)	Weight (tons)	Volume (cubic feet)

Use additional photocopies of this Table II to list other sites, if needed.