



Management Plan Renewal Application — Form A2

State of Ohio Environmental Protection Agency
Division of Surface Water, Division of Environmental and Financial Assistance

FOR AGENCY USE ONLY

Date Received: / /	Revenue ID:	Organization ID:	Permit #:
Check Date: / /	Check ID:	Check Number:	Check Amount:

Facility Name: _____

1. Applicant (see note after signature)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Title: _____

Phone: () - Fax: () - Email: _____

2. Facility Information

Facility Name: _____ Permit #: _____

Street Address: _____

County or Township: _____ Latitude: _____ Longitude: _____

City/State/Zip code: _____

3. Attachments (Please check the appropriate box below and attach the management plan with this form.)

- Land Application Management Plan for Sludge or Waste other than Treated Sewage – Form C1
- Treated Sewage Land Application Management Plan – Form C2
- Sewage Holding Tank Management Plan – Form C3

4. Check here if there were any changes to the plan.

5. Signature of the Applicant: (see Ohio Administrative Code 3745-42-03)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that all the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are substantial penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name: _____

Signature: _____ Date: / /

NOTE (Who Must Sign):
The person signing as Applicant must be the president, secretary, treasurer, or vice president of the corporation in charge of the principal business function, the manager of one or more manufacturing, production, or operating facilities, or any other person who performs similar policy or decision-making functions (*Please see OAC 3745-42-03 for more information*).