



## C&DD Processing Facility Application for Registration

[Required by Amend. S.B. 2 Uncodified § 4, 132nd Gen. Assemb. (Ohio 2017) (enacted) (effective Oct. 6, 2017)]

Division of Materials and Waste Management

Applicant Information					
Applicant Type (check one): <input type="checkbox"/> Property Owner <input type="checkbox"/> Facility Owner <input type="checkbox"/> Both Property Owner and Facility Owner					
Applicant Name:				Applicant Phone: ( ) -	
Emergency Contact:				Emergency Contact Phone: ( ) -	
Facility Information					
Date facility began operation or proposes to begin operation:		/ /			
Facility Name:					
Facility Location Address:					
City:		State:		Zip Code:	-
County:		Health District:			
Parcel Number(s):					
<p>Note: Health District jurisdictions can be found online at <a href="http://www.odh.ohio.gov">www.odh.ohio.gov</a> and then select "Local Health Depts" Alternately, contact the Ohio Department of Health at 614-466-3543.</p>					
Facility Mailing Address:					
City:		State:		Zip Code:	-
Facility Operator Information					
Operator Name:					
Operator Address:					
City:		State:		Zip Code:	-
Agent Information (if Owner/Operator is an entity, for instance Corp. or LLC)					
Agent Name:					
Agent Address:					
City:		State:		Zip Code:	-
Property Owner Information					
Property Owner Name:					
Property Owner Address:					
City:		State:		Zip Code:	-
Attach Property Owner's written consent to the location (if the Property Owner is not the same as the Facility Operator).					
Plan View Drawing					
<p>Attach a plan view drawing showing the location of the areas within the property boundary, whether on the ground or in buildings, to be used for the receipt, storage, transferring or processing of C&amp;DD. The plan view drawing shall use a scale of one inch equals a maximum of 200 feet. At a minimum, the plan view drawing shall include a north arrow, the property lines, the locations and dimensions of all buildings and structures and the location of all access roads.</p>					

Submission Instructions	
<p><b>If the local Health District is the licensing authority</b>, please send the signed, completed application, including the \$100 registration fee, with all required attachments to the approved Board of Health, along with a copy of the application to Ohio EPA. Please see the <a href="#">List of Approved Health Departments</a> on Ohio EPA's web site to determine if your local health department is approved.</p>	<p><b>If Ohio EPA is the licensing authority</b> (make check payable to Treasurer, State of Ohio), send application to:</p> <p style="text-align: center;">Ohio EPA – DMWM Attention: C&amp;DD Unit P.O. Box 1049 Columbus, Ohio 43216-1049</p>

Certification
<p><b>If the application concerns a Processing Facility that WAS NOT in operation on or before Oct. 6, 2017, the applicant is required to submit a notarized statement certifying the following:</b></p> <p>I certify that the proposed horizontal limits of construction and demolition debris processing at the facility <b>ARE NOT</b> located:</p> <ol style="list-style-type: none"> <li>1.a. Within 100 feet of a perennial stream as defined by the United States Geological Survey seven and one-half minute quadrangle map;</li> <li>1.b. Within 100 feet of a Category 3 wetland;</li> <li>2. Within 100 feet of the facility's property line;</li> <li>3. Within 500 feet of an occupied dwelling.</li> </ol> <p>By signing this document, I hereby certify that the statements and assertions of fact regarding the location of this C&amp;DD Processing Facility include all required information, are true, accurate and comply fully with applicable rules.</p>

Applicant Name (Printed)	Signature
Sworn to and subscribed to before me on this _____ day of _____, _____	
_____ Notary Public	

Signature of Applicant	
By signing this document, I hereby certify that all statements and all assertions of fact made in the document and attachments, to the best of my knowledge and belief are true and accurate, and comply fully with applicable rules.	
Applicant Name (Printed)	Title
Signature	Date

For Agency Use Only					
Date Received:	/ /	Application/Revenue ID:		Organization ID:	
Document ID:		Place ID:		Check ID:	
Check Date:	/ /	Check Number:		Check Amount:	\$