



Environmental Protection Agency

Division of Solid and Infectious Waste Management Construction and Demolition Debris Facility License Application

For the Year of 20__

Form CDDL-001

Last Updated May 2010

FOR LICENSING AUTHORITY USE ONLY

Application Number: _____

Date Received: _____

- An application for a license must be received by the approved health district or the Ohio EPA at least (90) days prior to start-up for new facilities.
- An application for a license must be received by the approved health district or the Ohio EPA at least (90) days prior to proposed implementation date of a modification.
- License applications for facilities renewing their license must be submitted before September 30.
- If Ohio EPA is the licensing authority, please send 2 copies of the license application to the appropriate Ohio EPA district office. NOTE: If an approved health district administers the C&DD program in your county or city, send 2 copies of the license application to the appropriate health district.

PLEASE TYPE OR PRINT ALL ENTRIES

County or City Health District where the facility is located: _____

Facility Core ID (CID) Number (assigned by Ohio EPA upon issuance of first license): _____

C&DD Facility Name: _____

I. APPLICANT INFORMATION

A. Applicant: Note: In accordance with Ohio Administrative Code Rule 3745-37-02, the applicant for a facility license must be the owner or operator of the C&DD facility.

Name:		Contact Name:	
Is the applicant the:	_____ Owner	_____ Operator	_____ Both Owner and Operator
Address:			
City:	State:	Zip:	Phone:
State of Incorporation:			
Name of Statutory Agent:			
Address of Statutory Agent:			
City:	State:	Zip:	Phone:

B. Facility Name and Location:

Name:			
Physical Location: <i>(Example: The site is located on a 4 acre plot located on Harris Pike, approximately 4.25 miles North of the intersection of State Route 15 and Harris Pike)</i>			
City:	Township:	County:	State:
Zip:	Phone: ()		

C. Facility Mailing Address (If different from physical address):

Name:		
Address:		
City:	State:	Zip:
Phone: ()		

D. Longitude and Latitude of Facility:

Longitude:	Latitude:
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E. Facility Owner(s): Indicate all person(s) who own the facility itself, if different from the property owner (e.g., lessee). *Attach extra sheets as necessary.*

Business Name (if applicable):			
Contact Name:		Title:	
Address:			
City:	State:	Zip:	Phone:
State of Incorporation:			
Name of Statutory Agent:			
Address of Statutory Agent:			
City:	State:	Zip:	Phone:

F. Facility Operator: Indicate person(s) [corporation or individual] in direct control of operations at the construction and demolition debris facility. *Attach extra sheets as necessary.*

Name:		
Address:		
City:	State:	Zip:
Phone: ()		

G. On-Site Facility Manager: Indicate the individual responsible for daily facility operations

Name:
Title:

H. Emergency Contact: Indicate the individual(s) who should be contacted in the event of an emergency at the facility.

Name:
Title:
Phone: ()

I. Property Owner(s): Indicate all person(s) who hold legal title to the property on which the construction and demolition debris facility is located. *Attach additional pages as necessary*

Note: If the property owner is a corporation, list on a separate sheet all individuals or organizations that own more than 10% of the shares of the corporation, and list the percentage of shares held. For each organization so listed, list each person or organization that owns more than 10% of its shares and the percentage held. Continue this process for as many steps as needed until every organization that holds at least 10% of the shares has been listed. Provide the name, mailing address and phone number for each individual or organization listed.

Corporation Name (if applicable):			
Contact Name:			
Address:			
City:	State:	Zip:	Phone:
State of Incorporation:			
Name of Statutory Agent:			
Address of Statutory Agent:			
City:	State:	Zip:	Phone:

J. Owner's Knowledge of Intent: Please provide documentation that all person(s) who hold legal title to the property on which the construction and demolition debris facility is located have been informed of the intent to use the property for a construction and demolition debris facility:

II. FACILITY INFORMATION

A. Application Information: (Check all that apply)

<input type="checkbox"/> Annual renewal <input type="checkbox"/> Establishment of a facility that has never before been licensed <input type="checkbox"/> Horizontal expansion of the limits of debris placement <input type="checkbox"/> Vertical expansion of the limits of debris placement <input type="checkbox"/> License transfer (<i>prospective licensee submit form CDDL-001 and copy of current license holder's letter of intent for transfer</i>)	<input type="checkbox"/> Extension of the active licensed disposal area <input type="checkbox"/> Change to the facility design plan <input type="checkbox"/> Change to facility operations <input type="checkbox"/> Other, describe:
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If the facility was not licensed in accordance with OAC Chapter 3745-37 in the previous year due to a proposed denial of the license, indicate the year for which the most recent state license was issued: _____

B. Other Facility Information Complete if any of the following permits or registrations are held by the facility (or are pending). If the permits/registrations are effective, provide the effective date and the permit/registration number. If pending, check the appropriate box.

Type of Permit	Permit/Registration Effective Date(s)	Permit/Registration Number(s)	Pending (✓ if pending)
1. Air Discharge			
2. Surface Water Discharge			
3. Wastewater Treatment Works			
4. Solid Waste Disposal Facility (Incinerator, Landfill, Composting, Scrap Tire Facility)			
5. Hazardous Waste Disposal Facility			
6. Other: _____ _____			

C. Hours of Operation:

Please indicate the hours during which the facility will be open to receive C&DD:
 (OAC 3745-400-11(B)(9), 400-11(C)(1), 400-11(I)(1))

SUN	MON	TUES	WED	THURS	FRI	SAT

D. Facility Designer Information: (i.e., Consultant or Engineer and Qualified Ground Water Scientist)

Name of Professional Engineer:		
P.E. Registration Number:		
Name of Consulting Firm (if applicable):		
Address:		
City:	State:	Zip:
Telephone: ()	Fax:	
Name of Qualified Ground Water Scientist:		
Name of Consulting Firm (if applicable):		
Address:		
City:	State:	Zip:
Telephone: ()	Fax:	

III. CERTIFICATION

The applicant, in filing this application, agrees to ensure that the above-named construction and demolition debris facility is operated in substantial compliance with Ohio's construction and demolition debris laws as provided in ORC Chapter 3714. and OAC Chapters 3745-37 and 3745-400.

By applying for and accepting a license, the licensee specifically consents in advance and agrees to allow the Director, the Health District, or an authorized representative of the Director or Health District, to enter upon the licensee's premises at any reasonable time during the construction and/or operation of the facility for the purpose of making inspections, conducting tests, collecting samples, or examining records or reports pertaining to construction, modification, installation, or operation of the facility. The licensee hereby acknowledges and agrees that any and all rights of access granted herein shall not be deemed to be unreasonable or unlawful under ORC Section 3714.08.

Failure to answer any portion of this application will constitute an incomplete submittal. Pursuant to OAC Rule 3745-37-02(A), an incomplete license application shall not be considered. Within sixty (60) days of receipt of an incomplete construction and demolition debris facility license application, the applicant shall be notified of the nature of the deficiency by the Licensing authority.

Please be advised that pursuant to ORC Section 3714.10, the Board of Health and/or the Director of Ohio EPA may suspend, revoke, or deny a license for violation of the Revised Code or any rules adopted thereunder.

As stated in OAC 3745-37-02(C), the signatures on a license application 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 concerning the submittal of false or misleading statements. The signatures shall constitute an agreement that the signatories shall assume responsibility for compliance with Chapter 3714. of the Revised Code and Chapters 3745-400 and 3745-37 of the Administrative Code.

Signature of Applicant (per OAC Rule 3745-37-02 must be **owner** or **operator** of facility)

Printed or Typed Name of Applicant

Title

Date

APPROVED HEALTH DEPARTMENT USE ONLY

Health Department: _____

Name of Facility: _____

Compliance Review: Does the applicant meet the requirements of OAC Rule 3745-37-03, or in the case of a license transfer, OAC 3745-37-06? Yes No

Date License Issued: _____

License Number: _____

Or Date of Proposed License Denial: _____

Reason(s) for denial (To be completed for all denial recommendations):

Please state the specific reason for recommending denial, including the Chapters and Sections of the Ohio Revised Code and/or the rules of the Ohio Administrative Code with which the applicant is not in compliance. The reasons stated herein should be quoted in any denial sent to the applicant. (Use back of sheet if necessary).

Date(s) of inspections certifying substantial compliance, pursuant to ORC Section 3714.08:

CERTIFICATION STATEMENT:

This is to certify the facility named above has been inspected and licensed in accordance with the requirements of ORC Chapter 3714. and OAC Chapter 3745-37.

By: _____
Health Commissioner

Date: _____

Please submit a copy of this completed application and the inspection notice(s) to the Ohio EPA Central Office within 30 days after issuance or denial of the license, in accordance with ORC Section 3714.08.

Please mail this form to:

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