



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

GENERAL COVER SHEET

For EPA Use Only

Application _____
or ID Number _____
Core Place ID _____
Date Received _____
Check No. _____ Check ID No. _____
Check Date _____ Amount _____
Revenue ID No. _____

<input type="checkbox"/>	DAPC
<input type="checkbox"/>	DDAGW
<input type="checkbox"/>	DEFA
<input type="checkbox"/>	DMWM
<input type="checkbox"/>	DSW
<input type="checkbox"/>	RTK
<input type="checkbox"/>	TRI

Route to: \_\_\_\_\_

## 1. Facility Information

Legal Name \_\_\_\_\_

Alternate Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Location \_\_\_\_\_

County/Township \_\_\_\_\_

Lat./Long./Point Description \_\_\_\_\_

Facility Type: *(shaded areas indicate the attachment is under development)*

Y	Facility Type	Required Attachments	
	Municipal Solid Waste Landfill	A1	B1a
	Industrial Solid Waste Landfill	A1	B1b
	Residual Solid Waste Landfill	A1	B1c
	Solid Waste Transfer Facility	A2	B2
	Scrap Tire Monofill	A3a	B3a
	Scrap Tire Monocell - Contiguous to MSW Landfill	A3b	B1a
	Scrap Tire Monocell - Contiguous to ISW Landfill	A3b	B1b
	Scrap Tire Monocell - Non-Contiguous to Landfill	A3b	B3a
	Scrap Tire Submergence Facility	A3a	B3b
	Class I Scrap Tire Storage Facility	A4	B4
	Class I Scrap Tire Recovery Facility	A4	B4
	Solid Waste Incinerator or Energy Recovery	A5	B5
	Class I Solid Waste Composting Facility	A6	B6
	Infectious Waste Treatment Facility	A7	B7



## 2. Applicant Information

Applicant Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Billing Address \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip \_\_\_\_\_

## 3. Operator Information (if different from applicant)

Operator Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

## 4. Land Owner Information (if different from applicant)

Land Owner Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

## 5. Preparer Information (if different from applicant)

Preparer Name \_\_\_\_\_  
Company \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Duplicate page as necessary to add multiple land owners or preparers

