



# Class II Composting Facility Registration Form

## Application Type

|            |                              |   |
|------------|------------------------------|---|
| Check One: | <input type="checkbox"/> New | <input type="checkbox"/> Modification of Existing |
|------------|------------------------------|---|

## Applicant Information

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_ Mailing Address Line 2 (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Applicant Type:  Corporation  Government  LCC

## Facility Information

Facility Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_ Mailing Address Line 2 (optional): \_\_\_\_\_

City: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ Email Address: \_\_\_\_\_

Township: \_\_\_\_\_ County: \_\_\_\_\_ Facility Health District: \_\_\_\_\_

## Property Owner Information

Owner Type:  Corporation  Government  LCC  Individual  Partnership  Sole Proprietorship

Property Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address Line 1: \_\_\_\_\_ Mailing Address Line 2 (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Relationship Permission:  Yes  No  Operator is Owner Percent Ownership \_\_\_\_\_

## Composting Method

|  |  |                                      |
|--|--|--------------------------------------|
| Is the facility located on a former solid waste landfill?  | <input type="checkbox"/> Yes                 | <input type="checkbox"/> No          |
| Allowed Maximum Daily Waste Receipt (AMDWR) in tons<br>Select One  |  |                                      |
| <input type="checkbox"/> <13 <input type="checkbox"/> 13 to 25 <input type="checkbox"/> 26 to 50 <input type="checkbox"/> 51 to 75 <input type="checkbox"/> 76 to 100 <input type="checkbox"/> 101 to 200 <input type="checkbox"/> 201 to 500 <input type="checkbox"/> > 500 |  |                                      |
| Check all that apply:  |  |                                      |
| <input type="checkbox"/> Other Approved Method   | <input type="checkbox"/> Windrow             | <input type="checkbox"/> In Vessel   |
|  | <input type="checkbox"/> Aerated Static Pile | <input type="checkbox"/> Static Pile |



### Closure Cost Estimate

|  |                            |  |                            |
|--|----------------------------|--|----------------------------|
| A. Maximum capacity for storage of feedstocks, bulking agents, and additives authorized by rule                  | yd <sup>3</sup>            | F. If applicable, maximum capacity for storage of alternative materials                                | yd <sup>3</sup>            |
| B. Maximum capacity for compost mixtures containing feedstocks, bulking agents, and additives authorized by rule | yd <sup>3</sup>            | G. If applicable, maximum capacity for compost mixtures containing alternative materials               | yd <sup>3</sup>            |
| C. Maximum capacity of materials placement area (A+B) (Does not include compost product storage areas)           | yd <sup>3</sup>            | H. Maximum capacity of materials placement area (F+G) (Does not include compost product storage areas) | yd <sup>3</sup>            |
| D. Closure cost multiplier   | \$2.50 per yd <sup>3</sup> | I. Closure cost multiplier   | \$8.00 per yd <sup>3</sup> |
| E. Closure cost estimate (C x D)   | \$                         | J. Closure cost estimate (H x I)   | \$                         |
| <b>Total cost estimate (E+J)</b>   |                            |  | <b>\$</b>                  |

Note: Financial assurance is not required for estimates of \$3,500 and less. If the closure cost estimate exceeds \$3,500, an executed financial assurance instrument must be submitted with this application.

### Plan View Drawings

Plan view drawings must be submitted showing the following items within 500 feet of the proposed facility boundary and using a scale of one inch equals no greater to one hundred feet: 1) The property lines of all land owned or leased for the composting facility; 2) The boundary lines for the composting facility; 3) Public roads, railroads, and structures; 4) Existing topography showing streams, wetlands, lakes, springs, and other surface waters of the state; 5) The north arrow; 6) Location of the materials placement areas for each of the following: Composting operations, storage of feedstocks, bulking agents, or additives, storage of compost product; 7) Existing occupied structures; 8) Any leachate management structure; 9) The limits of the one hundred year floodplain; 10) National park or national recreation areas, candidate areas for potential inclusion into the national park system, and any state park or established state park purchase areas; 11) State nature preserves, state wildlife areas, national and state scenic rivers, and national wildlife refuge, special interest areas and research natural areas in the Wayne national forest, state resource waters, outstanding national resource waters, category 3 wetlands, outstanding high quality waters, coldwater habitats, and exceptional warmwater habitats as classified in accordance with Chapter 3745-1 of the Administrative Code; 12) Existing public water supply wells, developed springs, or private potable water supply wells.

### Letter(s) of Intent

Letter(s) of intent to be sent to an individual or organization, such as zoning authority, local government, solid waste management districts, local fire departments, etc. recipients. Letters of intent indicate that the facility plans to establish a composting facility at a specified location within the rules and regulations established by the Ohio EPA.



***I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments that based on my inquiry of those persons immediately responsible for obtaining the information contained in the registration application, I believe that the information is true accurate and complete.***

|                            |           |      |
|----------------------------|-----------|------|
| Registrant (Print Name)    | Signature | Date |
| Notary Public (Print Name) | Signature | Date |