



DIVISION OF SOLID AND INFECTIOUS
WASTE MANAGEMENT

Class I Scrap Tire Storage and Recovery Facilities

The information requested by this attachment is not required by rule, however it is useful to permit reviewers and the general public.

Multimedia Information, check all that apply:

Division of Surface Water

Current NPDES Permit

Permit Number _____

Date Issued _____

Leachate discharge to public sewer	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>
On-Site Leachate Treatment	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>
On-site Sanitary Treatment	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>
Waste Solidification	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>
Sedimentation Basin	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>
Holding Tank	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>
Stream Relocation	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Spillway Relocation	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
New Outfall	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Headwater Removal	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>

401 Certification

Required	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Submitted	No	<input type="checkbox"/>	Yes	Date _____
Issued	No	<input type="checkbox"/>	Yes	Date _____

404 Permit

Required	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Submitted	No	<input type="checkbox"/>	Yes	Date _____
Issued	No	<input type="checkbox"/>	Yes	Date _____

Isolated Wetland Permit

Required	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Submitted	No	<input type="checkbox"/>	Yes	Date _____
Issued	No	<input type="checkbox"/>	Yes	Date _____

Initial

Revised _____ date

Division of Air Pollution Control

Current DAPC Permit

Permit Number _____

Date Issued _____

New/Revised DAPC permit application

Required	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Submitted	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____
Issued	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date _____
Active Gas Extraction	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
Flare	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
Rail Spur	Current	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	
Additional Storage Piles	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Additional Haul Roads	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	
Waste Relocation	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	

Dust Suppressant Used _____

Other Permits

Permit	Local, State, or Federal Office	Date Submitted	Date Issued

Other Licenses

License	Local, State, or Federal Office	Date Submitted	Date Issued

Other Plan Approvals

Plan	Local, State, or Federal Office	Date Submitted	Date Issued

Other Authorizations

Authorization	Local, State, or Federal Office	Date Submitted	Date Issued

Initial

Revised _____ date

Additional Information.

1. Please indicate the reason for this application (check all that apply).

New Facility

Expansion

DDIC Change

Design Modification

Call-In, ORC 3734.05(A)(5)

Operational Modification

Call-In, ORC 3734.05(A)(3) or (4)

2. Please identify the licensing authority (Ohio EPA or local health department, if approved).

Licensing Authority:

3. Please list all variances and exemptions, pursuant to OAC 3745-27-03, requested in the permit application:

Variance/Exemption:

Variance/Exemption:

Variance/Exemption:

Variance/Exemption:

4. Please list all alternatives, where allowed by rule, requested in the permit application:

Alternative:

Alternative:

Alternative:

Alternative:

5. Please state the acreage of the property where the facility will be located, and how much of this property is owned, leased, and not currently owned or leased, by the applicant.

Total Facility Area (acres)

Total Area Owned (acres)

Total Area Leased (acres)

Total Other (acres) Explain:

Initial

Revised _____ date

6. Please state the acreage of the facility within the storage/recovery limits, and how many acres were previously approved, currently filled, and proposed to be filled as part of this application.

Total Area Within the Scrap Tire Storage Facility or Scrap Tire Recovery Facility Limits (acres)

Area Previously Approved (acres)

New Area Added (or Subtracted) by this Permit (acres)

7. Please state the daily design input capacity (DDIC) requested for this facility and the anticipated daily waste receipt.

DDIC (tons)

Anticipated Daily Waste Receipt (tons)

Section IV – Cost Estimate

Attachment A4

Closure Cost Estimate.

Total Closure Cost Estimate

Maximum Number of Scrap Tires (PTE)

Maximum Number of Whole Tires (PTE)

Processed Scrap Tires (cubic yard)

Whole and Processed Tires not in compliance
with OAC 3745-27-65

x \$1

\$Transport

\$Disposal

x \$2

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Revised _____
date