



**Municipal Solid Waste
Landfill Facility
PTI Application Form**

Ohio EPA Use Only
Secondary ID:
Date Received:

Section 1: Facility Information

Permit to Install Facility Information		
Legal Name:		
Street Address:		
City:	State: Ohio	ZIP:
County:	Lat./Long./ Center of Facility:	
Applicant Information		
Applicant Name:		
Company:		
Mailing Address:		
City:	State:	ZIP:
Phone Number:	Email Address:	
Property Owner (if different from Applicant) The owner holds title to the land		
Property Owner Name:		
Parcel Number(s):		
Mailing Address:		
City:	State:	ZIP:
Phone Number:	Email Address:	
Please attach additional entries for each property owner as needed.		
Operator Information (if different from applicant) The operator has supervisory authority over the facility		
Operator Name:		
Mailing Address:		
City:	State:	ZIP:
Phone Number:	Email Address:	

Section 1: Facility Information (continued)



Preparer Information

Preparer Name:		
Company:		
Mailing Address:		
City:	State:	ZIP:
Phone Number:	Email Address:	

Certification

The applicant, owner, or operator signing this application form shall be one of the following:

1. In the case of a corporation, a principal executive officer of at least the level of vice president or a duly authorized representative, if such representative is responsible for the overall operation of the facility.
2. In the case of a partnership, a general partner.
3. In the case of a limited liability company, a manager, member, or other duly authorized representative of the limited liability company, if such representative is responsible for the overall operation of the facility.
4. In the case of sole proprietorship, the owner.
5. In the case of a municipal, state, federal, or other government facility, the principal executive officer, the ranking elected official, or other duly authorized employee.

By signing this document, I hereby certify that all statements and all assertions of fact made in this application are, to the best of my knowledge and belief, true, accurate, and complete, and that they fully comply with all applicable state requirements. By also signing this document, I am aware that I am subject to liability under applicable state laws and rules that forbid submitting false or misleading information.

Printed Name:	Title:
Signature:	Date:
Application Fee Enclosed:	<input type="checkbox"/>

Section 2: Additional Information

Reason for Application
(Check all that apply)

<input type="checkbox"/>	New Facility	<input type="checkbox"/>	Design Modification	<input type="checkbox"/>	Lateral Expansion
<input type="checkbox"/>	Vertical Expansion	<input type="checkbox"/>	Operational Modification	<input type="checkbox"/>	Call-in, ORC 3734.05(A)(3)

Section 2: Additional Information (continued)

Variations, Exemptions, Alternatives

Variance, Exemption, or Alternative	Citation	Description
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Please attach additional entries as needed.

Applicant's Meeting
(required by Ohio Revised Code 3734.05)

Location:	Anticipated Date:
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Licensing Authority
(Ohio EPA or local Board of Health, if approved)

Licensing Authority:

Uppermost Aquifer System(s)

Name of Aquifer System	Isolation Distance Between Aquifer System and Liner System

Please attach additional entries as needed.

Facility Size

Total Facility Area (acres):	Area Owned by Applicant (acres):
	Area Leased by Applicant (acres):
	Area, Other (acres):
	Explain:

Section 2: Additional Information (continued)

Area within Limits of Waste Placement

Total Area within Limits of Waste Placement (acres):	Area Previously Approved (acres):
	Area Currently Filled (acres):



		New Area Added or Subtracted by this Permit (acres):	
Volume of the Landfill			
Total Volume (cubic yards):		Volume Previously Approved (cubic yards):	
		Volume Currently Filled (cubic yards):	
		New Volume Added by this Permit (cubic yards): <small>(this figure should be used to calculate the permit fee as per ORC 3745.11(Q))</small>	
Expected Daily Waste Receipt			
Anticipated Daily Waste Receipt (cubic yards):		Current Daily Waste Receipt (cubic yards), if any:	
Life Expectancy using Anticipated Daily Waste Receipt (years):			

Section 3: Multimedia Information

This section asks for information regarding authorizations that may be required by other divisions within Ohio EPA or from other entities.

Division of Surface Water				
Current NPDES Permit?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Permit Number:				
Date Issued:				
Expiration Date:				
New/Modified DSW Permit Application				
Required?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Submitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	App #:
Issued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	Permit #:
Division of Air Pollution Control				
Current DAPC Permit(s)?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Permit Number(s):				

Section 3: Multimedia Information (continued)

Date(s) Issued:		
Expiration Date(s):		
New/Modified DAPC Permit Application		
Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Submitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	App #:
Issued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	Permit #:
Other Authorizations (license, other permits, plan approvals, etc.)				
Other Authorization		Local, State, or Federal Office		Date Applied For
Please attach additional entries as needed.				