



**Application for Certification Under The
 Recycling, Reuse of Deleterious Substances**
 OAC 165:10-8-1, 165:10-8-2

PLEASE TYPE OR PRINT USING BLACK INK

Company Name:		Phone No.
Address		FAX No.
City	State	Zip
Contact Name	Title	

Facility Location

Street Address (if applicable)				
City	State		Zip	
Location within Sec.	Sec.	Twp.	Rge.	County

(If the facility covers more than one section, please list sections and furnish a location plat.)

Will materials other than deleterious substances be handled? _____ Yes _____ No	
If yes, please explain:	
Scheduled Construction Beginning Date	Scheduled Operations Beginning Date
Additional comments, if any:	

The above-named hereby applies for a certification as specified in OAC 165:10-8-1 and 10-8-2. In support of this application, the information described on the back of this form is also provided.

I hereby certify under penalty of law that I am authorized to act on behalf of this applicant and that I have read the foregoing application and attachments and know contents thereof and that the facts therein set forth are true, correct, and complete.

 Signature Title

 Typed Name

Subscribed and sworn to before me this _____ day of _____, _____.

 Notary Public

My Commission Expires: _____

In support of the application on the front side of this form, the following information is provided:

1. A detailed description of the disposal or handling process currently in use, including flow sheets and engineering drawings, as well as any other relevant data. *(LABEL AS "APPENDIX A")*
2. A detailed characterization of the deleterious substance(s) handled including composition, amount (both in weight and volume), and source(s). *(LABEL AS "APPENDIX B")*
3. A detailed description of the proposed recycle/reuse process. This must include:

Flow diagrams and engineering design drawing;

Changes in the amount (both volume and weight) and character of deleterious substances handled.
4. ***If the applicant violates Rule 165:10-8-1 or 10-8-2, the Pollution Abatement Department may revoke the permit an/or require the operator to do remedial work. If the permit is not revoked, recycling/reclaiming may resume with the approval of the Pollution Abatement Department.***

FOR OCC USE ONLY

Permit No. CSF: _____

This application is APPROVED _____
Pollution Abatement Department _____ Date _____