Notice of Intent To Fill

Ohio Administrative Code 3745-400-05(C) states in part: "The person responsible for causing clean hard fill to be used in legitimate fill operations for construction purposes or to bring the site up to a consistent grade, on a site other than the site of generation, shall provide a written “Notice of Intent to Fill” to each licensing authority where the clean hard fill is to be placed. The notification shall be received by each local licensing authority with sites to be filled, at least seven days prior to filling as required by division (F) of section 3714.13 of the Revised Code. The notifier shall provide a new Notice of Intent to Fill if there are any changes in the information required by this rule for notification."

"Clean hard fill" means construction and demolition debris which consists only of reinforced or nonreinforced concrete, asphalt concrete, brick, block, tile, and/or stone which can be reutilized as construction material. Brick in clean hard fill includes but is not limited to refractory brick and mortar. Clean hard fill does not include materials contaminated with hazardous wastes, solid wastes, or infectious wastes.

Name of person or company making notification: __________________________________________________
Telephone #: ____________________________

Are you the generator or user of the clean hard fill?______________________________________________

Fill material consists of:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Site of generation of clean hard fill:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Location of site to be filled:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Hauling contractor:  __________________________________________________________
____________________________________________________________________________________
Date filling to begin: __________________________________________________________

Anticipated completion date: __________________________________________________________

Name and address of contact person at site to be filled:
____________________________________________________________________________________

Mail this form to: Lake County General Health District
5966 Heisley Road
Mentor, Ohio 44060