



Division of Materials and Waste Management  
**“Standalone” C&DD Processing Facility  
Permit-to-Install (PTI) Application Instructions**

A standalone construction and demolition debris (C&DD) processing facility means a C&DD processing facility that is not located wholly within the facility boundary of a licensed C&DD facility. Every standalone C&DD processing facility must have a current, effective PTI to legally operate. For a new standalone C&DD processing facility, you must apply for and obtain a PTI prior to beginning construction of your standalone C&DD processing facility. For an existing standalone C&DD processing facility, you must apply for a renewal PTI not later than 180 days prior to the expiration date of your current, effective PTI.

NOTE: A standalone processing facility operating on the effective date of the rules (April 18, 2022) must apply for a PTI not later than October 18, 2022.

To apply for a PTI, you must submit to your permitting authority the following information:

- PTI Application Form
- Processing Facility Design Plan
- Draft Financial Assurance Mechanism
- Fire Prevention and Response Plan
- Application Fee

Submit the entire PTI application, including a \$1,000 application fee, to the permitting authority. The permitting authority is the same as the licensing authority. The licensing authority is your local health department (city or county) if they have been approved by Ohio EPA to implement the C&DD program. Check here to see if your local health department is approved:

[https://epa.ohio.gov/static/Portals/34/document/facility\\_lists/approved\\_list\\_of\\_hds.pdf](https://epa.ohio.gov/static/Portals/34/document/facility_lists/approved_list_of_hds.pdf)

If your local health department is not approved by Ohio EPA to implement the C&DD program, then Ohio EPA is the licensing authority. You are encouraged to submit the application and all attachments electronically at <https://epa.ohio.gov/divisions-and-offices/materials-and-waste-management/about-dmwm/dmwm-electronic-file-submission>.

Alternatively, you can mail the completed application to:

Ohio EPA - DMWM, P.O. Box 1049, Columbus, Ohio 43216-1049.

### **PTI Application Form**

This PTI application form can be used for initial and renewal PTIs, as well as an alteration to a PTI, an administrative change to a PTI, and a transfer of a PTI to a different permittee. The application form is organized by sections. When completing each section, please type all information requested on the form and mark (☒) for all attachments listed. When preparing a complete application, please print each individual section and insert all related attachments.



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### **Processing Facility Design Plan**

The processing facility design plan must include all of the information specified in [OAC Rule 3745-400-52](#). Please use Section 4 to identify where all required aspects of the processing facility design plan can be found within the submittal.

### **Draft Financial Assurance Mechanism**

The draft financial assurance mechanism is the instrument that you plan to use for your processing facility. You will establish and fund it when applying for your license. Eligible financial assurance mechanisms are listed in [OAC Rule 3745-400-56](#) and include trust agreement, financial guarantee bond, performance bond, or letter of credit. The draft FA mechanism needs to include two parts: the closure cost estimate for your processing facility (filled out in Section 5) and a completed financial instrument form (found on Ohio EPA’s website on the [DMWM Forms Page](#) under “Financial Assurance Forms”). For any questions or assistance with financial assurance, please contact Kelly Smith at [Kelly.Smith@epa.ohio.gov](mailto:Kelly.Smith@epa.ohio.gov).

### **Fire Prevention and Response Plan**

The fire prevention and response plan must include all of the information listed in [OAC Rule 3745-400-58\(H\)](#), including:

1. Emergency contact information for the processing facility.
2. A letter from the local fire department stating that the department will respond to fires at the processing facility. (At the end of this document is an optional template letter for the fire department.)
3. Guidelines for handling debris that is burning or at a temperature likely to cause a fire.
4. Procedures for responding to a fire including notifications, operation of fire equipment, and evacuation routes.
5. Documentation of adequate fire control equipment, material, and services available to be employed immediately upon occurrence of a fire at the processing facility.
6. Maintenance schedules and documentation of maintenance performed on fire control equipment.
7. A map showing the location of fire hydrants and other fire control equipment within the processing facility boundary.

### **Application Fee**

An application fee of **\$1,000** must accompany your PTI application. The application fee should be made payable to the permitting authority. If the permitting authority is Ohio EPA, make checks payable to Treasurer, State of Ohio. Specific questions about how to pay your application fee should be directed to your permitting authority.

Note: An additional PTI issuance fee of **\$2,000** will be due within 30 days of PTI issuance.



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<b>Ohio EPA Use Only</b>
<b>Secondary ID:</b>
<b>Date Received:</b>

**Section 1: General Information**

Processing Facility Information				
<b>Legal Name:</b>				
<b>Alternate Name:</b>				
<b>Street Address:</b>				
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>		
<b>County:</b>	<b>Lat./Long./Point Description:</b>			
<b>Billing Address:</b>				
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>		
<b>Contact Person Name:</b>				
<b>Phone Number:</b>	<b>Email Address:</b>			
Property Owner Information				
<b>Owner Type:</b>	<b>Individual</b>	<input type="checkbox"/>	<b>LLC</b>	<input type="checkbox"/>
	<b>Government</b>	<input type="checkbox"/>	<b>Partnership</b>	<input type="checkbox"/>
	<b>Sole Proprietorship</b>	<input type="checkbox"/>	<b>Corporation*</b>	<input type="checkbox"/>
<b>* If the property owner is a corporation, attach a list of all persons or organizations that own more than 10 percent of the shares of the corporation.</b>				
<b>Property Owner Name:</b>				
<b>Parcel Number(s):</b>				
<b>Percent Ownership:</b>	<i>All property owners must be included on this application and total 100%</i>			
<b>Mailing Address:</b>				
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>		
<b>Phone Number:</b>	<b>Email Address:</b>			
<b>Check if property owner is the applicant</b>				<input type="checkbox"/>
<b>If the property owner is not the applicant, attach written permission from each owner</b>				<input type="checkbox"/>
<b>Please attach additional entries for each property owner where the processing facility is located.</b>				



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**Section 1: General Information (continued)**

Operator Information (if different from property owner)				
<b>Owner Type:</b>	<b>Individual</b>	<input type="checkbox"/>	<b>LLC</b>	<input type="checkbox"/>
	<b>Government</b>	<input type="checkbox"/>	<b>Partnership</b>	<input type="checkbox"/>
	<b>Sole Proprietorship</b>	<input type="checkbox"/>	<b>Corporation</b>	<input type="checkbox"/>
<b>Operator Name:</b>				
<b>Mailing Address:</b>				
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>		
<b>Phone Number:</b>	<b>Email Address:</b>			
<b>Check if operator is the applicant</b>				<input type="checkbox"/>
Preparer Information (if different from property owner and operator)				
<b>Preparer Name:</b>				
<b>Company:</b>				
<b>Mailing Address:</b>				
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>		
<b>Phone Number:</b>	<b>Email Address:</b>			
Certification				
<p>The applicant, owner, or operator signing this application form shall be one of the following:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. In the case of a partnership, a general partner.</li> <li>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.</li> <li>4. In the case of sole proprietorship, the owner.</li> <li>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.</li> </ol> <p>By signing this document I hereby certify that all statements and all assertions of fact made in the document to the best of my knowledge and belief are true and accurate, include all required information, and comply fully with applicable rules.</p>				
<b>Printed Name:</b>			<b>Title:</b>	
<b>Signature:</b>			<b>Date:</b>	
<b>Application Fee Enclosed (\$1,000)</b>				<input type="checkbox"/>



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**Section 2: Additional Information**

Application Type						
<b>Reason for Application (Check all that apply):</b>	<input type="checkbox"/>	Initial	<input type="checkbox"/>	Alteration	<input type="checkbox"/>	Transfer
	<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Administrative Change		
<b>If this is an application for an alteration or administrative change, please describe the change(s) requested:</b>						
<b>Date of Transfer (if applicable):</b>						
<b>Mixed C&amp;DD</b>						
<b>Maximum Amount of Mixed C&amp;DD on-site at any time (cubic yards):</b>						
<b>How was this value determined? (Attach additional pages as necessary):</b>						



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**Section 3: Multimedia Information**

Division of Surface Water				
<b>Current NPDES Permit?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Permit Number:</b>				
<b>Date Issued:</b>				
<b>Expiration Date:</b>				
New/Modified DSW Permit Application				
<b>Required?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Submitted?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	<b>App #:</b>
<b>Issued?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	<b>Permit #:</b>
Division of Air Pollution Control				
<b>Current DAPC Permit?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Permit Number(s):</b>				
<b>Date(s) Issued:</b>				
<b>Expiration Date(s):</b>				
New/Modified DAPC Permit Application				
<b>Required?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<b>Submitted?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	<b>App #:</b>
<b>Issued?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Date:</b>	<b>Permit #:</b>
Other Permits, Licenses, or Authorizations (if applicable)				
Permit, License, or Authorization	Local, State, or Federal Agency	Date Application Submitted		



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**Section 4: Processing Facility Design Plan Checklist**

This table lists all information that must be included in the Processing Facility Design Plan per OAC Rule 3745-400-52. Please use this table to verify all required elements are included and to indicate where in the Processing Facility Design Plan each of the required elements can be found.

OAC 3745-400-52 Paragraph	Content	Included	Plan Sheet Number
<b>Cover Sheet</b>			
(A)(1)	Name, physical address, and mailing address of the processing facility	<input type="checkbox"/>	
(A)(2)	Processing facility property line and processing facility boundary	<input type="checkbox"/>	
(A)(3)	Name and address of each property owner	<input type="checkbox"/>	
(A)(4)	Name and address of the professional engineer who prepared the plan	<input type="checkbox"/>	
<b>Plan Drawings</b>			
(B)(1)	Processing facility property line	<input type="checkbox"/>	
(B)(2)	Existing and proposed roads, railroads, and structures	<input type="checkbox"/>	
(B)(3)	Occupied dwellings	<input type="checkbox"/>	
(B)(4)	Perennial streams	<input type="checkbox"/>	
(B)(5)	Category 3 wetlands	<input type="checkbox"/>	
(B)(6)	Existing topography	<input type="checkbox"/>	
(B)(7)	Public water supply	<input type="checkbox"/>	
(B)(8)	North arrow	<input type="checkbox"/>	



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**Section 4: Processing Facility Design Plan Checklist (continued)**

OAC 3745-400-52 Paragraph	Content	Included	Plan Sheet Number
<b>Plan Drawings (continued)</b>			
(B)(9)	Oil and gas wells	<input type="checkbox"/>	
(C)(1)	Horizontal limits of construction and demolition debris processing	<input type="checkbox"/>	
(C)(2)	Location, boundaries, maximum dimensions, and composition of all existing and proposed piles of material	<input type="checkbox"/>	
(C)(3)	Location of all existing and proposed access roads	<input type="checkbox"/>	
(C)(4)	Location of all existing and proposed fencing, gates, and screening	<input type="checkbox"/>	
(C)(5)	Location of surface water drainage and sediment control structures	<input type="checkbox"/>	
<b>Detail Drawings</b>			
(D)(1)	Existing and proposed roads	<input type="checkbox"/>	
(D)(2)	Surface water drainage and sediment control structures	<input type="checkbox"/>	
(D)(3)	Visual barriers, if applicable	<input type="checkbox"/>	
(D)(4)	Working surfaces	<input type="checkbox"/>	
<b>Design Calculations</b>			
(E)(1)	Maximum rate of processing in cubic yards per day	<input type="checkbox"/>	
(E)(2)	Maximum volume in cubic yards of mixed C&DD the processing facility may accumulate at any time	<input type="checkbox"/>	
(E)(3)	Calculations for surface water drainage and sediment control structures	<input type="checkbox"/>	





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**Section 5: Draft Financial Assurance Mechanism**

Attachments		
Description	Included	
The financial instrument form filled out with all owner/operator and processing facility information. If, for some reason, you need to use a different mechanism when you apply for your license application, that is allowed.	<input type="checkbox"/>	
Cost Estimate		
Part A: Fixed Amount		
Use the following table to determine the <i>Part A dollar amount</i> :		
Size of Horizontal Limits of C&DD Processing	Part A Dollar Amount	
Less than or equal to 2,500 ft <sup>2</sup>	\$1,000	
Greater than 2,500 ft <sup>2</sup> and less than 4.9 acres	\$10,000	
Greater than or equal to 4.9 acres and less than 10.0 acres	\$25,000	
Greater than or equal to 10.0 acres	\$50,000	
<b>Area of Horizontal Limits of C&amp;DD Processing:</b>		
<i>Part A Dollar amount:</i>		
Part B: Fixed Amount per Cubic Yard		
Maximum Amount of Mixed C&DD on-site at any time (cubic yards):		<i>Part B Dollar Amount</i>
	× \$35*	=
*Please see <b>OAC Rule 3745-400-56(A)(2)(b)</b> for exceptions.		
Total Closure Cost Estimate		
Add the dollar amount from Part A to the dollar amount from Part B for the total final closure cost estimate:		
<i>Part A Dollar Amount</i>	<i>Part B Dollar Amount</i>	<i>Total Closure Cost Estimate</i>
	+	=



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**Section 6: Fire Prevention and Response Plan**

Emergency Contact Information	
Primary Contact Name:	
Title/Role:	
24/7 Phone Number:	
Secondary Contact Name:	
Title/Role:	
24/7 Phone Number:	
Attachments	
Description	Included
A copy of the letter received from the local fire department stating that the department will respond to fires at the processing facility.	<input type="checkbox"/>
A map showing the location of fire hydrants and other fire control equipment within the processing facility boundary. Update as needed, but at least every five years with the PTI renewal.	<input type="checkbox"/>
Details	
Guidelines for handling debris that is burning or at a temperature likely to cause a fire	
<p>For each type of debris (e.g. mixed C&amp;DD, wood, metal) that will be on-site, provide guidelines for how burning material will be handled, where material will be placed if it is burning or likely to start burning, what fire suppression and control methods will be used by the processing facility, and what measures will be taken to prevent fires from spreading.</p>	



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**Section 6: Fire Prevention and Response Plan (continued)**

<p><b>Procedures for responding to a fire including notifications, operation of fire equipment, and evacuation routes</b></p>
<p><b>Provide guidelines for what fire suppression and control methods/equipment will be used by the processing facility, what measures will be taken to prevent fires from spreading, when the fire department will be alerted and by whom, and when the processing facility will be evacuated and how all employees will be alerted.</b></p>
<p><b>Documentation of adequate fire control equipment, material, and services available to be employed immediately upon occurrence of a fire at the processing facility</b></p>
<p><b>List all fire control equipment and materials maintained on-site (e.g. fire extinguishers, sprinkler systems, fire hydrants, fire ponds, water trucks, emergency fire pumps). List any fire control services for the processing facility (e.g. smoke/heat alarms, early warning systems).</b></p>
<p><b>Maintenance schedules and documentation of maintenance performed on fire control equipment</b></p>
<p><b>For each piece of fire control equipment listed above, provide the maintenance schedule to be followed, including testing, calibration, and replacement per manufacturer's guidelines. When maintenance is performed on fire control equipment, keep documentation of what was performed, when, and by whom.</b></p>

## Optional Template Letter from Fire Department

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[Date]

To \_\_\_\_\_ ,  
[Processing Facility Owner/Operator]

Thank you for the letter providing us with your Fire Prevention and Response Plan (Plan) and alerting us to the presence of your business, including the type and estimated volume of material you may have on-site. We have reviewed your Plan and acknowledge that your processing facility is within our response area. Should the need arise, we will respond to a fire on your property.

Sincerely,

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[Signature of Fire Chief]

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[Fire Department]