



Public Health
Prevent. Promote. Protect.
Tuscarawas County
Health Department

NOTICE OF INTENT TO FILL WITH CLEAN HARD FILL

Name of Applicant (Company/Individual): _____

Address: _____

Applicant Phone: _____

Address/Parcel Number of Clean Hard Fill Site:

Site Description:

***If this site exists within a "Regulator Wetland or Floodplain," this document MUST be accompanied by written permission from the Ohio EPA or Army Corps of Engineers.**

Type Of Clean Fill Material To Be Used:

Origin of Clean Fill Material: _____

Start Date: _____ End Date: _____

I understand that only "Clean Hard Fill" defined as follows may be utilized as fill:

Ohio Administrative Code 3745-400-05 states: "Construction and demolition debris consisting only of reinforced or non-reinforced 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 or yard waste.



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I understand that any other debris, refuse, etc. reported in these sites that does not meet this definition will be required by the Tuscarawas Country Health Department to be removed at my expense, in order to comply with 3734.03 of the Ohio Revised Code.

Signature: _____ Date: _____

OFFICE USE ONLY BELOW THIS LINE

Sanitarian: _____ Approved:

Date Received _____ Disapproved:

Date Approved: _____