

PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

705 Oakwood Street
Suite 208
Ravenna, Ohio 44266

Phone: 330-296-9919
Fax: 330-297-3597
E-mail: pchd@portageco.com



Joseph J. Diorio, MPH, MS, RS
Health Commissioner

Web: www.co.portage.oh.us/dept/healthdepartment

Notice of Intent to Fill

Clean hard fill consists of reinforced or nonreinforced concrete, asphalt, concrete, brick, block, tile and stone. [OAC 3745-400-05 (A)].

The person responsible for causing clean hard fill to be used to change grade on a site in Portage County other than the site of generation, shall submit this form to the Portage County Health Department Solid Waste Division. The notification shall be received 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.

Portage County Health Department will charge a \$100.00 trip fee for each site where clean hard fill is to be placed.

Note: This notice application applies only to the location for the disposal of clean hard fill. The applicant, and any interest holder of the site, either prior to or subsequent to the notice application, shall be responsible for any prior or future environmental responsibility concerning the site to include wetland determination and/or compliance with any local ordinances.

I have read and acknowledged the contents of this application.

Signature of Applicant

**SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC,
IN AND FOR _____ COUNTY, STATE OF OHIO ON THIS
____ DAY OF _____, _____
YEAR**

NOTARY PUBLIC

MY COMMISSION EXPIRES

Revised 09/06

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NOTICE OF INTENT TO FILL [OAC 3745-400-05 (C)]

Nature of fill material: _____

Site of generation or removal: _____

Site(s) to be filled: _____

Filling to begin: _____

Filling to end: _____

Contact Person

Name: _____

Address: _____

Telephone Number(s): () _____

() _____

Additional Information: _____

Reviewed by (please initial): Sanitarian: _____

Supervisor: _____

Environ. Dir.: _____

Health Comm.: _____

Revised 5/06