

1520 Isaac Beal Road ● Phone: (419) 562-5871 ● Fax: (419) 562-2048 ● www.CrawfordHealth.org

## **NOTICE OF INTENT TO FILL**

Person or Company:			
Address:			
Phone:			
E-mail:			
'			
Nature of the fill material [must be clean hard fill: reinforced or non-reinforced concrete,			
asphalt concrete brick, block, tile, and/or stone which can be reutilized as construction			
material – none of which can be contaminated by solid, infectious, or hazardous wastes]			
Generation or Removal Site:			
Sites to Be Filled:			
Dates of Filling: Start Date:	End Date:		
Use of fill:			
If placed in waters of the state or regulatory wetlands, have you		YES	NO
received approval to fill from OEPA Division of Surface Water or			
the U.S. Army Corp of Engineers? [Check appropriate box]			
If placed in floodplains, have you received approval from building		YES	NO
code or planning commissions? [Check appropriate box]			
Name [Print]:			
Name [Signature]:			
Date:			

NOTIFICATION MUST BE RECEIVED BY OUR DEPARTMENT AT LEAST SEVEN (7) DAYS PRIOR TO FILLING. A NEW NOTICE OF INTENT TO FILL SHOULD BE PROVIDED IF THERE ARE ANY CHANGES IN THE INFORMATION REQUIRED BY THIS RULE FOR NOTIFICATION.