

CLARK COUNTY COMBINED HEALTH DISTRICT

529 E. Home Road, Springfield, OH 45503

Notice of Intent to Fill Form

(OAC 3745-400-05 C)

**INTENT TO FILL REQUIREMENTS**

Clean hard fill may be disposed of any of the four following methods:

1. Recycled into usable construction material.
2. Disposed in a licensed construction & demolition debris (C&DD) or solid waste landfill.
3. Used to change the grade on the site of generation or removal.
4. Used to change the grade on a site other than the site of generation. If this option is used, the person placing the clean hard fill on any property within Clark County must provide a Notice of Intent to Fill to the Clark County Combined Health District. See below.

Acceptable fill materials include clean soil and gravel. Acceptable clean hard fill includes reinforced or non-reinforced concrete, asphalt concrete, block, brick, tile, & stone.

Unacceptable fill materials include C & DD such as lumber, drywall, particle board, and shingles; solid wastes such as garbage, trash, and tires; yard wastes; and tree trimmings.

**INTENT TO FILL NOTIFICATION**

Please complete the information below and return this form to the health district at least seven (7) days prior to the beginning of filling. Please note - the notifier is required to provide a new Notice of Intent to Fill Form if there are any changes in the information provided in this notification.

1. Nature of the fill material: \_\_\_\_\_  
\_\_\_\_\_

2. Address of the site of generation or removal: \_\_\_\_\_  
\_\_\_\_\_

3. Address(es) of the site(s) to be filled: \_\_\_\_\_  
\_\_\_\_\_

4. Approximate dates when filling will begin and end: \_\_\_\_\_  
\_\_\_\_\_

5. Name, mailing address, and telephone number of the person responsible for the fill: \_\_\_\_\_  
\_\_\_\_\_

6. Name, mailing address, and telephone number of the property owner: \_\_\_\_\_  
\_\_\_\_\_

*I verify that all submitted information is correct and complete.*

\_\_\_\_\_  
**Notifier (print name)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Health Department Use Only