

Division of Solid & Infectious Waste Management

Solid Waste Incinerator Daily Log of Operations

{as required by O.A.C. 3745-27-52(O)}

Yearly Cover Sheet

(Form 1)

This daily log cover sheet should be completed at the beginning of each license year and should be kept on file at the beginning of the daily log file for that year. Attach amendments to this form as necessary.

Annual Log for Year:	License #:		_ Phone #: _		
Name of Facility:					
Mailing Address:					
Mailing Address:(Street)		(Ci	ty)	(State)	(Zip)
Location of Facility:					
(Street)		(Ci	ty)	(State)	(Zip)
Owner of Facility:	1	Licensee Na	me:		
Name of Site Manager:					
Method of Measuring Amount	of Incoming Materi	als:			
Scales	Visual Estimate		Capacity of	Hauling Vehi	cle
Types & Number of Equipmen	t on Site:				
End Loader	Waste Conair	ners _	Recycl	ing Container	S
Is this facility authorized to inc	inerate the following	g:			
Infectious Waste	_ Whole Scrap Tir	res S	hredded Scr	ap Tires	

This form should be retained on file for inspection by the local health department, Ohio EPA, or an authorized representative. Failure to provide accurate daily operations information may be considered a violation of Ohio Revised Code § 2921.13. Revised: April 1997

INC Log -Form 1 Incin.wpd

FILE: T:\Inspection Checklists\Daily Log -



SolidWaste Incinerator Daily Log of Operations - <u>Form 2</u>

Facili	ty:
Date:	
{Log R	equired by OAC 3745-27-52(O)}

	Waste Type:	Amount o	of Waste (To	ons or yd³)	V	Vaste O	rigin	
Load #	MSW, RSW ISW, EW, U, O	Within District	Out of District	Out of State	City / County	State	Generator (if RSW or ISW)	Name of Hauling Company

* Waste Types: MSW = Municipal Solid Waste, RSW = Residual Solid Waste, ISW = Industrial Solid Waste, EW = Exempt Waste (specify), U = Unauthorized Waste (indicate if refused), O = Other (exempt waste, etc...)

	Within District	Out of District	Out of State	Totals
Total Amount of Waste for This Sheet:	(a)	(b)	(c)	(a+b+c)
Cumulative Total From Previous Sheet (Same Day):	(d)	(e)	(f)	(d+e+f)
Cumulative Total Waste for This Day:	(g)	(h)	(i)	(g+h+i)

This form should be retained on file for inspection by the	local
health department, Ohio EPA, or an authorized representa	itive.
Failure to provide accurate daily operations information n	nay be
considered a violation of Ohio Revised Code 8 2921 13	•

Signature of Person Completing For Print Name of Person Completing F	G. C.	n	1
Print Name of Person Completing F	Signature of I	Person Co	ompleting Form
Print Name of Person Completing F			
Print Name of Person Completing F			
Print Name of Person Completing F			
	Print Name o	f Person (Completing For

This is Page _____ of ____ for this date.