



CDD Fees From MSW Landfills

Monthly Combined OEPA & ODNR Disposal Fee Submittal Form

This form is for use by licensed MSW Landfills only.
DO NOT use this form to report CDD disposal at CDD landfills.

EPA / Health District Use Only

Postmark Date: _____
 Check ID: _____
 Revenue #: _____
 Check #: _____
 Rev. Type: LFST5

For the month of: _____	Year: 20__
Facility Name (MSW Landfills Only): _____	
Facility Core ID Number: _____	

A. Disposal of construction & demolition debris waste by cubic yards:		
1. Ohio EPA / Health District Fee	2. ODNR Fee	3. Total Fee
_____ yd ³ * \$0.30 = \$_____	_____ yd ³ * \$0.50 = \$_____	\$_____ (A1 + A2)

B. Disposal of construction & demolition debris waste by tons:		
1. Ohio EPA / Health District Fee	2. ODNR Fee	3. Total Fee
_____ tn * \$0.60 = \$_____	_____ tn * \$1.00 = \$_____	\$_____ (B1 + B2)

C. Total Fees		
(A1 + B1) Total Ohio EPA/HD Fee \$_____	(A2 + B2) Total ODNR Fee \$_____	(A3 + B3) Total Fee \$_____

I hereby certify that the above statements are true and correct.

Subscribed and sworn before me this _____ day of _____, 20_____.

Authorized Signature

Printed Name and Title

Notary Public

To Ensure Proper Credit, Submit This Form & Payment to the Issuer of the License for this Facility

License Issued by Health District

OR

License Issued by Ohio EPA

Health District: _____
Check Payable to: Your Local Health District Send to: Your Local Health District

Check Payable to: Treasurer, State of Ohio Send To: Ohio EPA Dept. L-2711 Columbus, OH 43260-2711
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