



# JEFFERSON COUNTY General Health District

— Prevent. Promote. Protect. —

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## NOTICE OF INTENT TO FILL CLEAN HARD FILL

FAX:: (740) 283-8507

NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROJECT: \_\_\_\_\_

TYPE OF CLEAN HARD FILL MATERIAL:

\_\_\_\_\_

SITE OF GENERATION OF CLEAN HARD FILL:

\_\_\_\_\_

SITE(S) TO BE FILLED: COUNTY: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF PROPERTY OWNER OF SITE TO BE FILLED: \_\_\_\_\_

MAILING ADDRESS : \_\_\_\_\_

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PHONE: \_\_\_\_\_

DATE FILLING TO BEGIN: \_\_\_\_\_ DATE FILLING TO END: \_\_\_\_\_

The above information is true and correct to the best of my knowledge. The clean hard fill will comply with section 3745-400-05 of the Ohio Administrative Code and reference sections of the ORC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This notification shall be received at the Jefferson County Health Department at least seven days prior to filling as required by division (F) of section 3714.13 of the Revised Code.**