
**NOTICE OF INTENT TO FILL
CLEAN HARD FILL**

**SIDNEY-SHELBY COUNTY HEALTH DISTRICT
202 W. POPLAR STREET
SIDNEY, OHIO 45365
937-498-7249 Fax: 937-498-7013
Website: shelbycountyhealthdept.org**

Name _____ Phone _____

Address _____

Type of Clean Hard Fill Material: _____

Site of Generation of Clean Hard Fill: _____

Site(s) to be Filled: _____

Name of Owner of site to be filled: _____

Mailing Address: _____

Phone: _____

Date filling is to begin: _____ Date filling will 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 referenced sections of the ORC.

Signature

Date

1. **This notification shall be received at the Health Department at least seven days prior to filling as required by Division (F) of section 3714.13 of the Revised Code.**
2. This "Notice of Intent" does not supercede or replace local ordinances or regulations regarding such filling. The person responsible should consult local authorities regarding the intent prior to filling. Applicable Flood Plain requirements shall be adhered to during the filling process. The Shelby County Regional Planning Commission should be contacted regarding flood plain issues/permits prior to filling.
3. See back of this page for "Clean Hard Fill" requirements.