



# Environmental Protection Agency

Division of Solid and  
Infectious Waste Management

## Construction and Demolition Debris Facility Log of Operations

# Instructions

A log of operations must be completed for each license year at a C&DD facility as required by Ohio Administrative Code Chapter 3745-520. The forms described below must be completed and retained at the facility or at another location acceptable to the licensing authority. Each form should be indexed to facility use by the facility operator.

### **Form 1 – Yearly Cover Sheet** **(OAC Rule 3745-520-30)**

Complete Form 1 at the beginning of each license year. If a section does not apply, indicate so with the notation N/A. If any of the information contained on Form 1 changes during the license year, attach an addendum to the form with the corrections and the date on which they occurred. Maintain Form 1 at the beginning of the complete Daily Log.

### **Form 2 - Daily Acceptance Form** **(OAC Rule 3745-520-30)**

Form 2 is the actual record of waste received for disposal on a particular day. Enter the *facility* name, *date*, and *page* number in the appropriate spaces in the top right corner of the form at the beginning of each day. The body of the form contains several columns and rows. A separate, complete entry (row) must be made on the form for each individual load of waste received for disposal. Use as many copies of Form 2 as necessary to record all loads received for disposal each day.

#### **Unique vehicle #**

This number should be a unique number that can identify each vehicle/trailer and is clearly marked on the vehicle/trailer. This could include license plate number, trailer number, rail car number, rolloff box number, etc.

#### **Waste Type**

Record the type of waste received for each load in this column. Codes and descriptions for waste types are as follows:

- **A** - Asbestos - is NESHAP regulated asbestos waste.
- **CD** - Construction and Demolition Debris - includes waste materials resulting from the alteration, construction, destruction, rehabilitation, or repair of any physical structure built by humans, and particles and dust created during demolition activities, as defined in ORC Section 3714.01(C).
- **U** - Unauthorized Wastes - includes pulverized and unidentifiable C&DD, infectious waste, waste oils, hazardous wastes, yard waste, lead acid batteries, waste tires and any other materials not authorized for disposal at a C&DD facility.
- **E** - Exempt Waste - describe the exempt waste in the Additional Notes column. Disposal of exempt waste may require additional Ohio EPA authorization.
- **ECHF** – Exempt Clean Hard Fill - any source separated clean hard fill that is brought into the facility for storage, as defined in ORC Section 3714.01(C), or used for a construction use that is not disposal that is indicated in the facility license. These construction uses could include construction of roads, leachate drainage layer, rip-rap for sedimentation basins, etc. If the ECHF is pushed into the working face, or used for any other use that constitutes disposal, the ECHF becomes C&DD and the volume or weight must be logged in as C&DD on this daily log form. Disposal activities include filling for grade, filling for construction purposes, and placement within limits of waste placement in the ALDA.

#### **Weight or Volume of Waste**

Each load of waste received at the facility for disposal must be recorded. Indicate the waste amount in the appropriate column. Record the actual tonnage measured using certified scales, estimated volume of waste, total volume of container, or total volume of vehicle. Only one method of measurement should be used per load.

***Load Accepted or Rejected***

Identify whether or not the load was accepted or rejected. Circle **A** in the column if a load is accepted or circle **R** in the column if the load was rejected. Enter the responsible party for the rejected load in the ***Additional Notes*** column.

***Waste Origin***

Indicate the city, county and state (if not Ohio) where the waste load originated for each load received for disposal at the facility.

***Additional Notes***

Describe the hauler and description of unauthorized waste loads, describe responsible party for rejected loads, describe any exempt wastes accepted for disposal, hot load handling etc.

***Total Amount – C&DD***

Enter the total amount of C&DD as recorded on this sheet as tons /cubic yards.

***Total Amount – Rejected***

Enter the total amount of C&DD rejected as recorded on this sheet as tons/cubic yards

***Cumulative Total C&DD for Today***

This box should indicate the total of all loads received in a day in weight/volume. This box only needs to be completed on the final sheet for any given day.

***Signature of Person Completing Form***

At the conclusion of each day, the form shall be signed by the person completing the form in the space provided at the bottom right of the final daily log sheet used.

***Print Name of Person Completing Form***

The signature needs to be accompanied by the individual's printed name.

**Form 3 – Unauthorized Load Rejection Form**

**(OAC Rule 3745-520-632 and OAC Rule 3745-520-634)**

The facility owner or operator is to complete sections A, B, and C of this form. The facility owner or operator shall provide one copy to the transporter removing the load, forward a copy to the appropriate regulatory authority, and maintain a copy in the Log of Operations. The transporter must complete section D. The transporter shall forward a copy of this form (with sections A, B, C, and D completed) to the appropriate regulatory authority listed in section C and maintain a copy for their records.

**Form 4a – Routine Facility Daily Inspection Form**

**(OAC Rule 3745-520-615)**

This form should be completed once daily.

**Form 4b – Routine Facility Odor Inspection Form**

**(OAC Rule 3745-520-610)**

Odor inspections are to be completed (at a minimum) prior to the day's initial acceptance of material for disposal and following the day's final acceptance of material for disposal.

**Form 4c – Routine Facility Odor Characterization Form**

**(OAC Rule 3745-520-610)**

This form must be utilized when odors are detected during the daily routine facility odor inspections.

**Form 5 – Source of Odor Investigation Form**

**(OAC Rule 3745-520-680)**

This form is to be completed if conducting a source of odor investigation required by OAC Rule 3745-520-680(B). A source of odor investigation is required when there is an increase in the frequency, duration, or intensity of odors based upon routine facility inspections. When conducting source of odor investigation in accordance with OAC Rule 3745-520-680(B), Form 5 is to be completed and included in that day's log of operations. Conducting a source of odor investigation and the use of Form 5 is not anticipated to be a normal part of the routine facility odor inspections required by OAC Rule 3745-520-615(A)(2) or completion of Form 4b and 4c.

**Form 6 – *Select C&DD Placement Form***

**(OAC Rule 3745-520-622 and OAC Rule 3745-520-652(A)(8))**

An entry must be made on this form anytime a select layer of C&DD is placed. No later than 30 days after placing a select C&DD layer over any of the leachate collection pipes, a visual and physical inspection shall be conducted. Record the date and findings of this inspection in the applicable row.

**Form 7 – *Leachate Management Form***

**(OAC Rule 3745-520-652 and OAC Rule 3745-520-654)**

This form is to be used to record information regarding: (1) leachate conveyance to a leachate storage tank, leachate treatment works, or discharge connection to a public sewerage system; (2) leachate high level alarms incidents; and (3) leachate recirculation.

**Form 8 – *Gas System – System Inoperable Form***

**(OAC Rule 3745-520-665)**

If a component of the gas system becomes inoperable, record necessary information on this form. There is space for two different incidents. If necessary, please make additional copies of this page and record page numbers at the top.

**Form 9– *Placement of Cover Form***

**(OAC Rule 3745-520-670)**

This form is to be utilized to record information regarding the weekly cover of disposed combustible material with non-combustible soil or non-combustible clean hard fill.

**Form 10 – *Fire/Explosion Investigation and Response Form***

**(OAC Rule 3745-520-670)**

This form is to be utilized to record information upon detection of a fire or an explosion.

**Form 11 – *Gas Monitoring Form***

**(OAC Rule 3745-520-675)**

This form is to be utilized to record gas management system monitoring information as required by OAC Rule 3745-520-675. The rule requires collection (at a minimum) of monthly and quarterly monitoring information of any gas management system.

DRAFT



# Environmental Protection Agency

Division of Solid and  
Infectious Waste Management

## Log of Operations Index

*Each form represents an individual tab  
in the binder that houses the Log of Operations*

- Instructions for Completing Construction and Demolition Debris Facility Daily Log of Operations
- Form 1 - Yearly Cover Sheet
- Form 2 - Daily Acceptance Form
- Form 3 - Unauthorized Load Rejection Form
- Form 4a - Routine Facility Daily Inspection Form
- Form 4b - Routine Facility Odor Form
- Form 4c - Routine Facility Odor Characterization Form
- Form 5 - Odor Investigation Form
- Form 6 - Select C&DD Placement Form
- Form 7 - Leachate Management Form
- Form 8 - Gas System - System Inoperable Form
- Form 9 - Placement of Cover Form
- Form 10 - Fire/Explosion Investigation & Response Form
- Form 11 - Gas Monitoring



**Environmental Protection Agency**

Division of Solid and Infectious Waste Management

**Construction & Demolition Debris Facility  
Log of Operations  
Yearly Cover Sheet**

Year: \_\_\_\_\_

This cover sheet should be completed at the beginning of each license year and should be kept on file at the beginning of the log of operations file for that year **as required by Ohio Administrative Code Rule 3745-520-30**. Attach amendments to this form as necessary.

Name of Facility: \_\_\_\_\_

License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Facility Location: \_\_\_\_\_  
(street) (city) (state) (zip code)

Mailing Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

---

Facility Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

---

Property Titleholder: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(street) (city) (state) (zip code)

---

Facility Operator: \_\_\_\_\_ Phone #: \_\_\_\_\_

Complete this section at the end of each operating year	<b>Total Annual Waste Received:</b>		<b>tons      yd<sup>3</sup></b> <i>(circle one)</i>
---	-------------------------------------	--	--

This Log of Operations should be retained on file for inspection by the local health department, Ohio EPA, or an authorized representative. Failure to provide accurate information may be considered a violation of Ohio Revised Code 2921.13.

# Daily Acceptance Form

Unique Vehicle ID #	Waste Type*	Weight of Waste (tons) <small>(load must be measured by weight or volume)</small>	Volume of Waste (yd <sup>3</sup> )	Load Accepted Or Rejected <small>(circle one)</small>	Waste Origin City/County/State (if not Ohio)	Additional Notes Description and Hauler of Unauthorized Waste Loads, Responsible Party for Rejected Loads, Exempt Waste Description, Hot Loads etc.
				A R		
				A R		
				A R		
				A R		
				A R		
				A R		
				A R		
<b>Total Amount - C&amp;DD</b> (this sheet)		tons	yd <sup>3</sup>	* Waste Types: <b>A</b> =Asbestos <b>CD</b> =Construction & Demolition Debris <b>U</b> =Unauthorized Waste <b>E</b> =Exempt (describe in additional notes) <b>ECHF</b> =Source Separated Clean Hard Fill		
<b>Total Amount - Rejected</b> (this sheet)		tons	yd <sup>3</sup>	Signature of Person Completing Form _____		
<b>Cumulative Total C&amp;DD for Today</b>		tons	yd <sup>3</sup>			

This Log of Operations should be retained on file for inspection by the local health department, Ohio EPA, or an authorized representative. Failure to provide accurate information may be considered a violation of Ohio Revised Code 2921.13.

**Construction & Demolition Debris Facility -  
Log of Operations**

# Unauthorized Load Rejection Form

**A. Facility Information** (facility owner/operator to complete)

Facility Name: _____	License #: _____
Physical Address: _____	_____
(street)	(city) (state) (zip)
Owner/Operator Name: _____	Phone #: _____

**B. Rejection of Incoming Load Containing Unauthorized Material** (facility owner/operator to complete)

Date Load Rejected: _____	Time Load Rejected: _____
Unique Vehicle ID#: _____	Origin of Load: _____
Name of Transporter/Shipper: _____	
Reason for Rejection: _____	
Name of Shipper/Transporter Removing Load (if different than above): _____	
Date Load Removed from Facility: _____	Time Load Removed from Facility: _____

**C. Approved Health Department/Director of Ohio EPA** (facility owner/operator to complete)

Approved Health District: _____	Phone#: _____	Fax # _____
Physical Address: _____	_____	_____
(street)	(city)	(state) (zip)

**If Health Department is unapproved, please fax to the appropriate district office:**

Northeast District Office (330)487-0769  
Northwest District Office (419)352-8468  
Southeast District Office (740)385-6490  
Southwest District Office (937)285-6249  
Central District Office (614)728-3898

- Instruct transporter to take rejected load to a licensed solid waste disposal facility.
- Give transporter a copy of this form with Sections A, B, and C completed.
- Retain a copy of this form with Daily Log of Operations
- Submit a copy of this form with Sections A, B, and C completed to approved health department or Ohio EPA District Office.

\_\_\_\_\_  
*Signature of Facility Representative*

\_\_\_\_\_  
*Printed Name of Facility Representative*

This Log of Operations should be retained on file for inspection by the local health department, Ohio EPA, or an authorized representative. Failure to provide accurate information may be considered a violation of Ohio Revised Code 2921.13.

# Unauthorized Load Rejection Form

## D. Final Disposition of Rejected Load (transporter to complete)

Transporter/Shipper Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

### Load Received by:

Date Load Received: \_\_\_\_\_ Time Load Received: \_\_\_\_\_

Facility Name: \_\_\_\_\_ License #: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Owner/Operator Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Transporter*

\_\_\_\_\_  
*Signature of Facility Representative*

\_\_\_\_\_  
*Printed Name of Transporter*

\_\_\_\_\_  
*Printed Name of Facility Representative*

*Transporter shall submit a copy of this form with Sections A, B, C, and D completed to the approved health department or to the Ohio EPA. The transporter shall also retain a copy for their records.*

This Log of Operations should be retained on file for inspection by the local health department, Ohio EPA, or an authorized representative. Failure to provide accurate information may be considered a violation of Ohio Revised Code 2921.13.

**Construction & Demolition Debris Facility - Facility:** \_\_\_\_\_  
**Log of Operations** **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Routine Facility Daily Inspection Form** **Weather Conditions:** \_\_\_\_\_

Is this facility being operated in compliance with the appropriate regulations (Y or N)? Place an X in the appropriate box to denote compliance status. Placing an X in the "N" column indicates that a violation has been noted. Place an X in the box labeled N/A of the line that is not applicable to this facility. This checklist is not all inclusive of regulations applicable to C&DD operations.

Y	N	N/A	
			<b>3745-520-615 Routine Facility Inspections</b>
			(A)(1) Daily Inspections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(a) Ponding of surface water
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(b) Erosion
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(c) Litter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(d) Leachate outbreaks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(e) Cover integrity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(f) Leaks and failures of leachate conveyance and storage components, pumps, and meters
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(g) Indications of explosive gas generation and migration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(h) Indications of fire and explosion including but not limited to the following:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(i) Heat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ii) Light from embers, combustion, and oxidation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iii) Settlement of disposed material that is unexpected and abnormal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(iv) Smoke, steam, gas, vapor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(v) Smoldering material
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(vi) Soot, charred material, and combustion residue
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(vii) Abnormal snowmelt patterns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(viii) Combustion Odors

Describe Affected Areas (attach map)	Responses/Corrective Actions	Samples/Analysis (attach analysis results)
--------------------------------------	------------------------------	--

If unauthorized material was present at the unloading zone or working face, record the amount and the actions taken to remove material from the facility.	yd <sup>3</sup>	Actions Taken:
---	-----------------	----------------

Signature of Person Completing Inspection \_\_\_\_\_ Printed Name of Person Completing Inspection \_\_\_\_\_

This Log of Operations should be retained on file for inspection by the local health department, Ohio EPA, or an authorized representative. Failure to provide accurate information may be considered a violation of Ohio Revised Code 2921.13.

# Routine Facility Odor Inspection Form

Date	Time	Initial or Final Inspection (circle one)	Weather Conditions	Inspected Perimeter of Disposed Material	Inspected Facility Boundary	Any Odors Detected?	If Odors Were Detected, Completed Form 5A?	Initials of Person Completing Inspection
		I F		<input type="checkbox"/>	<input type="checkbox"/>	Y N	<input type="checkbox"/>	
		I F		<input type="checkbox"/>	<input type="checkbox"/>	Y N	<input type="checkbox"/>	
		I F		<input type="checkbox"/>	<input type="checkbox"/>	Y N	<input type="checkbox"/>	
		I F		<input type="checkbox"/>	<input type="checkbox"/>	Y N	<input type="checkbox"/>	
		I F		<input type="checkbox"/>	<input type="checkbox"/>	Y N	<input type="checkbox"/>	
		I F		<input type="checkbox"/>	<input type="checkbox"/>	Y N	<input type="checkbox"/>	
		I F		<input type="checkbox"/>	<input type="checkbox"/>	Y N	<input type="checkbox"/>	
		I F		<input type="checkbox"/>	<input type="checkbox"/>	Y N	<input type="checkbox"/>	
		I F		<input type="checkbox"/>	<input type="checkbox"/>	Y N	<input type="checkbox"/>	
		I F		<input type="checkbox"/>	<input type="checkbox"/>	Y N	<input type="checkbox"/>	

This Log of Operations should be retained on file for inspection by the local health department, Ohio EPA, or an authorized representative. Failure to provide accurate information may be considered a violation of Ohio Revised Code 2921.13.

**Construction & Demolition Debris Facility -  
Log of Operations  
Routine Facility  
Odor Characterization Form**

Facility: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

- Initial Inspection
- Final Inspection
- Other Inspection

- Inspected perimeter of disposed material
- Inspected facility boundary
- Inspected additional locations within the facility
- Stopped at locations where odor was detected

- Attached Map of Facility
- Locations of Inspection Marked on Map
- Analysis/Samples Documentation Attached

Odor Intensity Reference Scale	
Level	Descriptors
0	A concentration of an odorant that produces no sensation
1	A concentration of an odorant that is barely detectable
2	A distinct and definite odor whose characteristic is clearly detectable.
3	An odor strong enough to cause a person to avoid it completely.
4	An odor so strong as to be overpowering and intolerable for any length of time.

Location of Odor: \_\_\_\_\_ Time Odor Detected: \_\_\_\_\_ Is this a re-inspect?  Yes  No

Odor Intensity: (circle one) 1 2 3 4 General Characterization of Odor: \_\_\_\_\_

Source of Odor (if known): \_\_\_\_\_

If Ambient Air Measurement Taken, Measurement: \_\_\_\_\_

Location of Odor: \_\_\_\_\_ Time Odor Detected: \_\_\_\_\_ Is this a re-inspect?  Yes  No

Odor Intensity: (circle one) 1 2 3 4 General Characterization of Odor: \_\_\_\_\_

Source of Odor (if known): \_\_\_\_\_

If Ambient Air Measurement Taken, Measurement: \_\_\_\_\_

*May Use Additional Sheets if Necessary*

Responses/Corrective Actions

Signature of Person  
Completing  
Inspection \_\_\_\_\_

Printed Name of  
Person Completing  
Inspection \_\_\_\_\_

This Log of Operations should be retained on file for inspection by the local health department, Ohio EPA, or an authorized representative. Failure to provide accurate information may be considered a violation of Ohio Revised Code 2921.13.

**Construction & Demolition Debris Facility - Facility: \_\_\_\_\_**  
**Log of Operations**  
**Source of Odor Investigation Form**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Weather Conditions:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Steps of Investigation:**

**Corrective Actions:**

**Additional Notes:**

Signature of Person  
Completing  
This Form \_\_\_\_\_

Printed Name of  
Person Completing  
This Form \_\_\_\_\_

This Log of Operations should be retained on file for inspection by the local health department, Ohio EPA, or an authorized representative. Failure to provide accurate information may be considered a violation of Ohio Revised Code 2921.13.





**Gas System - System Inoperable Form**

Inoperable Component Discovered Date: _____ Time: _____  Operation of Component Resumed Date: _____ Time: _____	<b>Response:</b>	<b>Corrective Action:</b>	<b>Results:</b>
---	------------------	---------------------------	-----------------

<b>Additional Notes:</b>	Initials <input style="width: 50px; height: 40px;" type="text"/>
--------------------------	---

Inoperable Component Discovered Date: _____ Time: _____  Operation of Component Resumed Date: _____ Time: _____	<b>Response:</b>	<b>Corrective Action:</b>	<b>Results:</b>
---	------------------	---------------------------	-----------------

<b>Additional Notes:</b>	Initials <input style="width: 50px; height: 40px;" type="text"/>
--------------------------	---

This Log of Operations should be retained on file for inspection by the local health department, Ohio EPA, or an authorized representative. Failure to provide accurate information may be considered a violation of Ohio Revised Code 2921.13.



**Construction & Demolition Debris Facility -  
Log of Operations  
Fire/Explosion  
Investigation & Response Form**

Facility: \_\_\_\_\_

Upon detection of a fire or explosion, the contingency plan shall be implemented until otherwise notified by the licensing authority

**Fire/Explosion Discovered**

**Incident Concluded**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Investigation:**

**Response:**

**Corrective Actions:**

**Effectiveness of Response/Corrective Actions:**

Signature of Person  
Completing  
This Form \_\_\_\_\_

Printed Name of  
Person Completing  
This Form \_\_\_\_\_

This Log of Operations should be retained on file for inspection by the local health department, Ohio EPA, or an authorized representative. Failure to provide accurate information may be considered a violation of Ohio Revised Code 2921.13.

