

Report # (office use)

250 William Howard Taft Road, 2nd Floor  
Cincinnati, OH 45219

Phone 513.946.7800

Fax 513.946.7890

[hamiltoncountyhealth.org](http://hamiltoncountyhealth.org)**INTENT TO FILL REQUIREMENTS FOR HARDFILL SITES**

Clean hard fill may be disposed of in any of the following four methods (OAC 3745-400-5)

1. Recycled into usable construction material.
2. Disposed in a licensed construction and demolition debris (CDD) or solid waste landfill.
3. Used to change the grade on the site of generation or removal.
4. Used to change the grade on a site other than the site of generation. When clean hard fill is placed off the site of generation, the person placing the clean hard fill shall provide a seven day "Notice of Intent to Fill".

**CLEAN HARD FILL DEFINITION**

Material that consists only of reinforced or non-reinforced concrete, asphalt concrete, brick block, refractory brick and mortar, tile and/or stone which can be reutilized as construction material is considered "clean hard fill". **Clean hard fill cannot contain other constituents of CDD, solid waste, hazardous waste, radioactive waste.** Some refractory brick may be radioactive or hazardous and thus prohibited from use as clean hard fill or from disposal at a CDD facility (OAC 3745-400-1). **Lumber, wood, drywall and particle board are not considered to be clean hard fill and must be disposed at a licensed CDD or solid waste landfill.**

**INTENT TO FILL NOTIFICATION**

Please complete the information below and return to the Hamilton County Public Health, 250 Wm. H Taft Road, 2<sup>nd</sup> Floor, Cincinnati, Ohio 45219. **Attach a simple drawing of the property, depicting the fill area(s) with reference structures.** This notification must be received by Hamilton County Public Health at least seven days prior to filling. Please keep a copy for your records.

1. City, township or village of site to be filled: \_\_\_\_\_

2. \_\_\_\_\_ and \_\_\_\_\_ of site to be filled.  
Address Parcel Number3. \_\_\_\_\_ and \_\_\_\_\_ of generation or removal site  
Address Parcel Number

4. Nature of fill material: \_\_\_\_\_

5. Date to begin filling: \_\_\_\_\_ Date to complete filling: \_\_\_\_\_

6. Person responsible for fill:

\_\_\_\_\_  
Name Address and Phone Number

7. Property owner:

\_\_\_\_\_  
Name Address and Phone Number

**I understand and agree to allow Hamilton County Public Health staff access to the property to verify fill is being conducted in accordance with the requirements of OAC 3745-400-05 noted in this form. I attest that all submitted information is correct and complete.**

\_\_\_\_\_  
Property Owner (Print)\_\_\_\_\_  
Signature\_\_\_\_\_  
Date