

Frank Road Recycling

Remaining Life: 15 years

ALDA: 77.4 acres

ILDA: 3 acres

Financial Assurance: \$2,786,547.42

Scott Wrecking C&DD Landfill

Remaining Life: 8.3 years

ALDA: 22.9 acres

ILDA: 48.9 acres

Financial Assurance: \$1,326,499.88

Franklin County Sanitary Landfill

Remaining Life: 20 years

Tons of Waste per year: 1 Million

Waste Management Transfer Facility

Approximate daily throughput: 100 tons

Facility License Application

Application Type

RENEWAL

Application Type Renewal

Transaction ID 2099106

License Type Landfill only

Facility Type

Construction and Demolition Debris Landfills



The Facility Type is required.

Secondary ID

CDDL018905

A valid secondary identifier could not be found for this facility. Please contact technical support.

Facility Operations Changes *Check here if there are any significant changes in facility operations.*

N/A

Please note any significant changes in facility operations, or enter N/A.

Applicant Information

In accordance with the applicable provisions of the Ohio Administrative Code, the applicant for a facility license must be either the facility owner or operator. The applicant may be either a person or an organization. Please enter the appropriate applicant information in the spaces below.

Applicant Name

JDM Services, LLC

The applicant Name is required

Mailing Address Line 1

1200 Dyer Road

The mailing address line 1 is required

Mailing Address Line 2

Country

USA



The country is required

State

OH



The mailing address state is required

City

Grove City

The city is required **Zip**

43123

The mailing address zip is required

Email Address

joe@loewendick.com

The applicant email address is required

Phone Number

(614) 539-2570

The applicant phone number is required

Applicant Type 

Property Owner and Facility Operator



The applicant type is required

Ohio EPA will provide the issued license (when we are the licensing authority) electronically via email to the applicant. If you would like additional individuals to receive a copy of the license certificate, please enter their email addresses below. Please Note: Health Depts may choose to send license certificates either electronically or via hard copy mail, based on their specific organization protocols.

Facility Information

The details listed below represent the most recent license application information submitted to Ohio EPA for this facility. Please review this information for accuracy before submitting your application.

If you wish to change any of the listed facility information please contact the Ohio EPA.

Facility Address Frank Road Recycling Solutions
2230 Brown Rd
Columbus, OH 43223 **Phone Number**
(614) 539-3722 (edit) **County** Franklin County **Ohio EPA District Office** Central District Office **Facility Licensing Authority** Franklin County Public Health

Note: if you do not know your local health department, you can look it up online at (health district lookup) and then enter your address. Alternately, you may call the Ohio Department of Health at 614-466-3543.

Use the map on the right to set the latitude and longitude values and verify they are correct. You may click on the map to choose latitude and longitude coordinates or enter the latitude and longitude values in the input fields below. Alternately, you may enter an address in the input field at the bottom of the map to find coordinates by address. **Enter Coordinates in Degrees, Minutes, Seconds**

Latitude

39.91016

Latitude is required **Longitude**

-83.027874

Longitude is required

Satellite View


SA EPA USDA
Search for Address: Type an address in the input box below and select a match from the drop down list or select the magnifying glass button to plot the address on the map.

▼ Esri World Geocoder Find address or place X ↺ 🔍 Search

Certified Operator Information

Please supply the name(s) and contact information for the certified operator. The certified operator is the person who will be contacted by the licensing authority in case of emergencies.

Click a type of operator you want to add: Interim Certified

Certified Operator ID#	Name	Phone Number	Email Address	Status	Action	OPCD000060	Ken
Pennington 6142066555	ken@loewendick.com		Certified		 		

Property Owner Information

Indicate all person(s) [corporate or individual] who hold legal title to the property on which this facility is located. If the property owner is a corporation, you must list all individuals or organizations that own more than 10 percent of the shares of the corporation.

Name	Type	Address	Phone	Parcels	Owner Percentage	Action	JDM Services, LLC	LLC	1200
Dyer Road		Grove City OH 43123			100%	 			

add new owner

Disposal Fee Contact Information

Please provide the requested information concerning the disposal fee contact information.

Copy Applicant Information to Disposal Fee Contact Information

Name

Joe Loewendick

The disposal fee contact name is required.

Mailing Address Line 1

1200 Dyer Road

The mailing address line 1 is required

Mailing Address Line 2

Country

USA

The country is required



State

OH

The mailing address state is required



City

Grove City

The city is required **Zip**

43123

The mailing address zip is required

Financial Assurance Information

The owner or operator of a construction and demolition debris facility shall establish and maintain financial assurance. The original financial assurance instrument(s) must be on file with the licensing authority. The owner or operator must establish the financial assurance instrument(s) for the facility named above at the address listed in this application.

An increase in the cost estimate requires that the owner or operator submit updated financial assurance to the licensing authority within 30 days of license issuance pursuant to Chapter 3745 of the Administrative Code.

Environmental Covenant (EC)

Please indicate your Environmental Covenant status below.

New Environmental Covenant

If the owner/operator is seeking to use an EC with regard to the calculation of the cost estimate for financial assurance, please submit the draft EC to the Health Department/Ohio EPA District Office and to Ohio EPA's C&DD Unit in Central Office (Ohio EPA, Division of Materials & Waste Management, C&DD Unit, P.O. Box 1049, Columbus, OH 43216-1049).

Existing Environmental Covenant

No Environmental Covenant

No Environmental Covenant in use.

Tabs

Tabs 1 through 12 must be completed and uploaded with this as a .pdf file. 46525

Tabs Document

Remove Attachment

Frank Road C_DD_cddtabs.pdf

Air Pollution and Surface Water Permitting Information

Please provide information concerning air pollution control and surface water management permits required for the construction and/or operation of this facility.

Air Pollution Permit Status

Approved Not Submitted Pending The Air Pollution Permit Status is required.

Surface Water Permit Status

Approved Not Submitted Pending The Surface Water Permit Status is required.

Facility License Application

Application Type

RENEWAL

Application Type Renewal **Transaction ID** 2097947

License Type Landfill with co-located Processing Facility

Facility Type

Construction and Demolition Debris Landfills



The Facility Type is required.

Secondary ID

CDDL018851

CDDP022771 A valid secondary identifier could not be found for this facility. Please contact technical support.

Facility Operations Changes Check here if there are any significant changes in facility operations.

Applicant Information

In accordance with the applicable provisions of the Ohio Administrative Code, the applicant for a facility license must be either the facility owner or operator. The applicant may be either a person or an organization. Please enter the appropriate applicant information in the spaces below.

Applicant Name

Scott Wrecking Company, Inc.

The applicant Name is required

Mailing Address Line 1

5336 Ebright Road

The mailing address line 1 is required

Mailing Address Line 2

Country

USA



The country is required

State

OH



The mailing address state is required

City

Canal Winchester

The city is required **Zip**

43110

The mailing address zip is required

Email Address

jscott5336@hotmail.com

The applicant email address is required

Phone Number

(614) 836-3909

The applicant phone number is required

Applicant Type 

Property Owner and Facility Operator



The applicant type is required

Ohio EPA will provide the issued license (when we are the licensing authority) electronically via email to the applicant. If you would like additional individuals to receive a copy of the license certificate, please enter their email addresses below. Please Note: Health Depts may choose to send license certificates either electronically or via hard copy mail, based on their specific organization protocols.

ploper@bowser-morner.com

Facility Information

(ID: 53526)

The details listed below represent the most recent license application information submitted to Ohio EPA for this facility. Please review this information for accuracy before submitting your application.

If you wish to change any of the listed facility information please contact the Ohio EPA.

Facility Address Scott Wrecking Company Inc (Franklin)

1489 Harmon Ave

Columbus, OH 43223 **Phone Number**

(614) 443-7134 (edit) **County** Franklin County **Ohio EPA District Office** Central District Office **Facility Licensing**

Authority Franklin County Public Health

Note: if you do not know your local health department, you can look it up online at (health district lookup) and then enter your address. Alternately, you may call the Ohio Department of Health at 614-466-3543.

Use the map on the right to set the latitude and longitude values and verify they are correct. You may click on the map to choose latitude and longitude coordinates or enter the latitude and longitude values in the input fields below. Alternately, you may enter an address in the input field at the bottom of the map to find coordinates by address. **Enter Coordinates in Degrees, Minutes, Seconds**

Latitude

39.930858

Latitude is required **Longitude**

-83.021819

Longitude is required

Satellite View

Search for Address: Type an address in the input box below and select a match from the drop down list or select the magnifying glass button to plot the address on the map.

▼ Esri World Geocoder

Find address or place

Search

Certified Operator Information

Please supply the name(s) and contact information for the certified operator. The certified operator is the person who will be contacted by the licensing authority in case of emergencies.

Click a type of operator you want to add: Interim Certified



Certified Operator ID#	Name	Phone Number	Email Address	Status	Action	OPCD000042	Scott
Harris 6146539388	iscott5336@hotmail.com		Certified		OPCD000055	Rob Dempsey	6145728413
	jscott5336@hotmail.com		Certified				

Property Owner Information

Indicate all person(s) [corporate or individual] who hold legal title to the property on which this facility is located. If the property owner is a corporation, you must list all individuals or organizations that own more than 10 percent of the shares of the corporation.

Name	Type	Address	Phone	Parcels	Owner Percentage	Action
		5336 Ebright Road				Scott Wrecking Company, Inc.
CORPORATION						

Canal Winchester OH 43110

6148363909 5 100%  

add new owner

Disposal Fee Contact Information

Please provide the requested information concerning the disposal fee contact information.

Copy Applicant Information to Disposal Fee Contact Information

Name

Joyce Scott

The disposal fee contact name is required.

Mailing Address Line 1

5336 Ebright Rd.

The mailing address line 1 is required

Mailing Address Line 2

Country

USA 

The country is required

State

OH 

The mailing address state is required

City

Canal Winchester

The city is required **Zip**

43110

The mailing address zip is required

Financial Assurance Information

The owner or operator of a construction and demolition debris facility shall establish and maintain financial assurance.

The original financial assurance instrument(s) must be on file with the licensing authority. The owner or operator must establish the financial assurance instrument(s) for the facility named above at the address listed in this application.

An increase in the cost estimate requires that the owner or operator submit updated financial assurance to the licensing authority within 30 days of license issuance pursuant to Chapter 3745 of the Administrative Code.

Environmental Covenant (EC)

Please indicate your Environmental Covenant status below.

New Environmental Covenant

If the owner/operator is seeking to use an EC with regard to the calculation of the cost estimate for financial assurance, please submit the draft EC to the Health Department/Ohio EPA District Office and to Ohio EPA's C&DD Unit in Central Office (Ohio EPA, Division of Materials & Waste Management, C&DD Unit, P.O. Box 1049, Columbus, OH 43216-1049).

Existing Environmental Covenant

No Environmental Covenant

No Environmental Covenant in use.

Co-Located Processing Facility Information

Co-Located C&DD Processing Facility Name

Scott Wrecking C&DD Landfill

The co-located processing facility name is required.

Initial Date of Debris Acceptance



Click here to select a date. You must select a date. The initial date of debris

acceptance is required.

Tabs

Tabs 1 through 12 must be completed and uploaded with this as a .pdf file. 46477

Tabs Document [Remove Attachment](#)

208451-0923-169_county.pdf

Air Pollution and Surface Water Permitting Information

Please provide information concerning air pollution control and surface water management permits required for the construction and/or operation of this facility.

Air Pollution Permit Status

Approved

Not Submitted

Pending

The Air Pollution Permit Status is required.

Surface Water Permit Status

Approved

Not Submitted

Pending

The Surface Water Permit Status is required.

Facility License Application

Application Type

RENEWAL

Application Type Renewal

Transaction ID 2091866

Facility Type

Solid Waste Transfer Facilities



The Facility Type is required.

Secondary ID

SWTF018396

A valid secondary identifier could not be found for this facility. Please contact technical support.

Facility Operations Changes *Check here if there are any significant changes in facility operations.*

District Manager Karen Factor

Please note any significant changes in facility operations, or enter N/A.

Applicant Information

In accordance with the applicable provisions of the Ohio Administrative Code, the applicant for a facility license must be either the facility owner or operator. The applicant may be either a person or an organization. Please enter the appropriate applicant information in the spaces below.

Applicant Name

Waste Management of Ohio Transfer & Recycling

The applicant Name is required

Mailing Address Line 1

1006 Walnut Street

The mailing address line 1 is required

Mailing Address Line 2

Country

USA



The country is required

State

OH



The mailing address state is required

City

Canal Winchester

The city is required **Zip**

43110

The mailing address zip is required

Email Address

kfactor@wm.com

The applicant email address is required

Phone Number

(740) 404-2589

The applicant phone number is required

Applicant Type 

Property Owner and Facility Operator



The applicant type is required

Ohio EPA will provide the issued license (when we are the licensing authority) electronically via email to the applicant. If you would like additional individuals to receive a copy of the license certificate, please enter their email addresses below. Please Note: Health Depts may choose to send license certificates either electronically or via hard copy mail, based on their specific organization protocols.

Facility Information

(ID: 15274)

The details listed below represent the most recent license application information submitted to Ohio EPA for this facility. Please review this information for accuracy before submitting your application.

If you wish to change any of the listed facility information please contact the Ohio EPA.

Facility Address Waste Management of Ohio Transfer & Recycling
1046 Walnut St
Canal Winchester, OH 43110 **Phone Number**
(614) 833-5233 (edit) **County** Franklin County **Ohio EPA District Office** Central District Office **Facility Licensing Authority** Franklin County Public Health

Note: If you do not know your local health department, you can look it up online at (health district lookup) and then enter your address. Alternately, you may call the Ohio Department of Health at 614-466-3543.

Use the map on the right to set the latitude and longitude values and verify they are correct. You may click on the map to choose latitude and longitude coordinates or enter the latitude and longitude values in the input fields below. Alternately, you may enter an address in the input field at the bottom of the map to find coordinates by address. **Enter Coordinates in Degrees, Minutes, Seconds**

Latitude

39.847998000000004

Latitude is required **Longitude**

-82.837876999999999

Longitude is required

Satellite View

SA EPA USDA
Search for Address: Type an address in the input box below and select a match from the drop down list or select the magnifying glass button to plot the address on the map.

▼ Esri World Geocoder Find address or place X Search

Facility Manager Information

Please supply the names and contact information for the facility manager. The facility manager is the person who will be contacted by the licensing authority in case of emergencies.

Manager Name

Karen Factor

The manager name is required.

Manager Phone Number

(740) 404-2589

The manager phone number is required.



Manager Email Address

kfactor@wm.com

The manager email address is required.

Property Owner Information

Indicate all person(s) [corporate or individual] who hold legal title to the property on which this facility is located. If the property owner is a corporation, you must list all individuals or organizations that own more than 10 percent of the shares of the corporation.

Name	Type	Address	Phone	Parcels	Owner Percentage	Action	Waste Management of Ohio
Transfer & Recycling	CORPORATION	1046 Walnut Street					
Canal Winchester OH 43110							
6148335233	100%	 					

[add new owner](#)

Fee Information

The following information is needed to determine the annual licensing fee for the Solid Waste & Infectious Waste facilities. A **non-refundable** application fee of \$100 is required for all applications. The remaining balance for the annual licensing fee will be invoiced upon the issuance of the annual operating license. If you do not know the following information pertaining to the type of facility being licensed, it can be located in your facility registration, permit-to-install or any subsequent action of the Director of the Ohio EPA. If you have any questions, please contact the Ohio EPA - Division of Materials and Waste Management (DMWM) at 614-644-2621.

Disposal Fee Contact Information

Please provide the requested information concerning the disposal fee contact information.

Copy Applicant Information to Disposal Fee Contact Information

Name

Karen Factor

The disposal fee contact name is required.

Mailing Address Line 1

1006 Walnut Street

The mailing address line 1 is required

Mailing Address Line 2

Country

USA



The country is required

State

OH



The mailing address state is required

City

Canal Winchester

The city is required **Zip**

43110

The mailing address zip is required

Financial Assurance Information

All licensed facilities must have original financial assurance mechanisms on file with Ohio EPA Division of Materials and Waste Management. The license cannot be issued unless the financial assurance has been established and maintained in accordance with Chapter 3745 of the Administrative Code.

The owner or operator must establish the financial assurance instrument(s) for the facility named above at the address listed in this application.

Facility License Application

Application Type

RENEWAL**Application Type** Renewal **Transaction ID** 2081795**Facility Type**Municipal Solid Waste Landfill ▼

The Facility Type is required.

Secondary ID

MSWL018803

A valid secondary identifier could not be found for this facility. Please contact technical support.

Facility Operations Changes *Check here if there are any significant changes in facility operations.*

None

Please note any significant changes in facility operations, or enter N/A.

Applicant Information

in accordance with the applicable provisions of the Ohio Administrative Code, the applicant for a facility license must be either the facility owner or operator. The applicant may be either a person or an organization. Please enter the appropriate applicant information in the spaces below.

Applicant Name

Solid Waste Authority of Central Ohio

The applicant Name is required

Mailing Address Line 1

3859 London Groveport Rd

The mailing address line 1 is required

Mailing Address Line 2

Country

USA



The country is required

State

OH



The mailing address state is required

City

Grove City

The city is required **Zip**

43123

The mailing address zip is required

Email Address

adam.burleson@swaco.org

The applicant email address is required

Phone Number

(614) 782-9400

The applicant phone number is required

Applicant Type 

Property Owner and Facility Operator



The applicant type is required

Ohio EPA will provide the issued license (when we are the licensing authority) electronically via email to the applicant. If you would like additional individuals to receive a copy of the license certificate, please enter their email addresses below. Please Note: Health Depts may choose to send license certificates either electronically or via hard copy mail, based on their specific organization protocols.

Facility Information

(ID: 15005)

The details listed below represent the most recent license application information submitted to Ohio EPA for this facility. Please review this information for accuracy before submitting your application.

If you wish to change any of the listed facility information please contact the Ohio EPA.

Facility Address SWACO Franklin County Sanitary Landfill
3851 London Groveport Rd
Grove City, OH 43123 **Phone Number**
(614) 871-5100 (edit) **County** Franklin County **Ohio EPA District Office** Central District Office **Facility Licensing Authority** Franklin County Public Health

Note: if you do not know your local health department, you can look it up online at (health district lookup) and then enter your address. Alternately, you may call the Ohio Department of Health at 614-466-3543.

Use the map on the right to set the latitude and longitude values and verify they are correct. You may click on the map to choose latitude and longitude coordinates or enter the latitude and longitude values in the input fields below. Alternately, you may enter an address in the input field at the bottom of the map to find coordinates by address. **Enter Coordinates in Degrees, Minutes, Seconds**

Latitude

39.835392000000006

Latitude is required **Longitude**

-83.097766

Longitude is required

Satellite View

3S-EPA-USDA Search for Address: Type an address in the input box below and select a match from the drop down list or select the magnifying glass button to plot the address on the map.

▼ Esri World Geocoder Find address or place X ↺ 🔍 Search

Facility Manager Information

Please supply the names and contact information for the facility manager. The facility manager is the person who will be contacted by the licensing authority in case of emergencies.

Manager Name

Adam Burleson

The manager name is required.

Manager Phone Number

(614) 782-9400

The manager phone number is required.



Manager Email Address

adam.burleson@swaco.org

The manager email address is required.

Property Owner Information

Indicate all person(s) [corporate or individual] who hold legal title to the property on which this facility is located. If the property owner is a corporation, you must list all individuals or organizations that own more than 10 percent of the shares of the corporation.

Name	Type	Address	Phone	Parcels	Owner Percentage	Action	Solid Waste Authority of Central
Ohio GOVERNMENT		4239 London Groveport Road					
Grove City OH 43123							
6148715100	100%					 	

[add new owner](#)

Fee Information

The following information is needed to determine the annual licensing fee for the Solid Waste & Infectious Waste facilities. A **non-refundable** application fee of \$100 is required for all applications. The remaining balance for the annual licensing fee will be invoiced upon the issuance of the annual operating license. If you do not know the following information pertaining to the type of facility being licensed, it can be located in your facility registration, permit-to-install or any subsequent action of the Director of the Ohio EPA. If you have any questions, please contact the Ohio EPA - Division of Materials and Waste Management (DMWM) at 614-644-2621.

Authorized Maximum Daily Waste Receipt

Please provide the requested details concerning the Authorized Maximum Daily Waste Receipt (AMDWR) limit for this facility and the official documents which established the limit.

Authorized Maximum Daily Waste Receipt tons The Authorized Maximum Daily Waste Receipt is required.
8000

Disposal Fee Contact Information

Please provide the requested information concerning the disposal fee contact information.

Copy Applicant Information to Disposal Fee Contact Information

Name

Adam Burleson

The disposal fee contact name is required.

Mailing Address Line 1

3859 London Groveport Rd

The mailing address line 1 is required

Mailing Address Line 2

Country

USA



The country is required

State

OH



The mailing address state is required

City

Grove City

The city is required **Zip**

43123

The mailing address zip is required

Financial Assurance Information

All licensed facilities must have original financial assurance mechanisms on file with Ohio EPA Division of Materials and Waste Management. The license cannot be issued unless the financial assurance has been established and maintained in accordance with Chapter 3745 of the Administrative Code.

The owner or operator must establish the financial assurance instrument(s) for the facility named above at the address listed in this application.