



Richland Public Health

555 Lexington Ave., Mansfield, OH 44907

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NOTICE OF INTENT TO FILL

LOCATION OF
FILLING _____

TOWNSHIP _____

OWNER OF
SITE _____

ADDRESS OF
OWNER _____

TELEPHONE
NUMBER _____

NATURE OF THE FILL
MATERIAL _____

SOURCE(S) OF THE FILL
MATERIAL _____

*** NOTE: "Clean Hard Fill" consists ONLY of reinforced or nonreinforced concrete, asphalt concrete, block, brick, tile, or stone***

DURATION OF THE FILLING OPERATION:

BEGINNING DATE _____

COMPLETION DATE _____

OPERATOR
NAME _____

ADDRESS OF
OPERATOR _____

TELEPHONE
NUMBER _____

SIGNATURE _____

DATE _____

ATTACH A DRAWING SHOWING THE SPECIFIC LOCATION(S) OF THE FILLING OPERATION. IF THERE IS ANY CHANGE IN THE PLANNED ACTIVITY AS DESCRIBED ABOVE, A NEW FORM SHALL BE SUBMITTED IN ADVANCE OF THE CHANGE.