

PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

K.F. Rupp, M.D., F.A.A.F.P., R.S.
Health Commissioner

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NOTICE OF INTENT TO FILL [OAC 3745-400-05 (C)]

Nature of fill material: _____

Site of generation or removal: _____

Site(s) to be filled: _____

Filling to begin: _____

Filling to end: _____

Contact Person

Name: _____

Address: _____

Telephone Number(s): () _____

 () _____

Additional Information: _____

Reviewed by (please initial): Sanitarian: _____

Supervisor: _____

Environ. Dir.: _____

Health Comm.: _____