Reset Form | Print Form

Pretreatment Program Modification Request

Approved Program Information		
Date of Request:		
Sewer Authority Name:		
Contact Name and Title Name:	Title:	
Mailing Address:		
City:	State:	Zip: -
Phone: ( ) -	Fax: ( ) -	E-mail:

Brief Description of Modification Request:

Briefly Describe Reason(s) Why Modification Is Necessary:

Signature:

Title: Date: / /

Attach to this cover sheet in duplicate an official copy of the proposed modification request describing the request in detail with appropriate justification. Include any technical and supporting documents that might be necessary for Ohio EPA review.

Mail completed requests to:
Ohio EPA, DSW
Pretreatment Unit
PO Box 1049
Columbus, OH 43216-1049

For office use only	S	N