



**PRETREATMENT  
PROGRAM  
MODIFICATION REQUEST**

State of Ohio Environmental Protection Agency

Date of Request: \_\_\_\_\_

Sewer Authority: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title: \_\_\_\_\_

BRIEF DESCRIPTION OF MODIFICATION REQUEST:

BRIEFLY DESCRIBE REASONS WHY MODIFICATION IS NECESSARY:

Signature: \_\_\_\_\_

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 THIS REQUEST TO: OHIO ENVIRONMENTAL PROTECTION AGENCY  
DIVISION OF SURFACE WATER - PRETREATMENT UNIT  
LAZARUS GOVERNMENT CENTER  
P.O. BOX 1049  
COLUMBUS, OHIO 43216-1049

For office use only

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