

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320528

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**KLAUSING, KRYSTAL  
14620 LANDECK RD  
DELPHOS, OH 45833-9403**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	S & K'S LANDECK TAVERN
PWS ID:	OH0241812
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	Pay this amount: <b><u>\$123.20</u></b>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** S & K'S LANDECK TAVERN  
**Contact NAME:** KLAUSING, KRYSTAL

**PWS ID:** OH0241812

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320528
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1347565

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**GLASER, GREG  
9010 OVERLOOK BLVD  
BRENTWOOD, TN 37027**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	DOLLAR GENERAL #20931 - PIERPONT, OH
PWS ID:	OH0447017
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

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DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: DOLLAR GENERAL #20931 - PIERPONT, OH  
Contact NAME: GLASER, GREG

PWS ID: OH0447017

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	04/20/2020
Revenue ID:	1347565
Amount Due:	\$104.94
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319998

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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**MARYANNS PERRY POST RESTAURANT**  
**7230 SCIO ROAD**  
**SCIO, OH 43988**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	MARYANNS PERRY POST RESTAURANT
PWS ID:	OH1032512
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
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-----  
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DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** MARYANNS PERRY POST RESTAURANT  
**Contact NAME:** MARYANNS PERRY POST RESTAURANT

**PWS ID:** OH1032512

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

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Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319998
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

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**DELLROY DRIVE-IN RESTAURANT  
387 AVALON RD NW  
DELLROY, OH 44620**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	DELLROY DRIVE-IN RESTAURANT
PWS ID:	OH1036212
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

FEES FOR YEAR 2020	TOTAL
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DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** DELLROY DRIVE-IN RESTAURANT  
**Contact NAME:** DELLROY DRIVE-IN RESTAURANT

**PWS ID:** OH1036212

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Due Date:	12/31/2019
Revenue ID:	1319279
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

Ohio EPA-DDAGW  
PO BOX 1049  
Columbus, OH 43216-1049

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319797

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**JOLLY ROGER  
ATTENTION: JESSICA WATKINS  
4868 STONEYBROOK  
HILLIARD, OH 43206**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	JOLLY ROGER PWS
PWS ID:	OH1130512
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**2** SIGN... **IMPORTANT**  
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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** JOLLY ROGER PWS  
**Contact NAME:** JOLLY ROGER

**PWS ID:** OH1130512

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319797
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320322

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**PAT AND MARTHAS  
TIMOTHY PROSEN  
2928 LAKE RD  
MEDWAY, OH 45341**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	PAT AND MARTHAS PWS
PWS ID:	OH1233812
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**2** SIGN... **IMPORTANT**  
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TREASURER STATE OF OHIO  
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DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** PAT AND MARTHAS PWS  
**Contact NAME:** PAT AND MARTHAS

**PWS ID:** OH1233812

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320322
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

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**THOMPSON, SAM**  
**48400 STATE ROUTE 14**  
**NEW WATERFORD, OH 44445**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	STICKY FINGERS SMOKE CO.
PWS ID:	OH1536612
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

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DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** STICKY FINGERS SMOKE CO.  
**Contact NAME:** THOMPSON, SAM

**PWS ID:** OH1536612

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

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Due Date:	12/31/2019
Revenue ID:	1320685
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

Ohio EPA-DDAGW  
 PO BOX 1049  
 Columbus, OH 43216-1049



**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320826

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**THIRD GENERATION  
PO BOX 92  
KENSINGTON, OH 44427**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	THIRD GENERATION
PWS ID:	OH1542312
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

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DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** THIRD GENERATION  
**Contact NAME:** THIRD GENERATION

**PWS ID:** OH1542312

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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

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**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319577

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**GUILFORD LAKE GRILLE  
7094 EASTLAKE ROAD  
LISBON, OH 44423**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	GUILFORD LAKE GRILLE PWS
PWS ID:	OH1547612
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

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DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: GUILFORD LAKE GRILLE PWS  
Contact NAME: GUILFORD LAKE GRILLE

PWS ID: OH1547612

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

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PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319577
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Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1318792

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**BRAGHERI, AMIR**  
**75 NORWICK DR.**  
**YOUNGSTOWN, OH 44505**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	BAGH INC. DBA WESTVILLE SUNOCO
PWS ID:	OH1563112
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
 Please pay the required fee by check, money order or credit card.  
 - Make check or money order payable to:  
 TREASURER STATE OF OHIO  
 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
 Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<p><b>Pay this amount:</b></p> <p><b><u>\$123.20</u></b></p>

-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** BAGH INC. DBA WESTVILLE SUNOCO  
**Contact NAME:** BRAGHERI, AMIR

**PWS ID:** OH1563112

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1318792
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1347568

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

ELLIOTT, KRISTIN  
 DOLLAR GENERAL CORPORATION (ENVR. CPL.)  
 100 MISSION RIDGE  
 GOODLETTSVILLE, TN 37072

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	DOLLAR GENERAL #20799 - DAMASCUS PWS
PWS ID:	OH1566521
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.  Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	Pay this amount:  <span style="font-size: 1.2em;"><b><u>\$112.00</u></b></span>

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
 Please pay the required fee by check, money order or credit card.  
 - Make check or money order payable to:  
 TREASURER STATE OF OHIO  
 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
 Return the signed application along with the appropriate fee by the DUE DATE listed below.

-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** DOLLAR GENERAL #20799 - DAMASCUS PWS  
**Contact NAME:** ELLIOTT, KRISTIN

**PWS ID:** OH1566521

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	04/20/2020
Revenue ID:	1347568
Amount Due:	\$112.00
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319787

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**JEWELL CAFE  
KELLY MCKENNEY  
27983 JEWELL RD  
DEFIANCE, OH 43512**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	JEWELL CAFE
PWS ID:	OH2031412
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

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FEES FOR YEAR 2020	TOTAL
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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<p><b>Pay this amount:</b></p> <p align="center"><b><u>\$123.20</u></b></p>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: JEWELL CAFE  
Contact NAME: JEWELL CAFE

PWS ID: OH2031412

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319787
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1318702

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**ABOVE PAR EVENT CENTER  
3960 FREMAR RD NE  
LANCASTER, OH 43130**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	ABOVE PAR EVENT CENTER
PWS ID:	OH2335512
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

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FEES FOR YEAR 2020	TOTAL
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: ABOVE PAR EVENT CENTER  
Contact NAME: ABOVE PAR EVENT CENTER

PWS ID: OH2335512

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1318702
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1318897

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**BRATTON AMLC -  
5749 COUNTY ROAD J  
DELTA, OH 43515**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	BRATTON AMLC
PWS ID:	OH2630812
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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FEES FOR YEAR 2020	TOTAL
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** BRATTON AMLC  
**Contact NAME:** BRATTON AMLC -

**PWS ID:** OH2630812

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1318897
Amount Due:	\$11.20
Type Code:	LFCWS
Transaction ID:	

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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**BERKSHIRE HILLS MANAGEMENT LLC  
9760 MAYFIELD RD  
CHESTERLAND, OH 44026**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	BERKSHIRE HILLS COUNTRY CLUB
PWS ID:	OH2830112
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	<p><b>The current amount due includes a 10% penalty.</b></p> <p><b>License Fee: \$112.00</b></p> <p><b>10% Penalty: \$11.20</b></p> <hr style="width: 50%; margin-left: 0;"/> <p><b>Total Due: \$123.20</b></p>
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

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TREASURER STATE OF OHIO
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**4** RETURN APPLICATION PROMPTLY...  
Return the signed application along with the appropriate fee by the DUE DATE listed below.

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** BERKSHIRE HILLS COUNTRY CLUB  
**Contact NAME:** BERKSHIRE HILLS MANAGEMENT LLC

**PWS ID:** OH2830112

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Due Date:	12/31/2019
Revenue ID:	1318841
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

Ohio EPA-DDAGW  
PO BOX 1049  
Columbus, OH 43216-1049



**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319501

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**GEAUGA MARKET HOUSE  
12550 CHILLICOTHE RD  
SUITE #175  
CHESTERLAND, OH 44026**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	GEAUGA MARKET HOUSE
PWS ID:	OH2832912
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

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- For Information on paying by Credit Card go to  
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** GEAUGA MARKET HOUSE  
**Contact NAME:** GEAUGA MARKET HOUSE

**PWS ID:** OH2832912

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319501
Amount Due:	\$11.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319501

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**NOVAK, NICHOLAS  
1006 ORCHARD LANE  
BROADVIEW HEIGHTS, OH 44147**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	GEAUGA MARKET HOUSE
PWS ID:	OH2832912
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
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TREASURER STATE OF OHIO  
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** GEAUGA MARKET HOUSE  
**Contact NAME:** NOVAK, NICHOLAS

**PWS ID:** OH2832912

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319501
Amount Due:	\$11.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319144

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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**AUBURN CORNERS INVESTMENTS**  
**150 7TH AVENUE**  
**SUITE 200**  
**CHARDON, OH 44024**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	COACH HOUSE PWS
PWS ID:	OH2876012
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** COACH HOUSE PWS  
**Contact NAME:** AUBURN CORNERS INVESTMENTS

**PWS ID:** OH2876012

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319144
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320916

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

UH GEUGA MEDICAL OFFICES  
 ATTN: FACILITIES MANAGEMENT  
 13207 RAVENNA ROAD  
 CHARDON, OH 44024

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

WATER SYSTEM INFORMATION	
Name:	UH GEUGA MEDICAL OFFICES
PWS ID:	OH2876812
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** UH GEUGA MEDICAL OFFICES  
**Contact NAME:** UH GEUGA MEDICAL OFFICES

**PWS ID:** OH2876812

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320916
Amount Due:	\$11.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320828

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**GEISER, JAMES**  
**6725 MADISON RD**  
**THOMPSON, OH 44086**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	THOMPSON CENTER MARKET PWS
PWS ID:	OH2876924
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
 Please pay the required fee by check, money order or credit card.  
 - Make check or money order payable to:  
 TREASURER STATE OF OHIO  
 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
 Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<p><b>Pay this amount:</b></p> <p><b><u>\$123.20</u></b></p>

-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** THOMPSON CENTER MARKET PWS  
**Contact NAME:** GEISER, JAMES

**PWS ID:** OH2876924

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320828
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320923

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

UH GEauga MEDICAL OFFICES  
 ATTN: FACILITIES MANAGEMENT  
 13207 RAVENNA ROAD  
 CHARDON, OH 44024

**FOLLOW THESE IMPORTANT STEPS IN COMPLETING THIS APPLICATION**

WATER SYSTEM INFORMATION	
Name:	UNIVERSITY HOSPITALS MEDICAL BUILDING 2
PWS ID:	OH2876937
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
 Please pay the required fee by check, money order or credit card.  
 - Make check or money order payable to:  
 TREASURER STATE OF OHIO  
 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
 Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.  Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	Pay this amount:  <b><u>\$11.20</u></b>

-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** UNIVERSITY HOSPITALS MEDICAL BUILDING 2  
**Contact NAME:** UH GEauga MEDICAL OFFICES

**PWS ID:** OH2876937

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320923
Amount Due:	\$11.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1347571

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**BURTON BTS RETAIL, LLC  
14600 DETROIT AVE SUITE 1500  
LAKEWOOD, OH 44107**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	DOLLAR GENERAL #20889 - TROY BURTON
PWS ID:	OH2876949
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<b>Pay this amount:</b>  <b><u>\$112.00</u></b>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** DOLLAR GENERAL #20889 - TROY BURTON  
**Contact NAME:** BURTON BTS RETAIL, LLC

**PWS ID:** OH2876949

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	04/20/2020
Revenue ID:	1347571
Amount Due:	\$112.00
Type Code:	LFCWS
Transaction ID:	



**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1318746

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**ANDIS POINT DRIVE-IN  
ATTN: OWNER  
5287 FALLEN TIMBER ROAD SE  
TIPPECANOE, OH 44699**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	ANDIS POINT DRIVE IN
PWS ID:	OH3433812
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHEAST DISTRICT OFFICE - DDAGW at 740-385-8501

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<p><b>Pay this amount:</b></p> <p><b><u>\$123.20</u></b></p>

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.

- Make check or money order payable to:  
TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
Return the signed application along with the appropriate fee by the DUE DATE listed below.

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** ANDIS POINT DRIVE IN  
**Contact NAME:** ANDIS POINT DRIVE-IN

**PWS ID:** OH3433812

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1318746
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319002

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**CAMP TOODIK-RIVER**  
**7700 TR 462**  
**LOUDONVILLE, OH 44842**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	CAMP TOODIK-RIVER
PWS ID:	OH3830912
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
 Please pay the required fee by check, money order or credit card.  
 - Make check or money order payable to:  
 TREASURER STATE OF OHIO  
 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
 Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	Pay this amount: <b><u>\$123.20</u></b>

-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** CAMP TOODIK-RIVER  
**Contact NAME:** CAMP TOODIK-RIVER

**PWS ID:** OH3830912

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319002
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319001

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**CAMP TOODIK, OWNERS**  
**7700 TR 462**  
**LOUDONVILLE, OH 44842**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	CAMP TOODIK PWS
PWS ID:	OH3831012
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
 Please pay the required fee by check, money order or credit card.  
 - Make check or money order payable to:  
 TREASURER STATE OF OHIO  
 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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FEES FOR YEAR 2020	TOTAL
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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	Pay this amount: <b><u>\$123.20</u></b>

-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** CAMP TOODIK PWS  
**Contact NAME:** CAMP TOODIK, OWNERS

**PWS ID:** OH3831012

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319001
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319152

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**PARSONS, RON  
COLUMBIA GAS OF OHIO  
8284 COLUMBUS ROAD  
MT. VERNON, OH 43050**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	COLUMBIA GAS OF OHIO-MOUNT VERNON PWS
PWS ID:	OH4238112
System Type :	NONCOMMUNITY NONTRANSIENT
Population Served:	25
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<b>Pay this amount:</b>  <b><u>\$123.20</u></b>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** COLUMBIA GAS OF OHIO-MOUNT VERNON PWS  
**Contact NAME:** PARSONS, RON

**PWS ID:** OH4238112

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319152
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**WILLOW RUN GOLF COURSE  
PO BOX 234  
REYNOLDSBURG, OH 43068**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	WILLOW RUN GOLF COURSE
PWS ID:	OH4547212
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	<p><b>The current amount due includes a 10% penalty.</b></p> <p><b>License Fee: \$112.00</b></p> <p><b>10% Penalty: \$11.20</b></p> <hr style="width: 50%; margin-left: 0;"/> <p><b>Total Due: \$123.20</b></p>
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.

- Make check or money order payable to:  
TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
Return the signed application along with the appropriate fee by the DUE DATE listed below.

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** WILLOW RUN GOLF COURSE  
**Contact NAME:** WILLOW RUN GOLF COURSE

**PWS ID:** OH4547212

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Due Date:	12/31/2019
Revenue ID:	1321055
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

Ohio EPA-DDAGW  
PO BOX 1049  
Columbus, OH 43216-1049

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320436

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**RACCOON INTERNATIONAL GC**  
**3275 GENERAL GRIFFIN RD**  
**PO BOX 547**  
**GRANVILLE, OH 43023**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	RACCOON INTERNATIONAL GC
PWS ID:	OH4557812
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
 Please pay the required fee by check, money order or credit card.  
 - Make check or money order payable to:  
 TREASURER STATE OF OHIO  
 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
 Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<p><b>Pay this amount:</b></p> <p><b><u>\$123.20</u></b></p>

-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** RACCOON INTERNATIONAL GC  
**Contact NAME:** RACCOON INTERNATIONAL GC

**PWS ID:** OH4557812

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320436
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319187

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**COUGHLIN AUTO. PROP. OF CIRCLEVILLE  
9000 BROAD ST SW  
PATASKALA, OH 43062**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	COUGHLIN FORD OF JOHNSTOWN
PWS ID:	OH4567621
System Type :	NONCOMMUNITY NONTRANSIENT
Population Served:	50
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<b>Pay this amount:</b>  <b><u>\$123.20</u></b>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** COUGHLIN FORD OF JOHNSTOWN  
**Contact NAME:** COUGHLIN AUTO. PROP. OF CIRCLEVILLE

**PWS ID:** OH4567621

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319187
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	



**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1347572

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**KAY THOMAS II LLC  
2030 TIMBUK RD  
GRANVILLE, OH 43023**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	TIMBUK FARMS
PWS ID:	OH4567624
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.  Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	Pay this amount:  <b><u>\$111.39</u></b>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** TIMBUK FARMS  
**Contact NAME:** KAY THOMAS II LLC

**PWS ID:** OH4567624

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	04/20/2020
Revenue ID:	1347572
Amount Due:	\$111.39
Type Code:	LFCWS
Transaction ID:	

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**BLACKHAWK TRAILER PARK, INC.  
 DWIGHT BROWN  
 663 E. WEISHEIMER ROAD  
 COLUMBUS, OH 43214**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	BLACKHAWK TRAILER PARK
PWS ID:	OH4600212
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
 Please pay the required fee by check, money order or credit card.  
 - Make check or money order payable to:  
 TREASURER STATE OF OHIO  
 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

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FEES FOR YEAR 2020	TOTAL
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-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** BLACKHAWK TRAILER PARK  
**Contact NAME:** BLACKHAWK TRAILER PARK, INC.

**PWS ID:** OH4600212

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1318864
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319892

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

LAKEVIEW MARATHON -  
12500 SR 235 N  
LAKEVIEW, OH 43331

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	LAKEVIEW MARATHON
PWS ID:	OH4650312
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
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TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: LAKEVIEW MARATHON  
Contact NAME: LAKEVIEW MARATHON -

PWS ID: OH4650312

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319892
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319484

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**SWEARINGEN, JASON  
5340 CENTENNIAL ROAD  
SYLVANIA, OH 43560**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	FUNAGINS
PWS ID:	OH4837612
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
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TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: FUNAGINS  
Contact NAME: SWEARINGEN, JASON

PWS ID: OH4837612

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319484
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1347573

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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**MOUNT STERLING DOHP, LLC  
9010 OVERLOOK BLVD  
BRENTWOOD, TN 37027**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	DOLLAR GENERAL #20756 - MOUNT STERLING
PWS ID:	OH4946320
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2** SIGN... **IMPORTANT**  
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**3** PAY FEES...  
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TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** DOLLAR GENERAL #20756 - MOUNT STERLING  
**Contact NAME:** MOUNT STERLING DOHP, LLC

**PWS ID:** OH4946320

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	04/20/2020
Revenue ID:	1347573
Amount Due:	\$112.00
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319831

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**KINGS MOTEL  
6965 MCCARTNEY ROAD  
LOWELLVILLE, OH 44436**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	KING'S MOTEL - EAST
PWS ID:	OH5031212
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: KING'S MOTEL - EAST  
Contact NAME: KINGS MOTEL

PWS ID: OH5031212

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319831
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319832

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**KINGS MOTEL  
6965 MCCARTNEY ROAD  
LOWELLVILLE, OH 44436**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	KING'S MOTEL - WEST
PWS ID:	OH5055014
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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FEES FOR YEAR 2020	TOTAL
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: KING'S MOTEL - WEST  
Contact NAME: KINGS MOTEL

PWS ID: OH5055014

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319832
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	



**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1318916

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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**BROOKSIDE POOL & RECREATION CENTER  
KEN SPIEGEL  
132 OWENS RD W  
MARION, OH 43302**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	<b>BROOKSIDE POOL AND RECREATION CENTER PWS</b>
PWS ID:	<b>OH5132712</b>
System Type :	<b>TRANSIENT NONCOMMUNITY</b>
Number of Wells:	<b>1</b>
Surface Water Source:	<b>No</b>

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to:  
**TREASURER STATE OF OHIO**  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** BROOKSIDE POOL AND RECREATION CENTER PWS  
**Contact NAME:** BROOKSIDE POOL & RECREATION CENTER

**PWS ID:** OH5132712

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1318916
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319342

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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**PROSPECT DG, LLC  
361 SUMMIT BLVD SUITE 110  
BIRMINGHAM, AL 35243**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	DOLLAR GENERAL STORE PROSPECT
PWS ID:	OH5143914
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
  
- Make check or money order payable to:  
TREASURER STATE OF OHIO  
  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.  Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<b>Pay this amount:</b>  <b><u>\$123.20</u></b>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** DOLLAR GENERAL STORE PROSPECT  
**Contact NAME:** PROSPECT DG, LLC

**PWS ID:** OH5143914

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319342
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1321326

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**M & H MHP, LLC -  
338 89TH STREET  
APARTMENT 3R  
BROOKLYN, NY 11209**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	M & H MHP, LLC
PWS ID:	OH5900412
System Type :	COMMUNITY
Number of Service Connections:	100
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
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TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

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FEES FOR YEAR 2020	TOTAL
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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<b>Pay this amount:</b>  <b><u>\$211.20</u></b>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: M & H MHP, LLC  
Contact NAME: M & H MHP, LLC -

PWS ID: OH5900412

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1321326
Amount Due:	\$211.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319553

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**GRANT GALBRAITH MD, INC.**  
 6519 U.S. ROUTE 42  
 MT. GILEAD, OH 43338

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	GRANT GALBRAITH MD, INC. PWS
PWS ID:	OH5941912
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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 TREASURER STATE OF OHIO  
 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

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-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** GRANT GALBRAITH MD, INC. PWS  
**Contact NAME:** GRANT GALBRAITH MD, INC.

**PWS ID:** OH5941912

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319553
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320157

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**NORTHFIELD MEDICAL  
6519 U.S. RT. 42  
MT. GILEAD, OH 43338**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	NORTHFIELD MEDICAL BLDG PWS
PWS ID:	OH5942012
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

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TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** NORTHFIELD MEDICAL BLDG PWS  
**Contact NAME:** NORTHFIELD MEDICAL

**PWS ID:** OH5942012

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320157
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1347575

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

SHAUCK DG, LLC  
 361 SUMMIT BLVD, STE 110  
 BIRMINGHAM, AL 35243

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	DOLLAR GENERAL #20433 - SHAUCK MANSFIELD
PWS ID:	OH5942716
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

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<http://epa.ohio.gov/>

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-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** DOLLAR GENERAL #20433 - SHAUCK MANSFIELD  
**Contact NAME:** SHAUCK DG, LLC

**PWS ID:** OH5942716

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	04/20/2020
Revenue ID:	1347575
Amount Due:	\$112.00
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1347575

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- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

ELLIOTT, KRISTIN  
 DOLLAR GENERAL CORPORATION (ENVR. CPL.)  
 100 MISSION RIDGE  
 GOODLETTSVILLE, TN 37072

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	DOLLAR GENERAL #20433 - SHAUCK MANSFIELD
PWS ID:	OH5942716
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

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-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** DOLLAR GENERAL #20433 - SHAUCK MANSFIELD  
**Contact NAME:** ELLIOTT, KRISTIN

**PWS ID:** OH5942716

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	04/20/2020
Revenue ID:	1347575
Amount Due:	\$112.00
Type Code:	LFCWS
Transaction ID:	



**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1321412

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**TREAD COMPANIES**  
 1520 W MAIN ST  
 RICHMOND, VA 23220

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	GREENLAWN ESTATES MHP
PWS ID:	OH6045817
System Type :	COMMUNITY
Number of Service Connections:	153
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT SOUTHEAST DISTRICT OFFICE - DDAGW at 740-385-8501

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

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-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** GREENLAWN ESTATES MHP  
**Contact NAME:** TREAD COMPANIES

**PWS ID:** OH6045817

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1321412
Amount Due:	\$323.14
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1321193

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**GREENWOOD MOBILE HOME PARK  
2186 WEST LAKESHORE DRIVE  
PORT CLINTON, OH 43452**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	GREENWOOD MOBILE HOME PK
PWS ID:	OH6201312
System Type :	COMMUNITY
Number of Service Connections:	72
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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TREASURER STATE OF OHIO  
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: GREENWOOD MOBILE HOME PK  
Contact NAME: GREENWOOD MOBILE HOME PARK

PWS ID: OH6201312

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1321193
Amount Due:	\$193.60
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1321454

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**BRAUER, JEFF**  
**51 WEST CENTER STREET, SUITE 600**  
**OREM, UT 84057**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	LOCKBOURNE LODGE MHP
PWS ID:	OH6501512
System Type :	COMMUNITY
Number of Service Connections:	189
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2** SIGN... **IMPORTANT**  
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**3** PAY FEES...  
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-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** LOCKBOURNE LODGE MHP  
**Contact NAME:** BRAUER, JEFF

**PWS ID:** OH6501512

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1321454
Amount Due:	\$399.17
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1321356

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**COXSON, AARON**  
**AARON COXSON - MEADOWBROOK ESTATES LLC**  
 51 W. CENTER ST. STE 600  
 OREM, UT 84057

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	MEADOWBROOK ESTATES LLC
PWS ID:	OH6501812
System Type :	COMMUNITY
Number of Service Connections:	116
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** MEADOWBROOK ESTATES LLC  
**Contact NAME:** COXSON, AARON

**PWS ID:** OH6501812

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1321356
Amount Due:	\$244.99
Type Code:	LFCWS
Transaction ID:	

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**BECK, DAVID**  
**7221 ELMHURST AVE.**  
**NORTH CANTON, OH 44720**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	SPC CROSSFIT
PWS ID:	OH6759912
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	<p><b>The current amount due includes a 10% penalty.</b></p> <p><b>License Fee: \$112.00</b></p> <p><b>10% Penalty: \$11.20</b></p> <hr style="width: 50%; margin-left: 0;"/> <p><b>Total Due: \$123.20</b></p>
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
 Please pay the required fee by check, money order or credit card.

- Make check or money order payable to:  
 TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
 Return the signed application along with the appropriate fee by the DUE DATE listed below.

-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** SPC CROSSFIT  
**Contact NAME:** BECK, DAVID

**PWS ID:** OH6759912

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Due Date:	12/31/2019
Revenue ID:	1320647
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

Ohio EPA-DDAGW  
 PO BOX 1049  
 Columbus, OH 43216-1049

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**COFFEE AND A BEER BY THE LAKE**  
**1312 SR 183**  
**ATWATER, OH 44201**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	COFFEE AND A BEER BY THE LAKE
PWS ID:	OH6785912
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
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**3** PAY FEES...  
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 TREASURER STATE OF OHIO  
 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
 Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	Pay this amount: <b><u>\$123.20</u></b>

-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** COFFEE AND A BEER BY THE LAKE  
**Contact NAME:** COFFEE AND A BEER BY THE LAKE

**PWS ID:** OH6785912

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319243
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1347577

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**RANDOLPH FAIR-PORTAGE CO AG SOCIETY  
PO BOX 213  
RANDOLPH, OH 44265**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	RANDOLPH FAIR 2 LIVESTOCK
PWS ID:	OH6789723
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<b>Pay this amount:</b>  <b><u>\$105.86</u></b>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** RANDOLPH FAIR 2 LIVESTOCK  
**Contact NAME:** RANDOLPH FAIR-PORTAGE CO AG SOCIETY

**PWS ID:** OH6789723

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	04/20/2020
Revenue ID:	1347577
Amount Due:	\$105.86
Type Code:	LFCWS
Transaction ID:	



**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1347578

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**RANDOLPH FAIR-PORTAGE CO AG SOCIETY  
PO BOX 213  
RANDOLPH, OH 44265**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	RANDOLPH FAIR 3 CONCESSIONS
PWS ID:	OH6789724
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
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FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<b>Pay this amount:</b>  <b><u>\$105.86</u></b>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** RANDOLPH FAIR 3 CONCESSIONS  
**Contact NAME:** RANDOLPH FAIR-PORTAGE CO AG SOCIETY

**PWS ID:** OH6789724

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	04/20/2020
Revenue ID:	1347578
Amount Due:	\$105.86
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319985

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**MANSFIELD INN  
880 LAVER RD  
MANSFIELD, OH 44905**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	MANSFIELD INN MOTEL
PWS ID:	OH7043712
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	2
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
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TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<b>Pay this amount:</b>  <b><u>\$123.20</u></b>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** MANSFIELD INN MOTEL  
**Contact NAME:** MANSFIELD INN

**PWS ID:** OH7043712

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319985
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319799

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

JR PROPERTIES OF MANSFIELD, LLC  
 1572 OLIVESBURG RD  
 MANSFIELD, OH 44905

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	JR PROPERTIES OF MANSFIELD - SR 430
PWS ID:	OH7044412
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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 - Make check or money order payable to:  
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 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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FEES FOR YEAR 2020	TOTAL
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-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** JR PROPERTIES OF MANSFIELD - SR 430  
**Contact NAME:** JR PROPERTIES OF MANSFIELD, LLC

**PWS ID:** OH7044412

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319799
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320607

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**KINGCLUB, LLC  
1648 BEAL ROAD  
MANSFIELD, OH 44903**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	SHOWTIME NIGHTCLUB
PWS ID:	OH7053512
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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TREASURER STATE OF OHIO  
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FEES FOR YEAR 2020	TOTAL
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** SHOWTIME NIGHTCLUB  
**Contact NAME:** KINGCLUB, LLC

**PWS ID:** OH7053512

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320607
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320609

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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**SILVER TOP SPORTS BAR & GRILL LLC**  
**4215 E SANDRA DR**  
**PORT CLINTON, OH 43452**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	SILVER TOP SPORTS BAR & GRILL
PWS ID:	OH7255712
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** SILVER TOP SPORTS BAR & GRILL  
**Contact NAME:** SILVER TOP SPORTS BAR & GRILL LLC

**PWS ID:** OH7255712

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

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Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320609
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319134

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**CLINTON LAKE CAMPING**  
**4990 E TWP RD 122**  
**REPUBLIC, OH 44867**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	CLINTON LAKE CAMPING 1 PWS
PWS ID:	OH7432212
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
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**3** PAY FEES...  
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-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** CLINTON LAKE CAMPING 1 PWS  
**Contact NAME:** CLINTON LAKE CAMPING

**PWS ID:** OH7432212

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319134
Amount Due:	\$11.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319135

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**CLINTON LAKE CAMPING**  
**4990 E TWP RD 122**  
**REPUBLIC, OH 44867**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	CLINTON LAKE CAMPING 2 PWS
PWS ID:	OH7432312
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
 Please pay the required fee by check, money order or credit card.  
 - Make check or money order payable to:  
 TREASURER STATE OF OHIO  
 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
 Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<p><b>Pay this amount:</b></p> <p><b><u>\$11.20</u></b></p>

-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** CLINTON LAKE CAMPING 2 PWS  
**Contact NAME:** CLINTON LAKE CAMPING

**PWS ID:** OH7432312

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319135
Amount Due:	\$11.20
Type Code:	LFCWS
Transaction ID:	



**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320581

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**SENECA HILLS GOLF CLUB**  
**4044 W TWP RD 98**  
**TIFFIN, OH 44883**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	SENECA HILLS GOLF CLUB
PWS ID:	OH7441012
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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 TREASURER STATE OF OHIO  
 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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FEES FOR YEAR 2020	TOTAL
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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<p><b>Pay this amount:</b></p> <p><b><u>\$11.20</u></b></p>

-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** SENECA HILLS GOLF CLUB  
**Contact NAME:** SENECA HILLS GOLF CLUB

**PWS ID:** OH7441012

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320581
Amount Due:	\$11.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320550

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**SAUCED**  
**7889 COUNTY ROAD 10**  
**NEW RIEGEL, OH 44853**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	SAUCED
PWS ID:	OH7448912
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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 TREASURER STATE OF OHIO  
 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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FEES FOR YEAR 2020	TOTAL
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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<p><b>Pay this amount:</b></p> <p><b><u>\$11.20</u></b></p>

-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** SAUCED  
**Contact NAME:** SAUCED

**PWS ID:** OH7448912

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320550
Amount Due:	\$11.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1318688

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

47 BAR AND GRILL  
 KIM PFLUM  
 PO BOX 216  
 PORT JEFFERSON, OH 45360

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	47 BAR AND GRILL
PWS ID:	OH7534412
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT SOUTHWEST DISTRICT OFFICE - DDAGW at 937-285-6357

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
 Please pay the required fee by check, money order or credit card.  
 - Make check or money order payable to:  
 TREASURER STATE OF OHIO  
 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
 Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.  Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	Pay this amount:  <b><u>\$123.20</u></b>

-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** 47 BAR AND GRILL  
**Contact NAME:** 47 BAR AND GRILL

**PWS ID:** OH7534412

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1318688
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320666

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**SPUDS CORNER  
4019 ALABAMA AVENUE  
PO BOX 8  
NORTH LAWRENCE, OH 44666**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	SPUDS CORNER PWS
PWS ID:	OH7648312
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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FEES FOR YEAR 2020	TOTAL
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** SPUDS CORNER PWS  
**Contact NAME:** SPUDS CORNER

**PWS ID:** OH7648312

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320666
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1347579

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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**BOSLEY, TODD**  
**PO BOX 207**  
**LOUISVILLE, OH 44641**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	BARGAIN BARN
PWS ID:	OH7677639
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
 Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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 - Make check or money order payable to:  
 TREASURER STATE OF OHIO  
 - For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.  Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	Pay this amount:  <b><u>\$110.16</u></b>

-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** BARGAIN BARN  
**Contact NAME:** BOSLEY, TODD

**PWS ID:** OH7677639

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	04/20/2020
Revenue ID:	1347579
Amount Due:	\$110.16
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1318858

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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**BIRCH, MATT  
P.O. BOX 224  
BATH, OH 44210**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	BIRCH GROUP BUSINESS PARK
PWS ID:	OH7700038
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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FEES FOR YEAR 2020	TOTAL
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** BIRCH GROUP BUSINESS PARK  
**Contact NAME:** BIRCH, MATT

**PWS ID:** OH7700038

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1318858
Amount Due:	\$11.20
Type Code:	LFCWS
Transaction ID:	

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- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**TURKEYFOOT LANES  
ATTN: ROBIN KINTY  
3807 HUMMEL DRIVE  
AKRON, OH 44319**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	TURKEYFOOT LANES
PWS ID:	OH7770912
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	<p><b>The current amount due includes a 10% penalty.</b></p> <p><b>License Fee: \$112.00</b></p> <p><b>10% Penalty: \$11.20</b></p> <hr style="width: 50%; margin-left: 0;"/> <p><b>Total Due: \$123.20</b></p>
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
Return the signed application along with the appropriate fee by the DUE DATE listed below.

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** TURKEYFOOT LANES  
**Contact NAME:** TURKEYFOOT LANES

**PWS ID:** OH7770912

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Due Date:	12/31/2019
Revenue ID:	1320902
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

Ohio EPA-DDAGW  
PO BOX 1049  
Columbus, OH 43216-1049



**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319290

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**DIETZ'S LANDING  
401 WEST TURKEYFOOT LAKE ROAD  
AKRON, OH 44319**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	DIETZ'S LANDING PWS
PWS ID:	OH7775912
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	2
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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FEES FOR YEAR 2020	TOTAL
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Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<b>Pay this amount:</b>  <b><u>\$123.20</u></b>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: DIETZ'S LANDING PWS  
Contact NAME: DIETZ'S LANDING

PWS ID: OH7775912

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319290
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320520

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**ROYAL GARDENS  
ATTN: MARK NORRIS  
4764 DUSTY RD  
AKRON, OH 44319**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	ROYAL GARDENS
PWS ID:	OH7779412
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<b>Pay this amount:</b>  <b><u>\$123.20</u></b>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** ROYAL GARDENS  
**Contact NAME:** ROYAL GARDENS

**PWS ID:** OH7779412

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320520
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319378

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**ECONOLOGDE -S. ARLINGTON  
MR. VINESH PATADIA  
2772 HIALEAH CIRCLE  
STOW, OH 44224**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	ECONOLOGDE -S. ARLINGTON
PWS ID:	OH7796712
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** ECONOLOGDE -S. ARLINGTON  
**Contact NAME:** ECONOLOGDE -S. ARLINGTON

**PWS ID:** OH7796712

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319378
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319077

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**CHASIN SEVENS ENTERTAINMENT LLC  
610 EAST STATE STREET  
BARBERTON, OH 44203**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	CHASIN SEVENS PWS
PWS ID:	OH7799917
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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FEES FOR YEAR 2020	TOTAL
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** CHASIN SEVENS PWS  
**Contact NAME:** CHASIN SEVENS ENTERTAINMENT LLC

**PWS ID:** OH7799917

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319077
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319718

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**SHOOK, CHARLIE  
3069 HOUSTON RD  
NORTON, OH 44203**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	HOUSTON PUB PWS
PWS ID:	OH7799924
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** HOUSTON PUB PWS  
**Contact NAME:** SHOOK, CHARLIE

**PWS ID:** OH7799924

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319718
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

**Invoice/Revenue ID: 1347583**

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**GRETHER, ANDREW  
3028 S HAMILTON RD  
NORTON, OH 44203**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	SHERMAN PROVISION
PWS ID:	OH7799943
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
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**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

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FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.  Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<b>Pay this amount:</b>  <b><u>\$112.00</u></b>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** SHERMAN PROVISION  
**Contact NAME:** GRETHER, ANDREW

**PWS ID:** OH7799943

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	04/20/2020
Revenue ID:	1347583
Amount Due:	\$112.00
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1347584

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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**LAKESIDE LLC  
ATTN: DAN MUNDY  
4856 COLEMAN DR  
AKRON, OH 44319**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	LAKESIDE LLC PWS
PWS ID:	OH7799944
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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FEES FOR YEAR 2020	TOTAL
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** LAKESIDE LLC PWS  
**Contact NAME:** LAKESIDE LLC

**PWS ID:** OH7799944

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	04/20/2020
Revenue ID:	1347584
Amount Due:	\$103.10
Type Code:	LFCWS
Transaction ID:	



**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1318904

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**BRISTOL INN  
5183 OLD LAKE RD  
GENEVA ON THE LAKE, OH 44041**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	BRISTOL INN
PWS ID:	OH7830612
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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- Make check or money order payable to:  
TREASURER STATE OF OHIO  
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<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: BRISTOL INN  
Contact NAME: BRISTOL INN

PWS ID: OH7830612

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1318904
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**ANTHONY, STEPHANIE  
4887 STATE ROUTE 305  
SOUTHINGTON, OH 44470**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	CROSSROADS BAR AND GRILL
PWS ID:	OH7838112
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	<p><b>The current amount due includes a 10% penalty.</b></p> <p><b>License Fee: \$112.00</b></p> <p><b>10% Penalty: \$11.20</b></p> <hr style="width: 50%; margin-left: 0;"/> <p><b>Total Due: \$123.20</b></p>
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	

**3** PAY FEES...  
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** CROSSROADS BAR AND GRILL  
**Contact NAME:** ANTHONY, STEPHANIE

**PWS ID:** OH7838112

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Due Date:	12/31/2019
Revenue ID:	1319234
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

Ohio EPA-DDAGW  
PO BOX 1049  
Columbus, OH 43216-1049

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320335

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

PEBBLES HIDDEN HILL LLC  
 1811 HYDE-OAKFIELD RD  
 N. BLOOMFIELD, OH 44450

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	PEBBLES HIDDEN HILL
PWS ID:	OH7842312
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

**2** SIGN... **IMPORTANT**  
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-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** PEBBLES HIDDEN HILL  
**Contact NAME:** PEBBLES HIDDEN HILL LLC

**PWS ID:** OH7842312

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320335
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320587

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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**SHADY REST ARMY/NAVY CLUB  
 COMMANDER  
 PO BOX 615  
 BEACH CITY, OH 44608**

**FOLLOW THESE  
 IMPORTANT STEPS IN  
 COMPLETING THIS  
 APPLICATION**

WATER SYSTEM INFORMATION	
Name:	SHADY REST ARMY/NAVY CLUB
PWS ID:	OH7939212
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
 Such as System Name, System Type, Mailing Address, and Fee Amount.  
 IF THIS INFORMATION IS INCORRECT CONTACT SOUTHEAST DISTRICT OFFICE - DDAGW at 740-385-8501

**2** SIGN... **IMPORTANT**  
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**3** PAY FEES...  
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-----  
 DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** SHADY REST ARMY/NAVY CLUB  
**Contact NAME:** SHADY REST ARMY/NAVY CLUB

**PWS ID:** OH7939212

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
 This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
 PO BOX 77005  
 Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320587
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320798

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
- IF THERE ARE ANY CHANGES TO THE OWNER NAME, ADDRESS, OR WATER SYSTEM INFORMATION CONTAINED ON THIS APPLICATION, CONTACT YOUR LOCAL OHIO EPA DISTRICT OFFICE.
- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**RICHARDSON, NATHAN  
121 ROMIG ST SE  
URICHCVILLE, OH 44683**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	THE MUSTANG INC
PWS ID:	OH7951312
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT SOUTHEAST DISTRICT OFFICE - DDAGW at 740-385-8501

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<p><b>Pay this amount:</b>  <b><u>\$11.20</u></b></p>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** THE MUSTANG INC  
**Contact NAME:** RICHARDSON, NATHAN

**PWS ID:** OH7951312

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320798
Amount Due:	\$11.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320510

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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**ROLLING MEADOWS GOLF CLUB  
ROBERT BARNEY  
11233 INDUSTRIAL PARKWAY  
MARYSVILLE, OH 43040**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	ROLLING MEADOWS GOLF
PWS ID:	OH8037812
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<p><b>Pay this amount:</b></p> <p><b><u>\$123.20</u></b></p>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: ROLLING MEADOWS GOLF  
Contact NAME: ROLLING MEADOWS GOLF CLUB

PWS ID: OH8037812

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320510
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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**HINEYS SALOON  
PO BOX 2017  
MAGNETIC SPRINGS, OH 43036**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	HINEYS SALOON PWS
PWS ID:	OH8039612
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT CENTRAL DISTRICT OFFICE - DDAGW at 614-728-3778

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.	<p><b>The current amount due includes a 10% penalty.</b></p> <p><b>License Fee: \$112.00</b></p> <p><b>10% Penalty: \$11.20</b></p> <hr style="width: 50%; margin-left: 0;"/> <p><b>Total Due: \$123.20</b></p>
Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.

- Make check or money order payable to:  
TREASURER STATE OF OHIO
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
Return the signed application along with the appropriate fee by the DUE DATE listed below.

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DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** HINEYS SALOON PWS  
**Contact NAME:** HINEYS SALOON

**PWS ID:** OH8039612

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Due Date:	12/31/2019
Revenue ID:	1319675
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	

Ohio EPA-DDAGW  
PO BOX 1049  
Columbus, OH 43216-1049



**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1320442

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
- A LICENSE HOLDER THAT PROPOSES TO CONTINUE OPERATING A PUBLIC WATER SYSTEM FOR WHICH THE LICENSE WAS ISSUED SHALL RETURN A COMPLETED APPLICATION AND APPROPRIATE FEE TO THE DIRECTOR AT LEAST 30 DAYS PRIOR TO THE EXPIRATION DATE OF THE CURRENT LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

**THE BEARS DEN  
18191 LINCOLN HWY  
MIDDLE POINT, OH 45863**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	THE BEARS DEN
PWS ID:	OH8131212
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.  
- Make check or money order payable to:  
TREASURER STATE OF OHIO  
- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
Return the signed application along with the appropriate fee by the DUE DATE listed below.

FEES FOR YEAR 2020	TOTAL
Based on the water system information taken from above, the fee owed by your water system is shown in the total column.  Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.	<b>Pay this amount:</b>  <b><u>\$11.20</u></b>

-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** THE BEARS DEN  
**Contact NAME:** THE BEARS DEN

**PWS ID:** OH8131212

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1320442
Amount Due:	\$11.20
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1321255

- NO PERSON SHALL OPERATE OR MAINTAIN A PUBLIC WATER SYSTEM IN THE STATE OF OHIO WITHOUT A PUBLIC WATER SYSTEM LICENSE.
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- THIS IS THE ONLY INVOICE YOUR WATER SYSTEM WILL RECEIVE.

OHIO FARMS PACKING CO. -  
2416 E WEST SALEM RD  
CRESTON, OH 44217

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	OHIO FARMS PACKING CO. PWS
PWS ID:	OH8562212
System Type :	NONCOMMUNITY NONTRANSIENT
Population Served:	175
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHEAST DISTRICT OFFICE - DDAGW at 330-963-1200

FEES FOR YEAR 2020	TOTAL
<p>Based on the water system information taken from above, the fee owed by your water system is shown in the total column.</p> <p>Attached is a handout that indicates how this information was used to determine your fee and examples of how the fee is calculated for each type of water system.</p>	<p>Pay this amount:</p> <p><b><u>\$193.60</u></b></p>

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
Please pay the required fee by check, money order or credit card.

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- For Information on paying by Credit Card go to  
<http://epa.ohio.gov/>

**4** RETURN APPLICATION PROMPTLY...  
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
**PWS NAME:** OHIO FARMS PACKING CO. PWS  
**Contact NAME:** OHIO FARMS PACKING CO. -

**PWS ID:** OH8562212

**SIGNATURE OF OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_

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This is a lockbox. Please do not send other correspondence to this address.

Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1321255
Amount Due:	\$193.60
Type Code:	LFCWS
Transaction ID:	

**2020 PUBLIC WATER SYSTEM LICENSE NOTICE**

Invoice/Revenue ID: 1319209

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**COUNTRY TIME -  
1006 COUNTY HWY 330  
NEVADA, OH 44849-9488**

**FOLLOW THESE  
IMPORTANT STEPS IN  
COMPLETING THIS  
APPLICATION**

WATER SYSTEM INFORMATION	
Name:	COUNTRY TIME RESTURANT
PWS ID:	OH8831712
System Type :	TRANSIENT NONCOMMUNITY
Number of Wells:	1
Surface Water Source:	No

**1** CONFIRM THE WATER SYSTEM INFORMATION...  
Such as System Name, System Type, Mailing Address, and Fee Amount.  
IF THIS INFORMATION IS INCORRECT CONTACT NORTHWEST DISTRICT OFFICE - DDAGW at 419-352-8461

**2** SIGN... **IMPORTANT**  
Application **MUST** be signed and dated in the designated area below.

**3** PAY FEES...  
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-----  
DETACH THIS STUB AND INCLUDE WITH YOUR PAYMENT. RETAIN THE TOP PORTION FOR YOUR RECORDS.

DDAGW PW- Public Water System License to Operate (LFCWS)  
PWS NAME: COUNTRY TIME RESTURANT  
Contact NAME: COUNTRY TIME -

PWS ID: OH8831712

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

Pay to: **Treasurer, State of Ohio.** Please write the **Revenue ID** on your check.  
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Ohio EPA  
PO BOX 77005  
Cleveland, OH 44194-7005

Due Date:	12/31/2019
Revenue ID:	1319209
Amount Due:	\$123.20
Type Code:	LFCWS
Transaction ID:	